

**REGISTRATION FORM**

Short Term Course On

**Microcontroller based Power Electronics System Implementation  
(MPESI-2017)**

**14 – 18 August, 2017**

**Electrical Engineering Department, SVNIT, Surat.**

- 01 Name Dr./Mr./Ms. :
- 02 Qualification :
- 03 Designation :
- 04 Department :
- 05 Experience :
- 06 Institutional Address :
- 
- 07 E-mail (for notification of acceptance) :
- 08 Mobile No. :
- 09 Details of Fee Amount : DD No. \_\_\_\_\_ Date \_\_\_\_\_
- 10 Accommodation required : YES / NO

I declare that the details furnished above are correct to the best of my knowledge and belief. I also undertake to abide by the rules and other conditions prescribed by S. V. National Institute of Technology, Surat.

Place:

Date:

Signature \_\_\_\_\_

**Sponsorship Certificate**

Dr./Mr./Ms \_\_\_\_\_ of the Department of \_\_\_\_\_ is sponsored to attend this Programme and is permitted to attend the same during the aforesaid period.

Place:

Date:

Signature with name \_\_\_\_\_

Sponsorer /Head of the Department with SEAL