

AICTE Sponsored Faculty Development Programme
on

SOFTWARE DEFINED NETWORKS

(FROM 18.11.2019 TO 30.11.2019)

REGISTRATION FORM

(PHOTO COPIES MAY BE USED FOR ADDITIONAL PARTICIPANTS)

NAME:Dr/Mr/Ms.

DESIGNATION/DEPARTMENT:

QUALIFICATION(DEGREE,SPECIALIZATION):

INSTITUTION NAME:

YEAR OF TEACHING EXPERIENCE:

IS THE INSTITUTION APPROVED BY AICTE? YES/NO

DO YOU WANT ACCOMMOADTION? YES/NO

ADDRESS FOR COMMUNICATION:

PHONE:

MOBILE:

EMAIL ID(COMPULSORY):

DECLARATION BY THE APPLICANT

The information provided herewith is true to the best of my knowledge. I agree to abide by the rules and regulations governing the AICTE-FDP programme. I shall attend the programme for the entire duration.

Date:

Signature of the applicant

Signature & Seal of the
Head of the Institution