***TTP Format-2B***

**(To be submitted after completion of the TTP)**

**AICTE-RGPV Joint Teachers Training Program**

On

**Title:**

**Duration- One week (From ---------- to ----------------)**

**Program Coordinator:**

**Program Content**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Date** | **Sessions** | **Topic &**  **Well Defined Contents** | **Name of the**  **Resource Person** |
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|  |  |  |  |  |

**Forwarded By Name & *Signature of the Program Coordinator***

***Director/*Principal of the Institution**

***(With Seal & Signature)***