***TTP Format-3***

**AICTE-RGPV Joint Teachers Training Program**

On

**Title:**

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

**Program Coordinator:**

**List of Resource Persons Invited**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Name, Designation with full address**  **of the Resource Person** | **Contact No. & Email ID** | **Name of the Institute/Industry** | **Govt./Private** | **Experience in years**  **(Teaching /Industrial)** | **Area of Specialization** | **Topic** |
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**Forwarded By Name & *Signature of the Program Coordinator***

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

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