Two Days
Staff Competency Development Program on
PYTHON PROGRAMMING
2.8.17 & 3.8.17

REGISTRATION FORM

Name :

Designation :

Department :

Institution :

Address :

Mobile No :

Email Id :

Registration Fee Details :

DD No: **Date:**
Bank Name :

Whether Accommodation needed : Yes/No

Declaration :

I hereby declare that the given information is true to the best of my knowledge.

  Signature of   **Signature of the**
The Participant   **Principal/HOD with**
                                                seal

Place :
Date :