



## Continuing Education to Faculty now working in Higher Secondary Schools/PU Colleges

Name of the Teacher: .....

Name of the School/PU College: .....

Address:.....

Email: .....Contact No. :.....

### (Tick the relevant box)

**Option A- Weekend Program (Please tick the relevant box)**

**Masters in:** MSc-  Maths  Physics  Chemistry  Biology  Computer Science

M Com  MA  MBA  MTech

**Option B:PhD as a part time program**

Total years of teaching experience:.....

Qualification:.....

Subject Expertise:.....

**Place:**

**Signature of the Candidate**

**Date:**

### Endorsement from the Head of Institution

The School/College welcomes participation of our faculty Ms/Mr.....  
to the Continuing Education offered by Dayananda Sagar University, Bengaluru.

Place:

Name and Signature of Head of Institution

Date:

Seal of the School/College