



Teaching Learning Centre (TLC)



Under the scheme of
Pandit Madan Mohan Malaviya National Mission on Teachers and Teaching (PMMMNMTT)
Department of Education,
Shri Lal Bahadur Shastri Rashtriya Sanskrit Vidyapeetha, (Deemed University),
Accredited "A" grade by NAAC
B-4, Qutub Institutional Area, New Delhi-16.

REGISTRATION FORM FOR PARTICIPANT

Topic of the Programme: _____

Prog Date: From _____ to _____ **Duration** _____ days **Phase No-** **Prog No-**

NAME: (in Block Letters) : _____

Gender: _____ **Category: (GEN/SC/ST/OBC/PH)** _____

Present Position: _____

Subjects Taught: _____ **Specialization:** _____

Experience in Years: Teaching: _____ **Research:** _____

If Research Scholar; Subject: _____ **Date of Registration:** _____

Name & Address of Institution: _____

Topic of the Paper (Only for Conference and Seminar): _____

Accommodation Required (Yes/ No) : _____ **Date: Arrival :** _____ **Departure:** _____

Communication Address: _____

Contact No: _____ **E-Mail** _____

Bank Name & Branch _____ **Account No.:** _____

IFSC Code: _____ **PAN No.** _____ **Aadhar No.** _____

DATE :

PLACE:

(SIGNATURE)