



Rajiv Gandhi University of Health Sciences, Karnataka

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Short Course in Educational Methodology

Registration Form

Affix Photo

1. Name: Dr. / Mrs. / Mr. / Ms.

2. Qualifications:

3. Designation:

4. Department:

5. Name and address of Institute

4. Contact details including email ID and Phone number

5. Previous experience of the teacher

in participating, organizing similar programs

----- **Principal's Certificate** -----

- This is to certify that Dr. / Mrs. / Mr. / Ms is a teaching faculty of our institute holding the designation as stated above.
- I recommend his / her participation in this program to represent our institution.
- I understand that the University will NOT bear his / her traveling and related expenses.

Date:

Place:

Principal

(Seal of the Institution)