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| **REGISTRATION FORM**  **One-week Faculty Development Program on**  **Deep Learning: Concepts and Applications (16th – 21st Dec 2019)** | | | |
|  | Name: |  | |
|    * • | Designation: |  | |
|  | Name of  Institute: |  | |
|  | Mailing  Address: |  | |
|  | E-mail |  | |
|  | Fax: | | Mob No: |
|  | Highest Educational Qualifications: |  | |
|  | Experience: |  | |
|  | Participants  Category: | (SGGS **/** Non-SGGS) | |
|  | Details of reg. Fees | DD no:  Drawn on: | |
|  | Place | Signature of the Applicant | |
| **Last date for registration is 14th December 2019** | | | |

**SPONSORSHIP/DEPUTATION CERTIFICATE**

Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Working in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby sponsored/deputed for the TEQIP-III sponsored one-week faculty development program (FDP) and will be relieved as per requirement.

Date:

Signature of Principal

Place:

Seal