

APPLICATION FORM
SHORT TERM TRAINING PROGRAMME
ON
HANDS – ON TRAINING IN POWER SYSTEMS SOFTWARE
27thNovember– 1st December 2017

1. Name :
2. Designation :
3. Department :
4. Institution :
5. Gender :
6. Age :
7. Educational Qualification :
8. Experience :
9. Mobile No :
10. E-mail ID (must) :
11. Accommodation required : Yes/ No

Place:

Date:

Signature

SPONSORSHIP CERTIFICATE

Mr./Mrs./Dr.....is an employee of our Institute and is hereby sponsored for attending the workshop on “**HANDS – ON TRAINING IN POWER SYSTEMS SOFTWARE**” from 27th– 1st December 2017 at GEC, Thrissur. He/ She will be permitted to attend the course, if selected.

Place:

Date:

Signature of the
sponsoring authority with seal