



**G. NARAYANAMMA INSTITUTE OF TECH & SCIENCE**  
**AUTONOMOUS** (For Women)  
**Shaikpet, Hyderabad**

**Contact: 040-23566803 (office), 23565648 (Director)**

**REGISTRATION FORM**

**A One Week APSCHE Sponsored Workshop for the Engineering Colleges Teaching Faculty**

**1. Full Name (Block Letters): Dr/Mr. /Mrs. ....**

**2. Name of the College/University: .....**

**3. Designation:  Teaching Assist (Lab) /  Assist. Prof /  Assoc. Prof /  Professor**

**4. Date of Birth: .....**

**5. Gender:  Male  Female**

**6. Address for Correspondence: .....**

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**7. Phone .....**

**8. E-Mail .....**

**9. Teaching Experience: .....**

*Signature of the Applicant*

Signature of the Head of the Institute  
*(With Seal)*

**\*NOTE: The filled in registration forms (scanned copies) to be sent to [gnitcseworkshop@gmail.com](mailto:gnitcseworkshop@gmail.com) as soon as possible.**