

Gujarat Technological University

No. Gtu/soft Train/ 5847

Dt:- 4/10/ 2010

Exam Software training for new institutes 2010-2011

All the Principals of **newly established institutes under GTU in year 2010** are hereby informed to remain present along with **One Computer software expert** and **GTU institute coordinator** for exam software training and other exam related issues **strictly** as per schedule given below. It is to be noted that the training is compulsory for all.

Sr.No.	Course	Date-Day	Time	Venue
1	B.E. and M.E.	16/11/2010- Tuesday	1.00 PM	Aryabhata Hall, L.D.College of Engg., Ahmedabad
2	B. Pharm and M. Pharm	16/11/2010- Tuesday		
3	M B A	16/11/2010- Tuesday		
4	M C A	16/11/2010- Tuesday		
5	Diploma Engg.	16/11/2010- Tuesday		

-Sd-
I/C Registrar

Gujarat Technological University

No. Gtu/Vodafone/

Dt:- 4 / 10 / 2010

Documents for Vodafone Sim Card for newly established institutes under GTU

All the Principals of newly established institutes under GTU are informed to bring following documents at the time of software training scheduled on 16th Nov. 2010 and also bring details in annexure A and B as per format given.

List of documents(certified copy) for Vodafone Sim - Card :

1. AICTE Approval Letter with all pages. (duly attested)
2. Blank Letter – pad of college/ Institute
3. Latest Electricity Bill or Telephone Bill (of Two cycles)
4. Any Identity Card (with Photograph) or Driving Licence or Pan Card of Principal .
5. A Demand draft of Rs. 300/- in favour of “ Vodafone Essar Gujarat Ltd. “ payable at Ahmedabad for Simcard Activation Charges.
6. Principal’s Stamps, Round Seal, etc.

I/C Controller of Examination

Annexure ' A '

Name of the College (As per AICTE approval)		
Address for correspondence		
	Pin Code:	
Phone Nos. : (with STD code)		
Fax No. :		
E mail :		
Web Site :		
Principal's Communication details : -	Name :	
	Ph - Office:	
	Ph- Res.	
	Mobile :	
	Email	
Name of the person next to Principal in seniority(GTU Coordinator):	Name :	
	Ph- Office:	
	Ph- Res.	
	Mobile :	
	Email	
List of Branches :		

Branch Detail:

Name of the Branch	Sanctioned Intake	Year of starting	Present AICTE approval date and number *

* Sent copies of AICTE approval

Annexure ‘ B ‘

List of HODs/Senior faculty members with more than 10 years of teaching experience .

Name of the HOD/Senior faculty with contact details	Name of the Branch	Highest Qualification	Teaching Experience in years	Industrial experience if any in years	Number of Publications	
					International	National