

**ANNEXURE 1. (ONE)**

**UNIVERSITY OF MUMBAI**

**DEPARTMENT OF LIFELONG LEARNING AND EXTENSION**

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Vidyapeeth Vidyarthi Bhavan, 'B' Road, Churchgate, Mumbai – 400 020.

Ph. (022) 2204 3478, (Fax) 2281 3020. Website: www.mudlle.ac.in

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

1) NAME AND ADDRESS OF THE COLLEGE:

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2) NAME OF THE PRINCIPAL:

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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 Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Sign of the Principal  
(College Stamp)

**ANNEXURE 2. (TWO)**

**UNIVERSITY OF MUMBAI**

**DEPARTMENT OF LIFELONG LEARNING AND EXTENSION**

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**REGISTRATION FORM FOR STUDENT MANAGERS FOR EXTENSION WORK ACTIVITIES**

2010-2011

1) NAME AND ADDRESS OF THE COLLEGE:

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2) NAMES AND RESIDENTIAL ADDRESS OF THE STUDENT MANAGERS TO BE DEPUTED FOR EXTENSION

1. \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_

Home Tel. \_\_\_\_\_ Email Id: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Sign of the Principal

(College Stamp)

**ANNEXURE 3. (THREE)**

**STUDENT PROFORMA**

Name & address of the College:-

**CLASS AND DIVISION -WISE STUDENT REGISTRATION LIST**

Sr. No	M/F	Name (in Block letters)		Activity Code
		Name of the student (Beginning with surname- name-fathers name- mother's name)	E-MAIL ID (Compulsory)	

**SUMMARY**

Sr. No.	Activity Code	No of student		
		Male	Female	Total

\_\_\_\_\_  
*Signature of the Teacher*

\_\_\_\_\_  
**Signature of Principal**

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**College Seal**

**ANNEXURE 4. (FOUR)**

**MASTER-SHEET FOR REGISTRATION – NAME OF COLLEGE**

YEAR \_\_\_\_\_

Sr. No.	Activity Code	SM			ITP/ICT-SDE			IOP/IOSDE			APY/ESDE			CP/CSDE			SWS/WEEP			PEC/PEP			NIOS/LSDE			TOTAL		
		Class wise Registration	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T		
Total																												

\_\_\_\_\_  
Signature of Extension Work Teacher

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
College Seal



**ANNEXURE- 5. (FIVE)**  
**FIRST / SECOND TERM TRAINING REPORT FOR THE YEAR \_\_\_\_\_**

Date : \_\_\_\_\_

1. Name of College : \_\_\_\_\_
2. State whether First Term or Second Term Training Report  
\_\_\_\_\_
3. Total No. of student participants : \_\_\_\_\_
4. No. of Batches : \_\_\_\_\_
5. Dates and Timings for each Batch (if organized separately for each batch)

Batch No.	Dates	Timings

6. Venue of the Program :  
\_\_\_\_\_

7. Schedule of the Program with dates:  
(Please attach separate sheets if needed)

8. Name of the Resource person:  
\_\_\_\_\_  
\_\_\_\_\_

9. List of Audio-Visuals used by the college for the training?  
\_\_\_\_\_

10. List of Teaching Aids prepared by the College for the training?  
\_\_\_\_\_

11. Any other innovative methodology used for training: (Kindly submit the details)  
\_\_\_\_\_  
\_\_\_\_\_

12. Evaluation of the program (Feedback sheet)  
a) Please attach sample proforma of Feedback sheet.  
b) Give a brief out line of the feed-back of the students  
(Please do not send each student's feed-back sheet but a compilation of the information received)

13. General Remarks :  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Teacher

Signature of the Field Coordinator

Signature of Principal  
With seal of College

**ANNEXURE 6. (SIX)**

**FIELD / COLLEGE VISIT REPORT**

1. Name of College :- \_\_\_\_\_
2. Name of the Field Coordinator: \_\_\_\_\_
3. Date of the First / Second Term Field visit : \_\_\_\_\_
4. Time of the First / Second Term Field visit : From \_\_\_\_\_ To \_\_\_\_\_
5. Details about projects guided by the Resource Person / Field Coordinator:- Whether New Version / Old Version

Projects	Version	SM	SWS / WEEP	IOP / IOSDE	APY / ESDE	CP / CSDE	ITP / ICT-SDE	PEC / PEP	NIOS / LSDE	Total
No. of Student	Old									
	New									

