

**ANNEXURE 1 (ONE)**  
**UNIVERSITY OF MUMBAI**  
**DEPARTMENT OF LIFELONG LEARNING AND EXTENSION**

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**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)**