

REGISTRATION FORM
STTP ON NETWORK ADMINISTRATION

(15 - 19 January 2018)

1. Name :
2. Designation :
3. Official Address :
4. Mailing Address :
5. Mobile No. :
6. e-mail :
7. Qualifications :
8. Specialization :
9. Experience :
10. Food Preference : Veg / Non-Veg

Declaration

I hereby declare that the information furnished above is true to the best of my knowledge. I agree to abide by the rules and regulations governing the programme. If selected, I shall attend the course for the entire duration.

I also undertake the responsibility to inform the co-ordinators sufficiently in advance, in case I am unable to attend the course.

Place:

Date :

Signature of Applicant

SPONSORSHIP CERTIFICATE

Certified that Mr./Ms./Dr..... is an employee of this institution and is hereby sponsored for the short term course on '**NETWORK ADMINISTRATION**' at College of Engineering Trivandrum during 15/01/2018 to 19/01/2018. If selected, he/she will be permitted to attend the course.

Place:

Date:

(Seal of the Institution)

Name & Signature
of the Sponsoring Authority