



**THE KERALA STATE HIGHER EDUCATION COUNCIL**

**Workshop on Computer Interfaced Science Experiments**

**APPLICATION**

Name of the Applicant			
Gender/Age /Date of Birth			
Institution & Designation Teaching Department/Subject			
Institution Address			
Email of the applicant			
Contact No.			
No of years in Teaching			
Basic Pay and Scale of pay			
Classes engaged in	UG/PG/Research		
Educational Qualifications	Degree	Specialization	University
	Post Doctorate		
	Doctorate		
	M.Phil.		
	PG		
No. of Research Publications	National		International
No. of Projects handled			
Funding agency			
State in your words about the way you plan to utilise this kind of workshop for improving the learning and teaching skills at academic level			

Signature of the candidate

Place

Date

(To be signed by the Principal)

It is certified that Sri/Dr./Smt./Ms-----, Assistant/Associate Professor of Department of \_\_\_\_\_, \_\_\_\_\_ college is nominated for attending the *Workshop on Computer Interfaced Science Experiments* organised by Kerala state Higher Education Council (KSHEC) from 16<sup>th</sup> to 18<sup>th</sup> November 2017 at Thiruvananthapuram. He/She is directed to report at the office of the KSHEC on 16.11.2017 at 10.00am.

Principal

Place

Date