

REGISTRATION FORM

**A Five Day Faculty Development
Program
On
“CLOUD INFRASTRUCTURE &
SERVICES”**

1. Name of the Participant:
2. Designation:
3. Name of the Organization:
4. Address for Communication:

5. Mobile:
6. E-mail:

Signature of the Participant

PERMITTING AUTHORITY:

Mr/Ms _____
employed as _____ in our
college / organization is permitted to attend the FDP
from 31-10-2018 to 05-11-2018 at ALIET, Vijayawada.

Place:

Date:

Signature of permitting authority with seal

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