

Your own make
Your own make

Your own make
Your own make

Two-Week FDTP

ON

[Name of the Subject]

[Duration]

REGISTRATION FORM

[Co-ordinator Name]



Approved by

**Anna University
Chennai**

Organized by

Name of the College & Emblem

Your own make
Your own make

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Your own make

ORGANIZING COMMITTEE

CHIEF PATRON : Dr. M.K. Surappa
Vice-Chancellor,
Anna University,
Chennai

PATRON : Dr. J.Kumar
Registrar,
Anna University,
Chennai

CHAIR : Dr. D.Sridharan
Director, CFD

Dr. I.Arul Aram
Addl Director, CFD

CO-CHAIR : [Principal],
[College Name],
[HOD],
[Department Name]

Co-ordinators :

Venue : [Name of the Hall]
[Name of the Department]

IMPORTANT DATES:

Submission of Application :

Intimation of Selection :

Confirmation by Participants:

TWO-WEEK FDTP - ATTENDANCE

Sl. No.	Name of the Participant & Designation	Name of the College	Signature											
			Day 1		Day 2		Day 3		Day 4		Day 5		Day 6	
			FN	AN	FN	AN	FN	AN	FN	AN	FN	AN	FN	AN
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SPECIMEN

TWO-WEEK FDTP - ATTENDANCE

Sl. No.	Name of the Participant & Designation	Name of the College	Signature											
			Day 7		Day 8		Day 9		Day 10		Day 11		Day 12	
			FN	AN	FN	AN	FN	AN	FN	AN	FN	AN	FN	AN
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SPECIMEN

CENTRE FOR FACULTY DEVELOPMENT

Anna University, Chennai-600025.

FACULTY DEVELOPMENT TRAINING PROGRAMME - Winter Vacation-2018

FEEDBACK FORM

Title of the Programme

Duration

1. Name & Designation

2. Name of the College

3. No. of Resource Persons

Internal

External

4. Comments about the following : (Please tick the relevant box e.g. 5 - highest, 1 - lowest)

i. Subject content

5

4

3

2

1

ii. Coverage of syllabus

5

4

3

2

1

iii. Technical Presentation by
Internal Faculty

5

4

3

2

1

iv. Technical Presentation by
External Faculty

5

4

3

2

1

v. Course Materials Supplied

5

4

3

2

1

vi. Tutorials

5

4

3

2

1

vii. Laboratory facilities / Site visit

5

4

3

2

1

5. Level of Excellence and Academic Standards of FDTP

i. Ability to Identify, formulate
and solve the problems

5

4

3

2

1

ii. Ability to use IT techniques
and Tools to Deliver Lecturer

5

4

3

2

1

6. Developed new skills / improved the
ones had already

5

4

3

2

1

7. The example and practical exercises
helped to understand

5

4

3

2

1

8. Reception & Hospitality

5

4

3

2

1

9. Accommodation & Catering

5

4

3

2

1

11. Opinion / Suggestion / Effectiveness of the course :

Signature of the Participant

Date :

CENTRE FOR FACULTY DEVELOPMENT

Anna University, Chennai-600025.

FACULTY DEVELOPMENT TRAINING PROGRAMME - Winter Vacation-2018

DECLARATION FORM

Dr. / Mr. / Mrs. / Ms.

working as.....in the college of

.....

hereby declare that I have attended the FDTP on

held at

during the period fromto.....

I also confirm that in the above mentioned period I am not involved in any other official work.

Signature of the Participant with date