



# REGISTRATION FORM

Three day Workshop on  
“Exploring Computer Aided Design & Drafting”

4, 5 & 6 May 2011



Name:

Designation:

College / Organisation:

Educational Qualification:

Teaching Experience: \_\_\_\_\_ Years

Address for Communication:

Phone:

Office:

Mobile:

E-mail:

Payment Details: DD / Cheque No.:

Issuing Bank:

Dated:

Amount : Rs. 750/-

Place:

Date:

Signature of Applicant

## Sponsorship Certificate

Mr./Ms./Prof. .... of .....Dept. is an employee  
of our Institution / Organisation and is sponsored and permitted to attend the course if selected.

Place:

Date:

Signature of the Principal  
with seal