Government Engineering College Palakkad, Sreekrishnapuram

Department of Computer Science & Engineering

Faculty Development Program on Deep Learning and its Applications

Registration Form

Name of the Participant   :

Gender   :

Date of Birth.   :

Address for communication   :

Contact No & email-id   :

Designation   :

No. of Years of experience   :

Official Address   :

Accommodation Needed   :

Diet   :

Signature with date   :

Declaration

I .... declare that the information furnished herewith is true to the best of my knowledge and belief. I agree to abide by the rules and regulations governing the course. If I am selected, Ishall attend the course for the entire duration.

Signature of the applicant   :

Sponsorship

This is to certify that Dr./Mr./Ms.. is a faculty member of our institution and is hereby sponsored for the Faculty Development Program on Deep Learning and its Applications at Govt. Engineering College, Palakkad, Sreekrishnapuram. The applicant would be permitted to attend the course, if selected.

Signature of Head of Institution   :   Office Seal