REGISTRATION FORM
FACULTY DEVELOPMENT PROGRAM
On
"Blockchain Technology"
(Organized by NIT, Patna in collaboration with Dept. of IT, TISL)

1. Name (block letters): .....

2. Gender: .....

3. Cast: .....

4. Domicile State: .....5. Adhar No.....

6. Designation: .....

7. Organization: .....

8. Address for communication: .....

Pin Code: .....Mobile Number (Mandatory): .....

Fax No. :.....

E-mail (mandatory): .....

9. Highest Academic Qualification: .....

10. Specialization:
.....

11. Experience (in years):

Teaching: .....

Industrial: .....

12. DD No. : ..... Date: .....

Bank Name: .....

Amount: .....
13. Accommodation (Please Tick Appropriate): Yes/ No
14. Food preference (Please Tick Appropriate): Vegetarian Non / Vegetarian

Please register me for the course titled "Block Chain Technology" to be held at Techno India, Salt Lake from 30th October- 3rd November, 2018.
Place: .....
Date: .....

.....
Signature of the Applicant

I do hereby authorize .....to attend the Faculty Development Program on "**Blockchain Technology**" at Techno India, Salt Lake from 30th October- 3rd November, 2018.

.....
Signature of the Head of the Institution