



(g) Whether you belong to Scheduled Caste/Scheduled Tribe/OBC/MLS/Physically challenged? Please Specify	
2. (a) Current Designation/status (write in the box)	Teacher/Research Student/Research Scholar/ Minority Language Speaker/Open Category
(b) If Teacher, Status of the School (write in the box)	Govt./Govt.-Aided/Private

3. (a) Academic qualifications [from Higher Secondary onwards]

Examination Passed	Year	Board/University	Subjects	% of marks

(b) B.Ed./M.Ed./M.Phil./Ph.D qualification, if any

Examination Passed	Year	Board/University	Subjects	% of marks

(c) Diploma in language, if any

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

Name of Institution	Status [Govt./govt. aided/other]	Class taught	Subject	Period

5. Details of your language background

(a) Language(s) spoken at home				
(b) Languages studied in School/College				
(c) Other languages known, if any,	Language(s)	Speak	Read	Write
<b>6. Language you want to learn (Mention any 3 Modern Indian Languages other than Hindi, English and Sanskrit specified in the Prospectus)</b>	<i>1<sup>st</sup> Preference</i>			
	<i>2<sup>nd</sup> Preference</i>			
	<i>3<sup>rd</sup> 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?	<b>Yes</b>	<b>No</b>
(b) Did you at any time attend any Course in Regional Language Centre (RLC) of CIIL ?	<b>Yes</b>	<b>No</b>
(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	<b>Yes</b>	<b>No</b>

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

9. Whether you are physically fit to undergo language training & sustain changes in food and climate conditions? (*Attach a certificate from Medical Officer*)

10. Details of Demand Draft/ Cash sent for application	Date of issue	DD Number/ Application No.	Name and branch of the Bank/Centre	Amount
				<b>Rs.150/-</b>

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 : \_\_\_\_\_

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(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).**
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**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  
With seal

Date: .....

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The application of Mr./Ms.

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Forwarded by DEO/I.S/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.

Place: \_\_\_\_\_ Signature of the DEO/Inspector of Schools/DDPI/Registrar of the University  
Date: \_\_\_\_\_ with seal

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**For teacher trainees only**

Place: \_\_\_\_\_ Counter Signed  
Date: \_\_\_\_\_ Director School Education  
of the State/UT with seal

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) Registration Certificate for Ph.D/M.Phil.
  - 6) Physical fitness certificate from a Medical Officer
  - 7) 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