

Registration Form

Short Course for Professionals on Telecommunication Networks with State-of-art Hands-on Experiments

Name of the Applicant (In Block Letters)[as it will appear in the certificate]

Designation: _____ Sex (M/F) _____

_____ Educational

Qualification: _____

Address for Communication: _____

_____ State: _____ PIN _____

*E-mail: _____

_____ Fax: _____

_____ Tel: _____

Name and Address of the Sponsoring Organization: _____

Organizational contact email (optional): _____

Draft No. _____ dtd _____ in favour of CEP STC IIT KHARAGPUR
payable at Kharagpur enclosed herewith.

Date:

Signature of the Applicant

Declaration:

This is to certify that Mr/Ms/Mrs/Dr _____

_____ is an employee of our organization.

**Signature with seal of Sponsoring
Agency**

* Email Address is must. All future communication will be through email.