
Short Term Course Approval Form

Participant Details

Name: _____

Email: _____

Mobile Number: _____

Company/Institute/University Name: _____

Employee ID/University Roll Number: _____

Course Details

Course Name: Network Modelling, Cloud Computing, and Big Data (NMCB-2023)

Institute Offering Course: National Institute of Technology, Rourkela

Approval

I, the undersigned, approve the above-mentioned employee/student to leave for the short-term course mentioned above.

HOD's Name: _____

HOD's Signature: _____

Date: _____

Please print this form, fill in the details, and get it signed by the HOD. Remember to keep a copy for your records.