

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 05th June to 09th June, 2006 at K.L.N.College of
Engineering, Pottapalayam, Sivagangai dist.

Date:

Signature

(Designation and Seal)