

SRI PRATAP COLLEGE

Cluster University Srinagar

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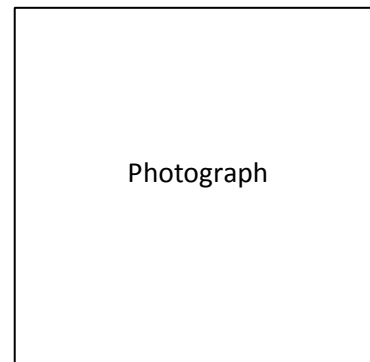
MATLAB Programming Techniques

4-WEEK CAPACITY DEVELOPMENT WORKSHOP

Registration Form

Personal Profile

- **Name:** _____
- **Designation:** _____
- **Subject:** _____
- **Area of Specialization:** _____
- **College:** _____, **Cluster University, Srinagar**
- **Email:** _____
- **Mobile Numbers:** **+91** _____, **+91** _____
- **Date of Appointment:** _____



Workshop Related

- **Mathematical Knowledge:** _____
- **Computer Programming:** _____
- **Interest (Academic/Research):** _____
- **Registration Fee Details (Cash/Draft) No:** _____ **Dated:** _____

(For Faculty : Rs. 1000

For Contractual Faculty/Scholars : Rs. 500)

Forwarding

Certified that Prof/Dr/Mr/Ms/: _____ working as _____ in this College and is allowed to participate in this 4-Week (part time) Capacity Development Workshop at Sri Pratap College, Srinagar.

Dated: _____

Principal