

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

REGISTRATION FORM FOR TEACHERS FOR EXTENSION WORK ACTIVITIES
YEAR- _____

1. NAME AND ADDRESS OF THE COLLEGE:

2. NAME OF THE PRINCIPAL:

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

Fax _____ Mobile: _____ Email Id: _____

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

1. _____

Home Tel. _____ Mobile: _____ Email Id: _____

2. _____

Home Tel. _____ Mobile: _____ Email Id: _____

3. _____

Home Tel. _____ Mobile: _____ Email Id: _____

4. _____

Home Tel. _____ Mobile: _____ Email Id: _____

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

REGISTRATION FORM
FOR STUDENT MANAGERS FOR EXTENSION WORK ACTIVITIES
YEAR-_____

1. NAME AND ADDRESS OF THE COLLEGE:

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

1. _____

Home Tel. _____ Mobile: _____ Email Id: _____

2. _____

Home Tel. _____ Mobile: _____ Email Id: _____

3. _____

Home Tel. _____ Mobile: _____ Email Id: _____

4. _____

Home Tel. _____ Mobile: _____ Email Id: _____

Sign of the Principal
(College Stamp)

ANNEXURE 3. (THREE)

STUDENT PROFORMA

Name & Address of the College:-

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

