Registration form for Training Programme

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