**ANNEXURE 1 (ONE)**

**UNIVERSITY OF MUMBAI**

**DEPARTMENT OF LIFELONG LEARNING AND EXTENSION**

Vidyapeeth Vidyarthi Bhavan, ‘B’ Road, Churchgate, Mumbai – 400 020

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

**REGISTRATION FORM FOR TEACHERS FOR EXTENSION WORK ACTIVITIES**

**YEAR-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

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

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

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

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

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

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

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**Sign of the Principal**

**(College Stamp)**

**ANNEXURE 2 (TWO)**

**UNIVERSITY OF MUMBAI**

**DEPARTMENT OF LIFELONG LEARNING AND EXTENSION**

Vidyapeeth Vidyarthi Bhavan, ‘B’ Road, Churchgate, Mumbai – 400 020

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

**REGISTRATION FORM**

**FOR STUDENT MANAGERS FOR EXTENSION WORK ACTIVITIES**

**YEAR-\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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**Sign of the Principal**

**(College Stamp)**

**ANNEXURE 3. (THREE)**

**STUDENT PROFORMA**

**Name & Address of the College:-**

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**COLLEGE CODE:** \_\_\_\_\_\_\_\_\_\_\_

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

**Class- FY, SY, TY etc. with Faculty /Stream \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **PRN** | **NAME OF CANDIDATE** | **E-mail ID (Compulsory)** | **Activity**  **(CP, APY, SWS, IOP, NIOS, PEC)** |
|  |  |  |  |  |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Signature of the Teacher**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal**

**..................................**

**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 | M | F | T |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Total | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Gender** | **SC** | **ST** | **OBC** | **DT/ NT** | **Minority** | **Other** | **Total** |
| 1 | Male |  |  |  |  |  |  |  |
| 2 | Female |  |  |  |  |  |  |  |
| 3 | Other |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |  |

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**Signature of the Teacher**

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**Signature of Principal**

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**College Seal**