

# MAHATMA GANDHI NATIONAL COUNCIL OF RURAL EDUCATION

Department of Higher Education, Ministry of Education

Government of India

APPLICATION FOR

**MGNCRE BHARAT RATNA NANAJI DESHMUKH RURAL APPRENTICESHIP PROGRAM 2022-23**

1. Full Name (Dr/Mrs./Ms/Mr.) :
2. Date of Birth :
3. Full Postal Address for communication (including e-mail address) :
4. Telephone / Mobile No. :

5. Educational Qualification :

| S No | Degree | Institution | % of Marks/Grade | Year of Passing |
|------|--------|-------------|------------------|-----------------|
|      |        |             |                  |                 |
|      |        |             |                  |                 |
|      |        |             |                  |                 |

6. Languages Known :

| S No | Language | Speaking | Writing | Independent Communication |
|------|----------|----------|---------|---------------------------|
|      |          |          |         |                           |
|      |          |          |         |                           |
|      |          |          |         |                           |

7. Additional Qualifications :

| S No | Degree | Institution | % of Marks/Grade | Year of Passing |
|------|--------|-------------|------------------|-----------------|
|      |        |             |                  |                 |
|      |        |             |                  |                 |
|      |        |             |                  |                 |

8. Subjects of Specialization/Research Interest :

9. Brief description of the Community Engagement for Covid Psychosocial Care for the Apprenticeship along with the link of the video made by you with your own voice and your own appearance in the video :

## DECLARATION

I certify that I have gone through the Apprenticeship policy of MGNCRE and the notification. The above information furnished by me is true to the best of my knowledge and belief.

Place:

Date:

Signature:

Name: