



**SHRI LAL BHADUR SHASTRI RASHTRIYA SANSKRIT VIDYAPEETHA**  
(DEEMED TO BE UNIVERSITY)

B-4, Qutub Institutional Area, New Delhi-110016



**Teaching Learning Centre (TLC)**

Under Pandit Madan Mohan Malaviya National Mission on Teachers and Teaching Scheme, MHRD, Govt. of India

**REGISTRATION FORM FOR PARTICIPANTS**

Phase-III, Programme No. \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Programme Name: \_\_\_\_\_

Name (in Block Letters): \_\_\_\_\_

Gender: \_\_\_\_\_ Category (GEN /SC/ST/PH/OBC): \_\_\_\_\_ D.O.B: \_\_ - \_\_ - \_\_\_\_

Current Position: \_\_\_\_\_ (Regular / Contractual)

Name of the Department: \_\_\_\_\_ Discipline/Subject: \_\_\_\_\_

Name & Address of the Institution: \_\_\_\_\_

Latest  
Photograph

District: \_\_\_\_\_ State : \_\_\_\_\_ Pin code: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Accommodation Required (Y/N): \_\_\_\_\_ (If yes, Date: Arrival \_\_\_\_\_ Departure \_\_\_\_\_ )

Where did you hear about this programme:  Friend/Colleague  Internet  SLBSRSV Website  Others

**Contact Details**

Address for communication: \_\_\_\_\_

Contact no. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Declaration**

*I hereby declare that the above information is correct to my knowledge and I will be responsible for any wrong information.*

Date:

Signature of the Participant

**Forwarded by the Head of Department/Institution**

This is certify that Mr./Mrs./Ms./Dr. \_\_\_\_\_

is a faculty/teacher in \_\_\_\_\_

university/college/school. I hereby forward his/her registration form for participation in the above programme organized by **Teaching Learning Centre of Shri Lal Bahadur Shastri Rashtriya Sanskrit Vidyapeetha, New Delhi.**

Date:

Signature with Seal  
Head of Department/Institution