The Registrar,
Central University of Tibbatian Studies,
(Deemed University)
Samarth,
VARANASI - 221007

Sub.: Academic Leadership program under the Scheme Pandit Madan Mohan Malaviya National Mission on Teachers and Teaching (PMMMNMTT) - reg.

Sir,

I am pleased to inform you that under the directives of the Ministry of Human Resource Development, Govt. of India a Higher Education (HE) Leadership Program with the goal to equip HE leaders and administrators to competently and efficiently handle the complex problems and leadership challenges, is organized w.e.f. 4th December, 2017 to 9th December, 2017 at the Human Resource Development Centre of the Banaras Hindu University.

The Objectives, Concept note and Programme templates etc. are enclosed with the letter for your kind reference.

You are requested to kindly ensure for participation of your colleague and make it convenient to nominate the concern person on or before 1st December, 2017.

Yours faithfully,

Joint Registrar (DEV.)

Encl. As above.

No. R/Dev/D/MHRD/ PMMMNMCTT/5030/ 49742

Copy forwarded to the following for information and necessary action:
1. The Dean, Faculty of Education, BHU.
2. Prof. Anjali Bajpai, Coordinator, Centre for Curriculum Research, policy and Educational Development, Faculty of Education, BHU.
3. Prof. Seema Singh, Coordinator, Centre for Disability Studies, Fac. of Education, BHU.
4. The P.S. to Registrar, BHU.
5. The P.S. to Finance Officer, BHU.

Joint Registrar (DEV.)

VARANASI - 221 005
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Registration Form

Name .................................................................
Gender: Male/Female ..............................................
Category: ............................................................
Designation ........................................................
Qualification ......................................................
Department ....................................................... 
Organization/College Name .................................
Contact Address ................................................

.................................................................................
State ...............................................................
Contact No........................................................
E-Mail.................................................................
Do you need accommodation? (Yes/No) .................
Date & Time of Arrival: ........................................
Date & Time of Departure: .................................

Signature of Participant