**College of Engineering Trivandrum**

**Department of Mechanical Engineering**

**Registration Form**

**Additional Skill development Programme on Industrial Automation**

**05-02-2024 to 10-03-2024**

1. Name :

2. Age :

3. Gender : Male/ Female

4. Qualification :

5. Institution from which the

Diploma/ B.Tech acquired :

6. Name of Parent/Guardian :

7. Occupation of parent/guardian :

8. Annual family income :

9. Address for communication :

10. Phone No :

11. Email :

**Declaration by the Applicant**

The above mentioned information is true to the best of my knowledge and belief. I agree to abide by the rules and regulations governing the course. I also undertake the responsibility to inform the coordinator, in case I am unable to attend the course.

Place:

Date: Signature of the applicant