

# 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 : \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin : 

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Phone (STD code) : \_\_\_\_\_

Classes handled : \_\_\_\_\_

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

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Any other information that you want to communicate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Particulars of fees sent:**

Cash or DD Amount: \_\_\_\_\_ Bank & Date: \_\_\_\_\_

*(DD to be taken in the name of AMTI payable at Chennai, Local candidates can pay in cash against receipt)*

School Seal

Signature of the candidate with date