



भारतीय भाषा संस्थान

(मानव संसाधन विकास मंत्रालय, उच्च शिक्षा विभाग, भारत सरकार)
मानसगंगोत्री, मैसूर 570 006.

CENTRAL INSTITUTE OF INDIAN LANGUAGES

(Ministry of Human Resources Development, Dept. of Higher Education, Govt. of India)
Manasagangotri, Mysore- 570 006, India.

APPLICATION FOR ADMISSION TO TEN MONTH LANGUAGE EDUCATION PROGRAMME FOR THE YEAR 2014-15

Note:		Passport Size Photo to be pasted																																				
i. Incomplete applications will not be considered ii. Make sure the particulars on last page are filled in and signed by the competent authorities. iii. Applications should be forwarded by the concerned higher authorities with a covering letter & Office Seal																																						
1. (a) Name (in BLOCK Letters)																																						
(b) Father's Name (in BLOCK Letters)																																						
(c) Date of Birth and Age as on 1 st July		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>A</td><td></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>g</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>e</td><td>years</td></tr></table>											A		D	D		M	M		Y	Y	Y	Y	g												e	years
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(d) Name & Address of the School where you are serving (With name of P.O. Dist. and State/UT and pin code) Phone Number of School/Department with cod (Applicable to In-service Teachers only)		School's Name: <hr/> Full Address: <hr/> <hr/>																																				
(e) Permanent Home Address (BLOCK Letters) Telephone No. with STD Code / Mobile No.		HOUSE No. <hr/> VILLAGE <hr/> AT/POST <hr/> POLICE ST. <hr/> TEHSIL/TALUK <hr/> DIST. <hr/> STATE <hr/> PIN CODE <hr/> Telephone No. <hr/>																																				
(f) Sex		Male <hr/> Female																																				

(g) Caste to which you belong: Scheduled Caste/ Scheduled Tribe/OBC/Un-reserved				
(h) Whether Differently Abled? If Yes, please specify (Enclose Certificate)				
2. (a) Current Designation/status (Tick the Right Box)		Teacher Research Scholar Minority Language Speaker Open Category (Student)		
(b) If Teacher, Status of the School (write in the box)		Govt./ Govt.-Aided/ Private		
3. (a) Academic qualifications [from Higher Secondary/PUC onwards]				
Examination Passed	Year	Board/University	Subjects	% of marks
B/A or Equivalent Degree				
M/A or Equivalent Degree				
(b) B.Ed./M.Ed./M.Phil./Ph.D qualification, if any (specify)				
Examination Passed	Year	Board/University	Subjects	% of marks
B.Ed.				
M.Ed.				
M.Phil				
Ph.D.				
(c) Diploma in language, if any (please Specify)				

4. Teaching experience (*in terms of years*)

Name of Institution/ School	Status [Govt./Govt. Aided/Private]	Class taught	Subject teaching	No. of Classes

5. Details of your language background

(a) Mother Tongue / Language(s) spoken at home				
(b) Languages studied in School/College				
(c) Other languages known, if any,	Language(s)	Speak	Read	Write
6. Language you want to learn (Mention any 3 Modern Indian Languages as specified in the Prospectus)	<i>1st Preference</i>			
	<i>2nd Preference</i>			
	<i>3rd Preference</i>			

7. Other information for office use (tick the appropriate box)

(a) Did you ever apply for any Course in Regional Language Centre (RLC) of CIIL?	Yes	No
(b) Did you at any time attend any Course in Regional Language Centre (RLC) of CIIL ?	Yes	No
(c) Whether discontinued from Training in any RLC of CIIL? If the answer is 'YES' please mention the year, reason & the names of the Language and the Centre	Yes	No

8. (i) Name & address of District Educational Officer or the Appointing Authority with Pin-code to whom Further correspondence Should be sent [only for teachers] (ii) Name of the Head of the Department/University	
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9. Whether you are Physically fit to undergo language training & sustain changes in food and climate conditions? <i>(Attach a certificate from Medical Officer)</i>	
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10. Details of Demand Draft/ Cash sent for application	Date of issue	DD Number/ Application No.	Name and branch of the Bank/Centre	Amount
				Rs.150/-

11. (a) If you teach in a Govt./Full Govt. Aided school, fill up the details: (Enclose supporting documents to the present scale)

Scale of Pay: _____

Basic Pay : _____

Dearness Pay : _____

D.A : _____

H.R.A : _____

C.C.A : _____

Transport Allowance : _____

Any other allowance : _____

Total : _____

Average Income Tax : _____

Deductions : _____

PAN No, if any : _____

(b) Other than (a) above all trainees will be paid a consolidated amount of Rs.5000=00 plus a stipend of Rs.800=00 per month.

i.) I certify that I do not receive more than Rs.5000=00 as my total salary (pay and all allowances included).

ii) I certify that I receive more than Rs.5000=00 as my total salary and the official document in connection with my pay, allowances and IT deductions (along with my PAN number) are enclosed. **(Please note that lack of proper documentation will render this application incomplete).**

Certificate by the Applicant

(Strike off, if not applicable)

1. I certify that the information given above is true to the best of my knowledge. (I also certify that I will abide by the Rules and Regulations of the Centre) I further certify
 - i). that I have not undergone any language training in any RLC of CIIL and have no prior knowledge of the language I intend to learn,
 - ii). that I have studied the Current Rules of Deputation for this training and am liable for legal action for providing any false information in this application.
2. I declare that I am willing to accept a consolidated salary of Rs.5,000=00 per month plus stipend of Rs.800=00(Other than Govt. Teachers) and I will not claim any higher emoluments during or after my period of training from the Institute.
3. I undertake that I will abide by the Rules and Regulations of the Regional Language Centre and would not indulge in any unlawful activity of the Centre.

Place:

Signature of the applicant

Date: Name:.....

I certify that the statement given by the applicant is correct and he/she has not undergone language training earlier in RLC of CIIL.

Place:

Signature of the Head of the Institution/Dept.

With seal

Date:

The application of Mr./Ms. _____
Forwarded by DEO/IS/DDPI/Director of Education/Head of Dept./University vide File
No. _____ dated _____

It is certified that the information given by the applicant is correct. It is further certified that the teacher has not undergone language training earlier in any Centre in CIIL and he/she will be provided necessary facility to teach the language in the Institution after his/her training.

(For Teachers only)

Place: _____ Signature of the DEO/Inspector of Schools/DDPI with seal

Date: _____

Place:

Date:

Counter Signed
Director School Education
of the State/UT with seal

(For Research Scholars/Students Only)

Registrar of the University

List of documents enclosed with the application:

- 1) Two passport size photographs (one to be pasted, other in a cover with name)
 - 2) Attested Copy of the Appointment Order as teacher
 - 3) Attested copies for the Certificates of Academic/Professional Qualifications/ Proof of Age
 - 4) Caste/Tribe certificate, if applicable
 - 5) Physical fitness certificate from a Medical Officer
 - 6) Attested copy of Photo Identity Card viz. Voters Identity Card/Driving License/Pass Port
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FOR CIIL OFFICE USE

- (i) Selected for admission in _____ Language,
- (ii) With basic salary & allowances [as per scale in salary certificate of teachers]/fixed emoluments of Rs.5,000=00 plus the stipend of Rs.800=00 per month.

Signature of the Authority