

Workshop Registration Form

Name _____

Organization _____

Designation _____

Contact addresses

Mobile no _____

Email _____

DD Details _____

Preference of Venue (Write 1 for first and 2 for second venue in the Box)

1. NIT, Rourkela

2. CVRCE, Bhubaneswar

Signature of the applicant

Forwarded by
(With official seal)