



**Ch. Charan Singh University, Meerut**  
***Department of Education***

**CIRCULAR**

**01/01/2019**

This is for the kind information to all the Teacher Educators (Teachers teaching in B.Ed. Course) who has been teaching in any affiliated college of C. C. S. University, Meerut, that ***EXPERINTIAL GANDHI JI NAI TALIM CURRICULUM*** was released on Teachers Day 5<sup>th</sup> Sep., 2018. In this context, C. C. S. University is going to organize ***One-Day Workshop on 7<sup>th</sup> Jan., 2019 and Seven-Day Non-Residential Faculty Development Programme (FDP) on "Gandhi Ji Nai Talim , Work Education and Experiential Learning"*** in continuation at the ***Department of Education C. C. S. University, Meerut***. This programme is sponsored by ***"MAHATMA GANDHI NATIONAL COUNCIL OF RURAL EDUCATION, DEPARTMENT OF HIGHER EDUCATION, MINISTRY OF HUMAN RESOURCE DEVELOPMENT, GOVERNMENT OF INDIA"***.

Therefore interested teacher educators are requested that they may apply on a prescribed format attached with this circular duly filled and forwarded by the concerned competent authority in the office of the Department of Education, C. C. S. University, Meerut by hand or by mail to [rksharmaccsu@gmail.com](mailto:rksharmaccsu@gmail.com) by 4<sup>th</sup> Jan., 2019. The seats are limited to 30 only.

***COURSE COORDINATOR***



# Ch. Charan Singh University, Meerut

## *Department of Education*

1. Name of the Candidate (*In Capital Letters*) .....

2. Father's Name..... **PASSPORT**

3. Date of Birth..... Gender..... **SIZE**

4. Category..... **PHOTOGRAPH**

5. Department .....

6. Institution: .....

7. Address for Correspondence .....

.....

.....

Mobile ..... Phone ..... Email.....

**Declaration:** I hereby declare that all the information furnished above is correct, complete and true to the best of my knowledge and belief. If any information found incorrect then my candidature may be cancelled without any prior intimation.

Place: ..... Signature of Applicant:

Date: ..... Name .....

..... Designation.....

**Forwarding Letter cum No Objection Certificate:**

This is to certify that Mr. /Ms. /Mrs. /Dr.....

is a Permanent/Regular/Contractual Teacher at the Teacher Education Department/Education Department of.....

(*Name of the University /Institution /College*). The Department / College / Institution has no objection in his/her application for the course. If selected, he/she will be relieved for the course.

Date: ..... Signature:

Place: ..... Director / Head / Principal Seal: