

K.L.N.COLLEGE OF ENGINEERING, POTTAPALAYAM  
Department of Electrical and Electronics Engineering

FACULTY DEVELOPMENT TRAINING PROGRAMME  
“ELECTRICAL MACHINES”

REGISTRATION FORM

1. Name :  
2. Designation :  
3. Academic qualification :  
4. Experience :  
5. Institution & address for  
Communication :  
6. Phone :  
7. E-mail address :  
8. Accommodation required : Yes/ No  
9. Demand Draft particulars :

Date:

Signature

RECOMMENDATION FROM THE HEAD OF THE INSTITUTION

This is to certify that Mr/ Ms \_\_\_\_\_  
of \_\_\_\_\_  
is sponsored to participate in the Faculty Development Training Programme on  
“ELECTRICAL MACHINES” during 05<sup>th</sup> June to 09<sup>th</sup> June, 2006 at K.L.N.College of  
Engineering, Pottapalayam, Sivagangai dist.

Date:

Signature

(Designation and Seal)