

Centre Name & Location: _____

FACULTY PLAN/PROFILE

Name of Course & Batch : _____

Date: _____

Sr.	Name of Faculty	Educational Qualifications	Teaching Experience	Languages / Platform	Class-Room / LAB	Module Teaching	Accredited (YES/NO)	Verified (To be filled by TCNM)
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Prepared By

Approved By

(Name & Signature)_____
(Name & Signature)