|  |  |  |
| --- | --- | --- |
| **1** | **Name of the Participant** |  |
| **2** | **Designation**  |  |
| **3** | **Email** |  |
| **4** | **Mobile No.** |  |
| **5** | **Name of the Organization/Institute** |  |
| **6** | **Name of the Department/Centre/School**  |  |
| **7** | **Is your institute a AICTE funded Institute** |  |
| **8** | **Category** | * GEN
* OBC
* SC
* ST
* Others
 |
| **9** | **Identity card (issued by the parent institute) number of the participant** **(Please attached the copy)** |  |
| **10** | **Certificate of AICTE recognition of the participant’s parent institute****(Please attached the copy in the attached format)** |  |

**Certificate of AICTE Recognition**

Certified that (Name of College/Institute) …………………………………………… as well

as the Academic Department to which Mr./Ms./Dr./Prof. ……………………………………

Designation……………………… Department ……………………………………….. belongs

are recognized by the AICTE.

Signature

Head of the Department

OFFICE SEAL