

**Three Days
Staff Competency Development Program on
“Hadoop and Big Data Analytics”
26th -28th September 2018**

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
The Participant**

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

Place :

Date :