

WORKSHOP ON
FACULTY TRAINING PROGRAMME (FTP)
REGISTRATION FORM

Enroll No.

1. Details of the Participant in capital letters

Participant Name : _____

Institution : _____

Address : _____

: _____

Phone No. : _____ Email _____

2. Faculty of Study : Science Engineering Commerce Management

3. Category of the participant (Please Tick):

Graduate Student Post Graduate Student

Research Scholar (M.Phil./ Ph.D.) Academician Industry Practitioner

Signature of the participant: _____

Details of Registration Fee paid: DD / INTERNET BANKING (Please Tick)

Amount: Date: Bank Name:

Bank Branch:

IF DD, MENTION DD No.:

IF INTERNET BANKING, MENTION TXN (TRANSACTION) No.:

Date: _____

Signature of the Authorizing Officer of the participant
with official seal