



ALL INDIA COUNCIL FOR TECHNICAL EDUCATION (AICTE), NEW DELHI

## FACULTY DEVELOPMENT PROGRAM

Organized by Department of Physical Education

**N.B.K.R. INSTITUTE OF SCIENCE & ENGINEERING**

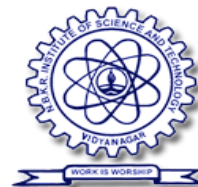
(AUTONOMOUS)

For Physical Education Trainers/Sport-games Teachers/Directors of sports/Sports Officers

**Two Week Residential Program - 07<sup>th</sup> – 20<sup>th</sup> March 2022**

Vidyanagar-524413, S.P.S.R. Nellore DT., A.P.

e-mail : [ist@nbkrist.org](mailto:ist@nbkrist.org), website : [www.nbkrist.org](http://www.nbkrist.org), Phone : +91-8985382247, +91-8985159547



### REGISTRATION FORM

Scanned copy of duly filled in form should be mailed to [pefdp@nbkrist.org](mailto:pefdp@nbkrist.org)

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Qualifications : \_\_\_\_\_

DOB : DD/MM/YYYY & Age : \_\_\_\_\_

Area of Specialization : \_\_\_\_\_

Total years of experience : \_\_\_\_\_

Gender (Tick) : Male  Female

College/Institutional Address : \_\_\_\_\_

Personal contact details : \_\_\_\_\_

Phone No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email id : \_\_\_\_\_

Email id : \_\_\_\_\_

Tracksuit size 

S	M	L	XL	XXL
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T-shirt size 

S	M	L	XL	XXL
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Shoe Size 

6	7	8	9	10	11
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Affix latest  
Photograph

**Note : COVID Vaccination Certificate is to be submitted while reporting.**

### DECLARATION OF APPLICANT

I hereby declare that I have read all the terms and conditions mentioned in the FDP Brochure and agree to them. Also, all the information furnished here are true to the best of my knowledge, if found false / incomplete/ incorrect my application / admission is liable to be rejected / cancelled at any time.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of the Applicant)

### ENDORSEMENT BY AUTHORITY

I recommend Dr./Mr./Ms. \_\_\_\_\_

Designation : \_\_\_\_\_

Institution \_\_\_\_\_

to attend the AICTE sponsored FDP organized by Department of Physical Education, N.B.K.R. Institute of Science & Technology during **07<sup>th</sup> - 20<sup>th</sup> March 2022**. He/She will be relieved during this period to attend the FDP at Vidyanagar, if selected. This is also to certify that details mentioned in the application form by him/her are checked and found to be correct.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of the Head of the Institute)  
(with seal)