REGISTRATION FORM

*Faculty Development Training Programme On-*

**Data Communications & Network Security (January 12-16, 2015)**

**DEPT OF MCA - GEC, THRISSUR**

Name :

Designation :

Department :

Institution :

Gender :

DOB & Age :

Address for Communication :

Phone :

Email :

Educational Qualification :

Experience :

No. of short-term courses already attended :

Accommodation required(Y/N) :

**DECLARATION**

The information provided above is true to the best of my knowledge and belief. If selected, I agree to abide by the rules of the training programme and shall attend the course for the entire duration. I also undertake the responsibility to inform the coordinator in case I am unable to attend the course.

Place: Signature:

Date :

**SPONSORSHIP**

Sri/Smt is an employee of our institution and he/she is hereby sponsored for the above training programme. The applicant will be permitted to attend the course, if selected.

Place: Signature of Sponsoring Authority:

Date: Office Seal: