# Nomination of Program Team & Program Coordinator

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| **Name of Institute** |  |
| **Department:** |  |
| **Program:** |  |
| **Semester** |  |
| **Program Team** | |
| **a) Head of Department (HoD)** | **Name: Qualification: Designation: Signature:** |
| **b) Senior Faculty Member** | **Name: Qualification: Designation: Signature:** |
| **c) Senior Faculty Member** | **Name: Qualification: Designation: Signature:** |
| **d) Senior Faculty Member** | **Name: Qualification: Designation: Signature:** |
| **e) Program Coordinator** | **Name: Qualification: Designation: Signature:** |

**Recommended by HoD**