### 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: <a href="www.mudlle.ac.in">www.mudlle.ac.in</a>

### REGISTRATION FORM FOR TEACHERS FOR EXTENSION WORK ACTIVITIES YEAR-

NAME OF THE PRIN	NCIPAL:	
Tel. (Prin.) Direct	Office:	Home:
Fax	Mobile:	Email Id:
		THE TEACHERS TO BE DEPUTED FOR E
Home Tel.		Email Id:
	Mobile:	
2	Mobile:	Email Id:
2  Home Tel	Mobile: 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: <a href="www.mudlle.ac.in">www.mudlle.ac.in</a>

## REGISTRATION FORM FOR STUDENT MANAGERS FOR EXTENSION WORK ACTIVITIES YEAR-\_\_\_\_\_

NAMES AND RESIDEXTENSION	DENTIAL ADDRESS OF TH	E STUDENT MANAGERS TO BE DEPUTE
1		
Home Tel.	Mobile:	Email Id:
2		
Home Tel.	Mobile:	Email Id:
3		
	Mobile:	Email Id:
4		
Home Tel	Mobile:	Email Id:

Sign of the Principal (College Stamp)

#### **ANNEXURE 3. (THREE)**

#### STUDENT PROFORMA

Nam	e & Address of the	Conege:-		
		AND FACULTY -WISE STU	DENT REGISTRATION LIS	
Sr. No.	PRN	NAME OF CANDIDATE	E-mail ID (Compulsory)	Activity (CP, APY, SWS, IOP, NIOS, PEC)
		Signature of the  Signature of P		
		College S	•••••	

### **ANNEXURE 4. (FOUR)**

### <u>MASTER-SHEET FOR REGISTRATION – NAME OF COLLEGE</u>

YEAR		

Sr. No.	Activi Code		SN	1		IT:			IO IO		E		PY/ SDE		CF CS	P/ SDF	C	SV W			PE PE	EC/ EP			OS SDE		TO	T	AL
	Class wise Regist tion	tra	M	F	Т	M	F	Т	M	F	Т	M	F	Т	M	F	Т	M	F	Т	M	F	Т	M	F	Т	M	F	Т
Total																													
1 Otal	-																												
									<u> </u>																<u> </u>				

Sr.	Gender	SC	ST	OBC	DT/ NT	Minority	Other	Total
No.								
1	Male							
2	Female							
3	Other							
	Total							

Signature of the Teacher
Signature of Principal
College Seal