

Registration Form

TRAINING COURSE ON

Course Title Schedule

Name Mr./Dr./Mrs./Ms.)

(Write in block letters)

Position:

Company/Organisation.....

Department/Division.....

Mailing Address:.....

Tel (Off.):.....Residence:.....
(with STD code) (with STD code)

Fax:.....E-mail:.....

Duties and Responsibilities:.....

Please describe briefly your professional experience in the course subject area on separate sheet..

Educational Background:

Degree	Year	Field of Study

Details of Fee: As applicable

DD No. Bank ,..... Amount Rs

Date:

Signature

For further information and registration, please contact or write to:

Head,

Alternate Hydro Energy Centre,

Indian Institute of Technology Roorkee

Roorkee- 247 667 (Uttarakhand), India

Phone : +91-1332 274254, 285213

Fax : +91-1332 273517, 273560

E-Mail : ahec@iitr.ernet.in, aheciitr@gmail.com

Web site : www.ahec.org.in; <http://www.iitr.ernet.in/departments/AH/pages/index.html>