



Head of Institution (Director / Principal)

First Name

Placeholder

Middle Name

Placeholder

Last Name

Placeholder

Designation

Placeholder

Experience

Placeholder

Highest Degree

Placeholder

Specialization

Placeholder

Total Experience

Placeholder

Date of Birth

DD/MM/YYYY

Phone Number

Placeholder

Email ID

email123@gmail.com

Approved by the University



Yes



No

Name of Approved University

Placeholder

Letter of Approval



Insert File

Save

View

Save

Submit

Next



R.T.I & Appellant

First Name

Placeholder

Middle Name

Placeholder

Last Name

Placeholder

Designation

Placeholder

Total Experience

Placeholder

Qualification

Placeholder

Phone Number

Placeholder

Email ID

Placeholder

Save

Submit

Next