

**Five days FDP on
“Skill Intensification of Teachers through Technological Integration”**

**School of Legal Studies
Cochin University of Science and Technology
On 4th- 8th November 2019**

REGISTRATION FORM

Duly filled and signed (along with the institute seal) registration forms should be sent to the workshop coordinator either through email (Scanned copy in PDF format) or at the mailing address mentioned below on or before 31st October, 2019

1. Name of the Participant: _____

2. Designation & Affiliation: _____

3. Address of the Participant: _____

4. Contact Phone Number(s): _____

5. Email: _____

6. Academic Qualifications: _____

7. Work experience (in years) : _____

DECLARATION BY THE PARTICIPANT

The information furnished above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations governing the programme. If selected, I shall attend the programme for the entire duration.

Signature of Participant (with date)

DECLARATION BY THE INSTITUTE

Certified that Mr/Ms/Dr/Prof _____ is an employee of our institute and he/she will be permitted to attend the workshop, if selected.

Signature of HOD/Director/Principal/Registrar