

Registration Form

TRAINING COURSE ON

Course Title: SHP DEVELOPMENT

Schedule: Jun. 18-22, 2012

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

Position :

Company/Organisation:

Department/Division:

Mailing Address:

Tel (Off.):Residence:Mob:
(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: If applicable

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

Date:

Signature

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

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Alternate Hydro Energy Centre,
Indian Institute of Technology Roorkee
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