

**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](http://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: \_\_\_\_\_

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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**  
**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. \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

<b>Sr. No.</b>	<b>PRN</b>	<b>NAME OF CANDIDATE</b>	<b>E-mail ID (Compulsory)</b>	<b>Activity (CP, APY, SWS, IOP, NIOS, PEC)</b>

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

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

.....  
**College Seal**

