



**TEQIP-III Sponsored
One Week Workshop**

on

Capacity and Skill Building of Technical Staff in Engineering & Technology

(20th - 24th January, 2020)

DEPARTMENT OF ELECTRONICS AND COMMUNICATION ENGINEERING

REGISTRATION FORM

Name of candidate:.....

(Capital Letters)

Academic Qualifications:.....

Designation:.....

Specialization:.....

Department:.....

Name of Affiliating Institution/ University:.....

Experience:.....Age.....Sex.....

Telephone Numbers: (Landline):Mobile:.....

E-Mail Address.....

Accommodation Required: Yes/No.....

Type: AC/ Non-AC

(Note: Limited lodging/boarding is available in the University on payment basis.)

Date:

Place:

Signature of Candidate

It is certified that if the recommended candidate is selected for attending the Workshop at ECED, DCRUST, Murthal, He/She will be relieved from the department during the duration of the course.

Sign and Seal of Head of Institution/ Sponsoring authority