



Short Term Training Program
on
"Embedded Systems Design"
19thto23rdDecember, 2011

Name: _____

Designation: _____

Academic Qualification: _____

Branch of Specialization: _____

Teaching Experience (In years): _____

Address: _____

Phone No.: _____

E-mail ID*: _____

Amount Paid: _____

D. D.No. : _____

Bank: _____ Date: _____

Date:

Signature of the Applicant

This is to certify that the above information is true to the best of my knowledge and the applicant is authorized to attend.

Signature of Principal of the College/ Institute
(with date & seal)

***Acceptance will be notified through E- mails only.**