

UNIVERSITY OF MUMBAI

DEPARTMENT OF LIFELONG LEARNING AND EXTENSION

**REGISTRATION FORM FOR COLLEGES AND TEACHERS FOR EXTENSION WORK
ACTIVITIES 2010-2011**

1. NAME AND ADDRESS OF THE COLLEGE:

2. NAME OF THE PRINCIPAL:

Tel.(Prin.)Direct _____ Office _____ Home: _____

Fax: _____ EMail: _____ Mobile: _____

3. NAMES AND RESIDENTIAL ADDRESS OF THE TEACHERS TO BE DEPUTED FOR EXTENSION

1) _____

Home Tel: _____ EMail: _____ Mobile: _____

2) _____

Home Tel: _____ EMail: _____ Mobile: _____

3) _____

Home Tel: _____ EMail: _____ Mobile: _____

4) _____

Home Tel: _____ EMail: _____ Mobile: _____

Sign of the Principal
(College Stamp)