

REGISTRATION FORM

AICTE-MHRD Staff Development
Programme on

**ADVANCED CONTROL & SIGNAL PROCESSING TECHNIQUES WITH
APPLICATIONS
29 Oct - 11 Nov 2008**

1. Name: _____

(Capital Letters)

2. Designation: _____

3. Specialization: _____

4. Department: _____

5. Organization: _____

6. Teaching Experience: _____

7. Mailing Address: _____

Phone _____

FAX _____

E-mail _____

8. Accommodation required: YES / NO

9. Refundable Caution Money sent:

DD no. _____ Dated _____

for Rupees _____ On Bank _____

Date

SIGNATURE

Sponsorship Certificate

On the event of selection, Mr/Ms. _____ will be relieved for participation of the above programme.

SIGNATURE OF THE HEAD OF THE INSTITUTE / SPONSORING AUTHORITY
(WITH DATE AND SEAL)