

The Association of Mathematics Teachers of India

B-19, Vijay Avenue, 37/85, Venkatarangam Street, Triplicane, Chennai – 600005.

TEACHERS' WORKSHOP APPLICATION

(to be filled in English CAPITAL Letters only)

Name : _____

School Address : _____

Pin :

Residential Address: _____

Pin :

Phone (with STD code) : _____

Mobile No. : _____

E. mail : _____

Classes handling (*if teachers handling same classes like 1 & 2, 3 to 5, 6 to 10, 11 & 12 come together planning and presentation will be homogeneous*): _____

Particular concepts to be enlightened (if any) from routine syllabus:

Any other information that you want to communicate:

School Seal

Signature of the candidate with date

DETAILS OF BANK DRAFT

Amount : _____ DD Number: _____ DD Date.: _____
Bank : _____

Or Online transfer or direct deposit details

Account holder Name: _____ Date: _____

Transaction reference No: _____