



**AICTE Sponsored  
Two Weeks Faculty Development Programme**



**On  
Signal & Image Processing: Issues, Challenges & Techniques**

**(SIPICT-2018), 01<sup>st</sup>-12<sup>th</sup> January, 2018**

**REGISTRATION FORM**

Name (in Block Letters):.....

Date of Birth & Age: ..... Academic Qualification: .....

Designation: ..... Specialization: .....

Department /Institution: .....

Teaching Experience: .....

Correspondence/ Permanent Address: .....

Telephone Numbe: Landline..... Mobile.....

Email ID: .....

Accommodation Required: ..... (Yes/No)

Is Your Institute approved by AICTE?: ..... (Yes/No)

No. of Summer/Winter Schools/STTPs Attended: .....

**DECLARATION BY CANDIDATE:**

The given information 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.

Place:

Date:

**Signature of participant**

**SPONSORSHIP:**

Mr./Ms./Dr. .... is an employee of our institution and is hereby sponsored. He/She will be permitted to attend the programme, if selected.

Date:

**Sign. and Seal of Head of Institution**