**Proposal for Offering Value-Added Courses**

|  |  |  |
| --- | --- | --- |
| Name of the Department | : |  |
| **Details of the Value-Added Course(s)** |
| Name of the Value-Added Course(s) | : |  |
| Overview of the Value-Added Course | : |  |
| Objectives of the Value-Added Course | : |  |
| Expected outcomes of the Value- Added course | : |  |
| Mode of Delivery | : |  |
| No. of days / Hours(minimum 30 hours) | : | Days |  | Hours |  |
| Date(s) and Time | : |  |
| Target audience:Semester (indicate if more than one) | : |  |
| **Details of the Resource Person(s):** |
| Name and address of the Resource Person(s) | : |  |
| Contact details | : | Email ID: |
| Phone No: |
| Name and Designation of the Coordinator | : |  |
| Contact Information of the Coordinators | : |  |
|  **Enclosures: Syllabus & Schedule** |
| **HEAD OF THE DEPARMENT VICE PRINCIPAL ACADEMICS** |
| **Remarks by the Principal:****Approved / Not Approved**  **PRINCIPAL** |