ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

(A Statutory Body of the Govt. of India)

Nelson Mandela Marg, Vasant Kunj, New Delhi-110070

F.No.4-1 / SDC / AICTE / CA / 2018

Teacher Development Programme for the English Language Teachers of AICTE approved Colleges.

It is informed that the All India Council for Technical Education (AICTE) in association with **"Cambridge Assessment English"** has decided to train 30 English teachers on pilot basis. A targeted learning blended learning training will be given to selected teachers, as a pilot project. The training will be on the pedagogy skill training to deliver the English subject as per the model curriculum of the subject developed by AICTE for the English Subject teachers who are at a B1, for the rest there will be a language training programme than can run simultaneously to bring their levels at par with other teachers.

The training will be conducted at AICTE Hqr. at New Delhi, and all logistics arrangements including reimbursement of travel cost for shortlisted candidates will be made by the AICTE.

The interested teachers may kindly send their details in the prescribed application form as given below latest by **May 31, 2018** through e-mail on "**sdc@aicte-india.org**".

(Member Secretary, AICTE)

Click Here to Download document file

Faculty Development Program – Application Form

Personal Details

First Name :		Surname :	
Date of Birth :		Marital Status :	
Gender :	**Female** ☐	**Male** ☐	

Contact Details :

Present Address (Res)			
Telephone (home)		Telephone (Work)	
Mobile :		Fax No	
Email Id :		Email Id :	

Education/Qualifications: Please give details of educational and teaching qualifications in chronological order

Qualifications and subject at Undergraduate and postgraduate level	Year of obtaining the qualification
Date and Topic of Ph.D (if applicable)	
Topic of Ph.D .	**Date of Award**
Training Courses attended in relevant field in last three years (if any)	**Dates**

Employment Details : Current Institution

Name of the Institution		AICTE Permanent ID of Institute	
Subjects handled		Classes handled	
Date of Appointment		Total Teaching Experience (in Years)	

Employment Details : Previous Institution (if any)

Name of the Institution		AICTE Permanent ID of Institute	
Subjects handled		Classes handled	
Date of Appointment		Total Teaching Experience (in Years)	

This is to certify that all above informations are correct.

(Name and Signature of applicant)

This is to certify that all the above information related to Mr./Ms .... are verified from the records and are correct to best of my knowledge. In case the applicant is selected for the programme he/she will be relived as per the schedule of the training.

(Signature of Head of Institute with Seal)

Date:
Place: