



**COUNCIL OF ARCHITECTURE TRAINING & RESEARCH CENTRE**

Academic Wing of Council of Architecture, New Delhi

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**Application for Empanelment of Resource Person**

Name of Expert:.....

Council of Architecture Registration No:.....

Contact Address:.....

.....

City..... State..... Pin Code .....

Mobile:..... Landline No:.....

Email Addresses:.....

**Academic Qualifications:**

Sr.	Qualification	Board/ University	Percentage
1.			
2.			
3.			
4.			
5.			
6.			

Area of expertise: .....

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**Undertaking:** I declare that the particulars furnished above are true and complete to the best of my knowledge.

Signature:..... Place:..... Date:.....

**Note:** Application for empanelment of resource person to be accompanied by detail CV to include details of teaching experience, professional experience, publications etc.