

## Registration Form

Faculty Development Centre  
**Shri Mata Vaishno Devi University**  
Sub- Post Office Katra , J & K – 182320.  
[www.smvdu.ac.in](http://www.smvdu.ac.in)

One Week Workshop  
*on*  
**'Pedagogy'**

11<sup>th</sup> -15<sup>th</sup> March 2019  
Last Date of Registration – 4<sup>th</sup> March 2019

### Participants Details

Name: .....

Gender: .....

Designation: .....

Name of institution and Address: .....

Email: ..... Mobile Number: .....

Teaching Experience (in years): .....

Click the appropriate category: General  OBC  SC  ST  ALC  RBA

Whether accommodation required: YES / NO

Arrival Date /Time: .....

Departure Date /Time: .....

Signature of the Participant with Date: .....

Self -attested  
Photograph

### STATEMENT OF THE INSTITUTION/DEPARTMENT WHERE APPLICANT IS WORKING

*It is certified Mr./Ms./Dr. ....is working in our Institution /Department..... as .....  
He/She may be considered as an Applicant for Workshop on 'Pedagogy' (11<sup>th</sup> – 15<sup>th</sup> March 2019) organized by FDC, Shri Mata  
Vaishno Devi University, Kakryal, Katra.*

(Approved by Head/Principal of the Deptt./Institute with Name, Signature, Seal and Date)

Note : Kindly email your registration forms to [fdc@smvdu.ac.in](mailto:fdc@smvdu.ac.in) with copy to [ratna.chandra@smvdu.ac.in](mailto:ratna.chandra@smvdu.ac.in) and [sharda.p@smvdu.ac.in](mailto:sharda.p@smvdu.ac.in)