TEQIP -II

One-Week
Faculty Development Programme
On
Effective Solutions to Smart-Grid

4th to 8th April 2015

REGISTRATION FORM

1. Name   :   _____

2. Designation: _____

3. Organization: _____

4. Address: _____

_____

_____

5. Mobile   :   _____

6. Email Id   :   _____

DD No.:_____   Date: _____

Registration Amount: Rs._____

Name of the Bank & Branch: _____

Drawn on: "**Aditya Institute of Technology and Management"** payable at **State Bank of**

Hyderabad- Tekkali

Signature of the Applicant   Signature of Head of the Institution

(With seal)