

***A one week Faculty Development Workshop on  
"Teaching and Learning Nano-Science and Technology through  
Hands-on Experiences"***

**23<sup>rd</sup> - 27<sup>th</sup> June 2017**

*Organized by*

**Teaching – Learning Centre in association with  
Department of Chemistry, NIT Warangal**

*Sponsored by MHRD, Govt. of India under PMMMNMTT Scheme*

**REGISTRATION FORM**

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Place of Birth: Village/Town/City: \_\_\_\_\_ Tick as applicable (Rural / Urban)

District \_\_\_\_\_ State: \_\_\_\_\_

Gender (Put a  $\sqrt$  Mark) :  Male  Female

Category (Tick as applicable) : **Open / OBC / SC / ST / PWD**

Qualification : \_\_\_\_\_

Designation : \_\_\_\_\_

Organization : \_\_\_\_\_

No. of Years of Teaching Experience: \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile(s): \_\_\_\_\_

Email(s) \_\_\_\_\_

Details of Remitting Registration Fee: (i) Amount in Rs. \_\_\_\_\_

(ii) Name of the Bank Through which Remitted/DD Taken: \_\_\_\_\_

(iii) On-line Transaction No./ DD No: \_\_\_\_\_ (iv) Date: \_\_\_\_\_

Accommodation (Put a  $\sqrt$  Mark) :  Required  Not Required

**Declaration by the Applicant**

If selected, I agree to abide by the rules and regulations of the workshop / training programme and shall attend all the sessions.

Date:

Signature of the Applicant

Recommended and Forwarded

Office Seal

Signature of the Head of the Department/ Institution