



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 2015-16

(Last date : 15 April 2015)

Note: i. Incomplete applications will not be considered. ii. Make sure the particulars on last page are filled in and signed by the competent authority. iii. Applications should be forwarded by the concerned higher authorities with a covering letter & Office Seal.		Passport Size Photo to be pasted															
1. (a) Name (in BLOCK Letters)																	
(b) Father's Name (in BLOCK Letters)																	
(c) Date of Birth and Age as on 1 st July		D	D	M	M	Y	Y	Y	Y	A g e	years						
(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 code		School's Name: Full Address:															
(e) Permanent Home Address (BLOCK Letters) Telephone No. with STD Code / Mobile No.		HOUSE No.		VILLAGE		AT/POST		POLICE ST.		TEHSIL/TALUK		DIST.		STATE		PIN CODE	
		Telephone No.															

(f) Sex	Male	Female
(g) Category to which you belong: Scheduled Caste/ Scheduled Tribe/OBC/Un-reserved		
(h) Whether Differently Abled? If Yes, please specify (Enclose Certificate)		
2. Status of the School (write in the box)	Govt./ Govt.-Aided/ Govt. Recognised	

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

Examination Passed	Year	Board/University	Subjects	% of marks
S.S.L.C.				
P.U.C.				
B.A. or Equivalent Degree				

4. Higher qualifications (if any)

(b) B.Ed. qualification, if any (specify)

Examination Passed	Year	Board/University	Subjects	% of marks
B.Ed.				

(c) Diploma in language, if any
(please specify)

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

Name of School	Status [Govt./Govt. Aided/Private]	Class taught	Subject taught	No. of classes per week

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 name 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.

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 for application	Date of issue	DD Number	Name and branch of the Bank	Amount
				Rs.150/-

11. (a) Details of Pay etc: (Enclose supporting documents)

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 Card No, if any : _____

Certificate by the Applicant

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 stipend of Rs.800=00 per month 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 at the Centre.

Place:

Signature of the applicant

Date:

Name:.....

The application of Mr./Ms. _____

Forwarded by DEO/IS/DDPI/Director of Education 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.

Signature of the DEO/Inspector of Schools/DDPI/Director of Education with seal

Place:

Date:

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 the teacher] plus the stipend of Rs.800=00 per month.

Signature of the Authority