

TEQIP SPONSORED
Three days Workshop
On
“NBA and AICTE Mandate”
(21-23 December 2017)

REGISTRATION FORM

Personal Details:

Title(Mr./Ms./Mrs./Dr.):
Gender (Male/Female):
Name:
Date of Birth: Age:

Academic Details:

Designation:
Qualification:
College/Institute/University:
Department:
City..... State:

Contact Details:

Address:
.....
Pin: Ph./Mob.:
Email:
Accommodation Required: Yes/No

Payment details:

Demand Draft No: Dated: Drawn on.....
Total Amount in INR (Attach the DD with form)
Declaration: I am interested in attending this training course. All the information provided are correct.

Signature of Applicant

Note: · Incomplete registration shall be rejected without any information