6. Records maintained by the College:- (Put Tick Mark)

Sr. No.	Name of Record	Yes	No
i	Circular File		
ii	Report File		
iii	Training File		
iv	Account File		
v	Student Manager – Time Management Diary		
vi	Student Manager – Extension I-card / Badge		
vii	Above records are checked by Field Coordinator		

7. Details of visit of Field Coordinator at college or community level activities:-

Sr. No.	Date	Location	Project	Activity	No. of Students attended
i					
ii					
iii or more					

8. List of Audio-Visuals used by the college for the training and activities?
9. List of Teaching Aids prepared by the College for the training and activities?
10. Any other innovative activity held: (Kindly submit the details)

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11. Meeting with the College Principal: YES / NO
12. Matters discussed with the Principal :

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13. Remarks & feedback for First Term extension work with suggestions:

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**Signature of the Field Coordinator**

**ANNEXURE 7. (SEVEN)**

**DETAILED EXTENSION WORK FIRST TERM REPORT (USE LETTER HEAD)**

1. Name of College :-
2. Name of Extension Work Teacher :-
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
3. Date of the First Term Training : \_\_\_\_\_
4. Name of the Field Coordinator attended the Training : \_\_\_\_\_
5. Details about projects undertaken by College:- Whether New Version / Old Version (Put Tick Mark)

Projects	Version	SM	SWS / WEEP	IOP / IOSDE	APY / ESDE	CP / CSDE	ITP / ICT- SDE	PEC / PEP	NIOS / LSDE	Total
No. of Student	Old									
	New									

6. Records maintained by the College:- (Put Tick Mark)

Sr. No.	Name of Record	Yes	No
i	Circular File		
ii	Report File		
iii	Training File		
iv	Account File		
v	Student Manager – Time Management Diary		
vi	Student Manager – Extension I-card / Badge		
vii	Above records are checked by Field Coordinator		

7. Details of visit of Field Coordinator at college and community level activities:-

Sr. No.	Date	Location	Project	Activity	No. of Students attended
i					
ii					
iii or more					

8. Details of visit of Extension Teacher (Name of the Teacher) at community level activities:-  
(Use separate table for another Teacher)

Sr. No.	Date	Name of the place	Project	Activity (as mentioned in Sr. No 10 below)	No. of Students attended
i					
ii					
iii or more					

9. Details of visit of Student Manager (Name of Student Manager) at community level activities:-  
(Use separate table for another SM)

Sr. No.	Date	Name of the place	Project	Activity (as mentioned in Sr. No 10 below)	No. of Students attended
i					
ii					
iii or more					



10. Details of Activity performed at college or community level:

Sr. No.	Name of the Activity	Yes / No	Date	Place / Location	Topic / Subject	No. of Participants
i	Exhibition					
ii	Seminar					
iii	Talk, Speeches					
iv	Street Play					
v	Competitions held such as Elocution, Rangoli, Poster Making, Skit, Quiz, Debate, Essay, Craft Making, Project etc. if any.					
vi	Lessons taken by students if any					
vii	Survey					
Viii	Interview					
ix	Any other Activity (Give Details)					

(Kindly give details of the above activities if performed at college or community. If needed please attach separate sheets.)

11. Details of participation in Extension in New version (Online activities) of Extension Work

Sr. No.	Name of the Student	Name of the online courses taken by student from the new version (for Minimum 80 hours)			Total No. of hours for course 1+2+3 (Not less than 80 hours)
		Course 1 (with number of hours)	Course 2 (with number of hours)	Course 3 (with number of hours)	
i					
ii					
iii or more					

(Give details of each student separately. Attach separate sheet if required.)

12. Any other innovative activity held: (Kindly submit the details with photographs if any.)

13. Remarks & feedback for First Term extension work with suggestions:

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Field Co-ordinator

\_\_\_\_\_  
Signature of Principal  
with college seal

**ANNEXURE 8. (EIGHT)**

**ASSESSMENT OF REPORTS**

1. Name of Faculty Assessing the Project Report :

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2. Date : \_\_\_\_\_ Place : \_\_\_\_\_

3. Name of College reports assessed :

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4. No. of Project Reports assessed :

English \_\_\_\_\_ + Hindi \_\_\_\_\_ + Marathi \_\_\_\_\_ =

Total \_\_\_\_\_

5. Extension Activities of the assessed Project Reports

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

6. Average grade of the Project reports :

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7. General Remarks :

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\_\_\_\_\_  
Signature of the Faculty