

REGISTRATION FORM FOR TRAINING COURSE

Course Title:

Schedule:

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

Father's Name:

Mother's Name:

Aadhar No.:

Date of Birth: (DD/MM/YYYY)

Position:

Company / Organization:

Department / Division:

Mailing Address (Office):

.....

Mailing Address (Resi.):

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

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.ac.in, aheciitr@gmail.com

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