



GITARATTAN INSTITUTE OF ADVANCED STUDIES & TRAINING

Block D, Pocket 15, Sector 7, Rohini, Delhi, 110085

SESSION: -----

PEDAGOGY FORM

STUDENT NAME:

PROGRAMME & YEAR :

QUALIFICATIONS:

ENROLLMENT NO.:

PHONE NO.:

EMAIL ID:

METHODOLOGY

Methodology – I (for Sem. I)
with %

Methodology – II (for Sem.
II) with %

Signature of the candidate

Dated

.....
FOR OFFICE USE ONLY

NAME: -----

METHODOLOGY – I (FOR SEM. I) WITH %: -----

METHODOLOGY – II (FOR SEM. II) WITH %: -----

COORDINATOR'S SIGNATURE: -----