

**REGISTRATION FORM**  
**FOR**  
**TRAINING & CERTIFICATION COURSES**

1. NAME OF THE CANDIDATE:

\_\_\_\_\_

\_\_\_\_\_ Gender M/ F

2. DESIGNATION: \_\_\_\_\_

3. ORGANIZATION:

\_\_\_\_\_

4. MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. TELEPHONE:

\_\_\_\_\_ (O) \_\_\_\_\_ (R)

FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

6. QUALIFICATION: \_\_\_\_\_

7. EXPERIENCE: \_\_\_\_\_ Yrs

8. COURSE FEE DETAILS: \_\_\_\_\_

9. PAYMENT:

DD. No: \_\_\_\_\_ Dt. \_\_\_\_\_

The Demand Draft / Local Cheque should be drawn in favour of  
“ Dean(Publications and Conferences),Sathyabama University”  
Payable at Chennai.

Date:

Signature of the Applicant