

ONE-WEEK
FACULTY DEVELOPMENT PROGRAMME
(IN ASSOCIATION WITH PITTR, KAPURTHALA)

ON

Research Areas in Biomedical Engineering

DECEMBER 25-29, 2017

APPLICATION FORM

Name: _____

Designation: _____

Institute: _____

Highest Qualification: _____

Address: _____

Phone: _____

Email ID: _____

D. D. / Receipt No. _____ Dated: _____

Date: _____ Signature: _____

Declaration by Applicant

I hereby declare that the information given above is true to the best of my knowledge. I shall attend the FDP for entire duration, if selected.

Date: _____ Signature: _____

Sponsorship Certificate

Dr./Ms./Mr. _____ is an employee of our institute/department and is hereby sponsored to attend the FDP, if selected.

Seal and Signature (Sponsoring Authority)