

MINISTRY OF HUMAN RESOURCE DEVELOPMENT, GOVERNMENT OF INDIA

Sponsored Programme on

Induction Training Programme for Faculty in Higher Education

27th November – 24th December, 2017

organized by the

TEACHING LEARNING CENTRE, NIT WARANGAL

(Established under PMMMMNMTT Scheme, MHRD, Govt. of India)

NOMINATION FORM

Name of the Faculty (In BLOCK letters): _____

Date of Birth : _____

Qualification : _____

Designation : _____

Department : _____

Name of the University/College/ Institute: _____

Date of Joining in the present position: _____

Previous Teaching experience, if any: _____

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

Place of Birth: Village/Town/City: _____ Tick as applicable: Rural Urban

District: _____ State: _____

Gender (Put a \surd Mark): Male Female

Address for Correspondence : _____

Postal Code: _____ State: _____

Mobile(s): _____ Email(s): _____

Declaration by the Nominee: If selected, I agree to abide by the rules and regulations of the Training Programme. I shall attend all the sessions of the Programme

Signature of the Nominee

Recommendation from the Nominating Authority*:

Mr./Ms./Dr. _____, [Designation] _____ is hereby nominated to undergo the 'Induction Training Program for Faculty in Higher Education', organized by the TLC, NIT Warangal. In case of his/her selection, he/she will be spared from the duties in the parent University/College/Institute for the period from 27th November to 24th December 2017 to enable him/her to participate in the Programme. His/her Attendance statement during the training period along with a copy of participation certificate may be forwarded to us for our records.

Date:

Signature with Seal

Full Name:

**The nominating authority is The Director or The Registrar or The Principal or any other statutory authority of the Institution where the nominee is employed.*