

Department of
Electronics & Communication Engineering



ONE WEEK SHORT TERM TRAINING PROGRAM
 ON

**"IMPLEMENTATION OF INTERNET OF THINGS(IOT) WITH
 PYTHON PROGRAMMING"**

January 9-13, 2018

APPLICANT INFORMATION

Name of Applicant:

Gender:

DOB:

Qualification:

Designation:

Department:

Organization:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Accommodation Required:

YES

NO

PAYMENT DETAILS

Net Banking

Demand Draft

Transaction Number:

Demand Draft Number:

Transaction Date:

Date of DD:

Bank:

Branch:

DECLARATION

I hereby declare that above information is true to the best of my knowledge.

Signature of Applicant:

CERTIFICATE OF APPROVAL FROM ORGANIZATION

This is to certify that above applicant is an employee/student of our organization and the information stated by him/her is verified and found correct. He/she is recommended for the course during January 8-12, 2018.

Date: ____/____/____

Seal of Organization

Signature of Head