

REGISTRATION FORM

Regional Level Orientation Workshop on Revised Curriculum Implementation



Name:

Designation:

Course:

Organisation:

Address for Correspondence:

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Pincode:

Phone/Mobile:

E-mail:

DECLARATION

The above information are true to the best of my knowledge. I agree to abide by the rules and regulations governing the workshop. If selected, I shall attend the workshop for the entire duration.

Place:

Date:

Signature of the Applicant

BONAFIDE CERTIFICATE

Dr./Mr./Ms./ is faculty/student of our Institute and is hereby permitted to attend the workshop for the entire duration, if selected.

Place:

Date:

Signature of the Head of the Institution



Dr. K. WANKRISHNA
Head of the Department
Department of Electronics Engineering
University of Engineering & Technology
17/10/18