**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| Name (Dr./Mr./Miss./Mrs.) | **:** |  |
| Designation | **:** |  |
| Date of Birth | **:** |  |
| Gender (M/F) | **:** |  |
| Educational Qualification | **:** |  |
| Professional / Research Experience | **:** |  |
| Present Affiliation and address | **:** |  |
| Mailing Address: | **:** |  |
| Email | **:** |  |
| Phone (o): (M): Fax: | | |
| Area of Interest (Ph.D. students may write thesis title with objectives | **:** |  |
| Expectation from Training | **:** |  |
| List of important publications (if any): | **:** |  |
| Did you participated in any such course during the previous years | **:** |  |
| DD No. \_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_ of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (non- refundable once selected) for registration | | |
| (Signature of the applicant) | | |
| Forwarding from Head of Institution/ Competent Authority: Candidature of Dr. / Mr. / Miss/ Mrs. .................................................................................working as..........................................................................., is forwarded for inclusion in the training programme. | | |
| (Signature and seal of Competent Authority)  Name:  Designation: | | |