

REGISTRATION FORM

Name:.....

Qualification:..... Branch/Specialization

Designation:.....

Affiliation/Institute:.....

Address:.....

..... PIN:.....

Email:.....

Telephone/Mobile:.....

Choice of Training date: JANUARY 18 - 29, 2016

CERTIFICATE OF NOMINATION

Certified that Dr/Mr/Ms_____ of
the department of _____ of
this Institute is officially nominated to attend the 2-Weeks Training
Programme conducted by the CSE Department, SMIT under NNRMS/ISRO SC-T
to be held during 18 - 29 January, 2016. The institute has no objection for
his/her participation in the training programme.

Date: _____ Signature with seal. _____

Place: _____ (Director/Principal)

(Use photo copies for additional registration)

For further details please contact:

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Dr. Samarjeet Borah
Mobile: 09832621898
email: rsgiscse.smit@gmail.com