



Indian Institute of Technology Indore भारतीय प्रौद्योगिकी संस्थान इन्दौर



MHRD

Department of Higher Education
Ministry of Human Resource Development
Government of India

Five days Short-term Course on “Autonomous Mobile Robots”

6th to 10th March 2018

REGISTRATION FORM

Name (In Block Letters) :
Designation :
Department :
Institution :
Institution recognized by AICTE : Yes No
Mailing Address :

Phone No. :
Email ID :
Accommodation required : Yes No
Research Interest :
Experience (in years) :

Academic	Industry	Research	Total

Details of Demand Draft / Cheque

Amount : No :
Bank : Date :

DECLARATION:

The above information is true to the best of my knowledge. I agree to abide by the rules and regulation governing the Short Term Course. If I am selected, I shall attend the course for entire duration.

Date:

Signature of the participant

Place:

Recommended and Forwarded

Signature & Seal of the Sponsoring Authority