

**Registration Form**

**AICTE Short Course 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: \_\_\_\_\_

# Proof of AICTE Sponsorship Attached [form the HOD/Head of Institute]? **YES / NO**

Is Accommodation required? **YES / NO**

Name of the Sponsoring Institute/Organisation: \_\_\_\_\_

Organizational contact email (optional): \_\_\_\_\_

Declaration 1:

If selected, I will attend the course without failure from 17<sup>th</sup> February to 28<sup>th</sup> February 2010.

**Signature of the Applicant**

Date:

Declaration 2:

This is to certify that our institute/college/university \_\_\_\_\_

\_\_\_\_\_ is approved by AICTE and Mr/Ms/Mrs/Dr \_\_\_\_\_

\_\_\_\_\_ is a fulltime employee of our institute/college/university.

**Signature with seal of Head of the Institute / Department**

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