



NASHIK TRAINING CENTRE

Faculty Registration Format

Doc. No.NTC/ADM/FR-FR
Issue No.01 Rev. No :00
Date. 01.06.2017

1. NAME : _____ 2. DESIGNATION: _____
3. CPF NO. & SAP ID (If Applicable) _____
4. DATE OF JOINING IN MSPGCL: _____
5. DATE OF RETIREMENT: _____
6. POWER STATION : _____
7. SECTION: _____
8. QUALIFICATION : _____
9. EXPERIENCE (In Details) : _____

Power Station/ Organization	No of years	Section

10. PBC NO. _____ BANK NAME: _____
11. A/C NO.: _____ ISFC CODE: _____
12. RESIDENTIAL ADDRESS :- _____
- _____
13. AREA of SPECIALIZATION :- _____
- _____
14. MOBILE NO.: _____ Alternate No. _____
15. E-MAIL ADDRESS: _____

DATE:

SIGNATURE:

Recommended By

Approved By