



REGISTRATION FORM

(FILL IN BLOCK LETTERS ONLY)

REGISTRATION ID: _____
(FOR OFFICE USE ONLY)

DATE: _____

NAME: _____

COLLEGE: _____

BRANCH: _____ YEAR/SEMESTER: _____

MOBILE: _____ ALTERNATE CONTACT: _____

E-MAIL: _____

FATHER'S NAME: _____ CONTACT: _____

ADDRESS: _____



Affix a passport size photo

CHOOSE PROGRAM

- WINTER INTERNSHIP & TRAINING PROGRAM
- SUMMER INTERNSHIP & TRAINING PROG.
- REGULAR/WEEKEND TRAINING PROGRAM
- PROJECT BASED TRAINING

PROGRAM DURATION

- | | |
|---------------------------------|--------------------------------------|
| <input type="radio"/> 15 HOURS | <input type="radio"/> 7 DAYS |
| <input type="radio"/> 30 HOURS | <input type="radio"/> 15 DAYS |
| <input type="radio"/> 45 HOURS | <input type="radio"/> 21 DAYS |
| <input type="radio"/> 60 HOURS | <input type="radio"/> 30 DAYS/4 WEEK |
| <input type="radio"/> 90 HOURS | <input type="radio"/> 45 DAYS/6 WEEK |
| <input type="radio"/> 120 HOURS | <input type="radio"/> 60 DAYS/8 WEEK |
| | <input type="radio"/> 6 MONTHS |

CHOOSE MODULE

- EMBEDDED SYSTEMS & ROBOTICS
- MATLAB & SIMULINK
- INTERNET OF THINGS (IOT)
- PLC & SCADA
- VLSI & VHDL
- ARDUINO/ RASPBERRY PI
- RTOS & ARM
- PCB DESIGNING
- DATA SCIENCE & MACHINE LEARNING
- PYTHON
- _____
- _____

PREFERRED DATE & TIMING: _____

TOTAL FEES: _____

I HEREBY DECLARE THAT I HAVE GIVEN TRUE INFORMATION ACCORDING TO MY KNOWLEDGE AND I HAVE READ ALL THE TERMS AND CONDITIONS RELATED TO TRAININGS.

Remarks (For Office Use Only)

(STUDENT'S SIGNATURE)