

NATIONAL UNIVERSITY OF MODERN LANGUAGES
QUALITY ENHANCEMENT CELL



Proforma for Instructor Account

1. Name of Instructor: _____

2. Designation: _____

3. Department: _____

4. Address: _____

5. Phone No: _____ Mobile No: _____

6. Email(official): _____

7. Signature of Instructor: _____

HOD: _____

Dean: _____

Date: _____

Director QEC: _____

Focal Person Anti-Plagiarism Unit: _____