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**APPLICATION FORM FOR SHORT TERM COURSE ON  
ART OF ACADEMIC WRITING**

1. Name of the Applicant (with Token No.)

2. Designation:

Date of Appointment:

3. Department:

4. Address for Communication

E-mail:

Mobile No.

5. Date of birth:

6. Sex:

7. Area of specialization:

8. Total No. of research papers published:

9. Details of Course Completed:

Name of the Course	Dates	Organised by
Orientation Course		
Refresher Course 1		
Refresher Course 2		
Short Term Course		

10. Details of registration fee: DD No.

Date:

Amount:

**Declaration**

I confirm that the information on this form is complete and accurate to the best of my knowledge and belief. I shall attend the course for the entire duration and abide the rules and regulations of programme.

**Date:**

**Signature**

**Application may send to either:**

<b>Dr. G. Ravi</b> Professor and Head Dept. of Economics 9994774506 dr_gravi@yahoo.co.in	<b>Dr. A. K. Ravisankar</b> Assistant Professor, Dept. of Population Studies 9443278441 akravishankar.pop@gmail.com	<b>Dr. T. Sudha</b> Assistant Professor Dept. of Economics 7010128588 sukeer99@gmail.com
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