

UNIVERSITY OF MUMBAI
DEPARTMENT OF LIFELONG LEARNING AND EXTENSION

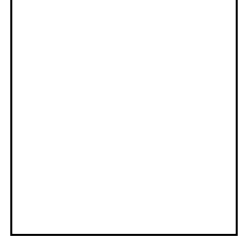
आजीवन अध्ययन आणि विस्तार विभाग

विद्यापीठ विद्यार्थी भवन, बी रोड, चर्चगेट, मुंबई - 400 020

Application for Enrollment to Extension Activities

For the Year – 20 /20

The Principal / Extension Work Teacher



Sir,

I Mr. / Ms. _____

(in BLOCK Letters) Surname First Name Father's/Husband's Name Mother's Name

Of (College Name): _____

studying in _____ Class, Div. _____ Roll.No. _____ wish to enroll in extension activities conducted by the department for the year _____.

I shall abide by all the rules and regulations of DLLE program / activities. I further undertake to complete Extension work activities for 120 hours in College & Community Level such as Training, Festival, Essay Writing and Project Report or any other academic & related work assign to me by the Teachers.

I am aware that I will be disqualified for the annual benefit of 10 grace marks if I do not complete 120 hours of extension activities up to the satisfaction of my extension teachers & authorities.

PERSONAL DATA OF STUDENT

Name (Surname First): _____

(In Marathi) आडनाव स्वतःचे नाव वडील / पती आई

Residential Address.: _____

Tel. No.: _____ Mob.: _____ E-mail ID: _____

Caste: _____ Hobbies / Interest: Singing / Music / Drama / Dance / Sports etc.

Date: _____

Place: _____

Signature of the Student