



Gurukul Kangri Vishwavidyalaya, Haridwar-249404

REGISTRATION FORM

Name of the course - Orientation in Education for PGT/TGT Teachers

Duration : 7 Days

From: 06.01.2012 to 12.01.2012

1. Name Dr./Mrs./Miss/Mr.....
2. College/School/Institute.....
3. Official Address.....
4. Residential Address.....
5. Qualification.....
6. Date Of Birth.....
7. Designation.....
8. Length of Service.....
9. Teaching Experience
 1. TGT.....Yrs.
 2. PGT.....Yrs.

The registration fee is enclosed in the form of cash /demand draft in the favour of Registrar, Gurukul Kangri Vishwavidyalaya, Haridwar-249404.

The details of demand draft:

Amount:.....draft No.....

Dated.....Name of the Bank.....

Remark if any.....

Date:.....

Signature of the Candidate

Signature With Seal

Head of the Institution



Gurukul Kangri Vishwavidyalaya, Haridwar-249404

REGISTRATION FORM

Name of the course - Orientation in Office Administration for AR/SO.

Duration : 7 Days From: 08.02.2012 to 14.02.2012

1. Name Dr./Mrs./Miss/Mr.....
2. College/School/Institute.....
3. Official Address.....
4. Residential Address.....
5. Qualification.....
6. Date Of Birth.....
7. Designation.....
8. Length of Service.....
9. Experience
 1. A.R.....Yrs
 2. S.O.....Yrs

The registration fee is enclosed in the form of cash /demand draft in the favour of Registrar, Gurukul Kangri Vishwavidyalaya, Haridwar-249404.

The details of demand draft:

Amount:.....draft No.....

Dated.....Name of the Bank.....

Remark if any.....

Date:.....

Signature of the Candidate

Signature With Seal

Head of the Institution

REGISTRATION FORM

**Name of the course - Orientation in Office Management for
Office Assistant, LDC/ UDC.**

Duration : 7 Days, From: 17.01.2012 to 23.01.2012

1. Name Dr./Mrs./Miss/Mr.....
2. College/School/Institute.....
3. Official Address.....
4. Residential Address.....
5. Qualification.....
6. Date Of Birth.....
7. Designation.....
8. Length of Service.....
9. Experience.....

The registration fee is enclosed in the form of cash /demand draft in the favour
of Registrar, Gurukul Kangri Vishwavidyalaya, Haridwar-249404.

The details of demand draft:

Amount:.....draft No.....

Dated.....Name of the Bank.....

Remark if any.....

Date:.....

Signature of the Candidate

Signature With Seal

Head of the Institution



Gurukul Kangri Vishwavidyalaya, Haridwar-249404

REGISTRATION FORM

Name of the course - Workshop in Research Methodology for Researchers/Young Faculty Members.

Duration : 7 Days, From: 20.02.2012 to 26.02.2012

1. Name Dr./Mrs./Miss/Mr.....
2. College/School/Institute.....
3. Department.....
4. Official Address.....
5. Residential Address.....
6. Qualification.....
7. Whether NET/ RET/ Qualified.....
8. Date Of Birth.....
9. Designation.....
10. Length of Service.....
11. Experience.
 1. Teaching.....
 2. Research.....

The registration fee is enclosed in the form of cash /demand draft in the favour of Registrar, Gurukul Kangri Vishwavidyalaya, Haridwar-249404.

The details of demand draft:

Amount:.....draft No.....

Dated.....Name of the Bank.....

Remark if any.....

Date:.....

Signature of the Candidate

**Signature With Seal
Head of the Institution/Department**