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ASST. PROFESSOR, PLACEMENT OFFICER
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Lr.No: 02/FBM/SU/KNR

Date: October 30, 2018

To
The Correspondents / Principals
B.Ed Colleges
Satavahana University
Karimnagar.

Sir,

Sub: One day workshop on Nai Talim Experiential Learning (Work Education) on 2nd November, 2018 and Faculty Development Programme from 12th to 18th November, 2018 for the faculty members of B.Ed Colleges at University College of Commerce and Business Management, Satavahana University - Reg.

As per the directions of our Satavahana University administration and the Chairman, MGNCRE, Hyderabad, to conduct one day workshop and Faculty Development Programme on Nai Talim Experiential Learning (Work Education) for the faculty members of B.Ed Colleges under the jurisdiction of Satavahana University, I am very much delighted to organize the workshop and Faculty Development Programme which would strengthen the teaching performance. The one day workshop is scheduled on 2nd November, 2018 and Faculty Development Programme from 12th to 18th November, 2018 at University College of Commerce and Business Management, Satavahana University.

In this regard, the institutional registration fee is Rs.1000/- has been decided in the meeting held on 29th October, 2018 and every institution has to pay the registration fee in the form of cash and collect the receipt from the Coordinator.

Therefore, I request you to kindly inform the faculty members of B.Ed course in your institution and give instruction to enroll their names to the workshop on or before 31st October, 2018 and for faculty development programme (FDP) on or before 8th November, 2018. at University College of Commerce and Business Management, Satavahana University. There is no registration fee to the participants.

Thanking you sir,

Yours faithfully,

Srikant
Web site
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Manohar
30/10/2018
(Dr.E.MANOHAR)
Coordinator

REGISTRATION FORM

NAI TALIM EXPERIENTIAL LEARNING (WORK EDUCATION)
ONE DAY WORKSHOP ON NOVEMBER 02, 2018
VENUE: SENATE HALL, SATAVAHANA UNIVERSITY, KARIMNAGAR - 505001

1. Name of the Faculty Member : _____
2. Name of the institution : _____
3. Educational Qualifications : _____
4. Teaching Experience : _____
5. Address for Correspondence : _____

6. Email : _____
7. Phone Number : _____

Date: ____/____/_____

Place: _____

Signature of the Participant

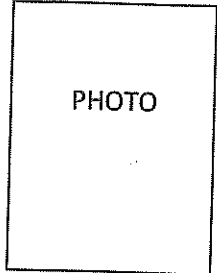
Forwarded by the Head of the Institution

Seal

Signature

REGISTRATION FORM

NAI TALIM EXPERIENTIAL LEARNING (WORK EDUCATION)
FACULTY DEVELOPMENT PROGRAMME (FDP) FROM 12 - 18 NOVEMBER, 2018
VENUE: SENATE HALL, SATAVAHANA UNIVERSITY, KARIMNAGAR - 505001



- 1. Name of the Faculty Member : _____
- 2. Name of the institution : _____
- 3. Educational Qualifications : _____
- 4. Teaching Experience : _____
- 5. Address for Correspondence : _____

- 6. Email : _____
- 7. Phone Number : _____

Date: ____/____/____

Place: _____

Signature of the Participant

Forwarded by the Head of the Institution

Seal

Signature