REGISTRATION FORM
Faculty Development Program on
SIGNAL AND IMAGE PROCESSING
SIP-2016
(18th-22nd JULY 2016)

1. Name: ………

2. Gender: ………..

3. Category: ……..

4. Organization: …….

5. Higher Academic Qualification: ……………………………………………………………………………………

6. Address of correspondence: …………………………………………………………………………………………

    ………..

7. Phone No.: ………..

8. Email: …….

9. Accommodation Required (YES/NO): …………………………………………………………………………….

10. Payment Detail(Online/Bank Draft):

    Amount: ………………………………………. Transaction ID/Draft No.: ……………………………………

    Name of Bank/Drawn on: ……………………………………………………………………………………………

Declaration:
The information provided is true to the best of my knowledge. If selected, I agree to abide by my rules and regulation of the course. I also agree to inform the coordinators in case, I am unable to attend the course.

Date:
Place: Signature of the participant

Forwarding remark of the Head of the Department/Institute

                                                                                 Signature with Seal