

**TEQIP – III Sponsored
National Workshop
on
Outcome based accreditation of technical education
(August 18-19, 2018)**

REGISTRATION FORM

1. Name: _____

(Capital letters)

2. Designation: _____

3. Organization: _____

4. Mailing Address: _____

PIN _____

5. Telephone: _____

6. Fax: _____

7. Email: _____

8. Details of Registration Fee:

DD No.: _____ Date: _____

Amount: _____ Bank: _____

9. Expected date and time of

• Arrival: _____

• Departure: _____

* Demand Draft drawn in favour of “DIRECTOR, NIT ROURKELA” payable at Rourkela

Place:

Date :

Signature