

Application Form

Name:				
Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Category (Tick any one):				
Student <input type="checkbox"/>	Teacher <input type="checkbox"/>	Sponsored <input type="checkbox"/>		
College / Organization's Name:				
Address for Correspondence:				
Phone/Mobile:				
Email:				
Draft No:			Branch name:	
Amount:			Date:	
Educational Qualification				
Highest Degree:				
College Name:				
Subject / Specialization:				
Grade / Division:				
Accommodation Required	NO	YES	Hostel	Visitor Hostel
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forwarding remark of the Head of the Department / Institute				
Signature (with seal)				

Mailing Address:

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 Email: vlsi.nitrkl@gmail.com

Note

Please mention on the envelope
"APPLICATION FOR TRAINING PROGRAM ON CMOS DIGITAL IC DESIGN"