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| **REGISTRATION FORM****One-week Faculty Development Program on** **Deep Learning: Concepts and Applications (16th – 21st Dec 2019)** |
|  | Name: |  |
| * •
 | Designation: |  |
|  | Name ofInstitute: |  |
|  | MailingAddress: |  |
|  | E-mail |  |
|  | Fax: | Mob No: |
|  | Highest Educational Qualifications: |  |
|  | Experience: |  |
|  | ParticipantsCategory: | (SGGS **/** Non-SGGS) |
|  | Details of reg. Fees | DD no:Drawn on: |
|  | Place | Signature of the Applicant |
| **Last date for registration is 14th December 2019** |

**SPONSORSHIP/DEPUTATION CERTIFICATE**

Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Working in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby sponsored/deputed for the TEQIP-III sponsored one-week faculty development program (FDP) and will be relieved as per requirement.

Date:

Signature of Principal

Place:

 Seal