

**Mahatma Education Society's
PILLAI HOC COLLEGE OF ENGINEERING AND TECHNOLOGY**

REGISTRATION FORM FOR SHORT TERM TRAINING PROGRAMS

STTP Details

Title of STTP: _____

STTP Dates : From: _____ **To :** _____

Participant's Details

Participant's Name: Dr. / Prof. / Mr. /Ms. _____

Educational Qualification(s): _____ ISTE Membership No : _____

Designation: _____

Name of the Organization: _____

Nature of Job: _____

Communication Details

Mailing Address _____

_____ PIN : _____

Tel. Off.: _____ Tel. Res: _____

Mobile: _____

E-Mail: _____ @ _____ . _____

Payment Details

Demand Draft No. _____ Dated _____

Bank Name: _____ Branch: _____

Date: _____

Signature of the Applicant: _____