

# UGC-NASSCOM Initiative on Retraining of IT Faculty

## Part A: University / Institute Profile

1. Name of University/ Institute: \_\_\_\_\_
2. Year of Establishment: \_\_\_\_\_
3. In case of College, the University to which it is affiliated  
\_\_\_\_\_
4. Name of all the Courses offered \_\_\_\_\_
5. Total Student Population \_\_\_\_\_
6. Total Faculty Strength \_\_\_\_\_
7. Name of the Courses in the area of IT, Computer Science & Engineering (CSE) and Computer Applications (CA) \_\_\_\_\_
8. Name of Dept. offering course in the field of (I.T/Computer Engineering/Computer Application): \_\_\_\_\_
9. Name of Dean/Head of the dept. along with designation: \_\_\_\_\_
10. Strength of faculty members in the relevant streams/dept (Lecturer/Reader/Professor):  
\_\_\_\_\_
11. Total intake of students in the above depts.  
\_\_\_\_\_
12. Industry – Academic tie ups/interface (if any): \_\_\_\_\_
13. Placements of students in last three years in IT Industry:  
\_\_\_\_\_

## Part B: Faculty Profile cum Application Form

- a. Name of the Faculty Member: \_\_\_\_\_
- b. Date of Birth : \_\_\_\_\_ c. Designation \_\_\_\_\_
- d. No. of years in the Institution \_\_\_\_\_
- e. Educational Qualification
  - (i) Graduation (Discipline): \_\_\_\_\_
  - (ii) Post-graduation (Discipline): \_\_\_\_\_
  - (iii) Any other: \_\_\_\_\_
- f. Experience
  - (i) In industry (no. of years): \_\_\_\_\_
  - (ii) Teaching (no. of years): \_\_\_\_\_
- g. Name of the University/Institute: \_\_\_\_\_
- h. Name of the Department: \_\_\_\_\_

i. Complete address and Contact No.: \_\_\_\_\_

**II. Please indicate the area of training from the following choices  
(Mark the BOX from 1 to 7 descending order of preference)**

- Project Management (in the product context)
- OOPS Concept (Object oriented programming skills)
- Software Engineering (Design & Testing)
- Knowledge Management
- Security over Network
- Quality, CMM-I, Six Sigma
- Architecture & Design

✓ **Each area of training to have a component in Soft skills, Value Behavior & Communication skills**

**III. Specify the reason/objective for choosing the specific area for training in maximum of 3 points**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**IV. What do you expect this activity to accomplish (not more than 50 words)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Certificate by applicant**

I certify that

- (a) the details given above are correct
- (b) if the information supplied is found to be incorrect at a later date I shall reimburse the entire money to the Commission.
- (c) in case financial assistance is received from the organizers or any other agency I shall pay back the amount granted by the Commission, and
- (d) I shall abide by the decision of the Commission.

(Signature of Applicant)

**VI Certificate by Vice Chancellor/Dean /Head of Institution**

I certify that:

- (i) The details given by the applicant are correct.
- (ii) The applicant is eligible for this program and has enclosed all relevant documents/enclosures

Signature

Name in Block Letters

Designation

Address

Seal

## **Terms & Conditions**

### ***Eligibility Criteria***

Faculty members of University/Institutions of Higher Education fulfilling the following criteria:

2. A full time faculty member (employed for more that two years in the institution) with a minimum qualification of B.E./B.Tech/M.E./M.Tech in(Electronics & Communication/Computer Engg./Information Technology)
3. Has been engaged in teaching IT subjects or courseware related to courses offered in BE/B.Tech(Information Technology/Computer Science & Engg)/M.C.A./M.Tech/M.E. (Computer Science & Engineering/ Information Technology)

### ***Expenses***

1. Travel and stay expense to be borne by UGC.

### ***Durations***

2 Months

### ***Documents to be submitted***

2. The application form should be submitted with all the relevant documents and enclosures as mentioned in the Application form.
3. A brief report and evaluation of the activity (to be completed by all the participants attending the program) must be submitted to the UGC and the respective Dean/Director of the university/Institute by the participant within 30 days after the completion of the training program.

### ***Conditions***

1. University will ensure that the teacher recommended for this programme is committed to teaching/remains in academic stream for the next two years.
  2. Supporting document and approval within the time frame.
  3. University will ensure that the trained faculty further shares/propagates its experience and knowledge acquired through this training programme among the students and faculty members of other affiliated colleges.
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