

## Registration form for Training Program

Name of the Module : \_\_\_\_\_

Name (Mr./Ms./Mrs./Dr./Prof.) : \_\_\_\_\_

Designation : \_\_\_\_\_

Department / Section : \_\_\_\_\_

Organization : \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

E-mail : \_\_\_\_\_

Explain why you want to attend  
this Training programme?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration fee :

Signature of HOD / Research Supervisor

Signature of the Participant