

**Appendix-B**

**REGISTRATION FORM**

**AICTE Sponsored Short-Term Course On  
Linear Algebra and Differential Equations**

**24 – 28 August , 2018**

1. Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Designation: \_\_\_\_\_

4. Institution: \_\_\_\_\_

5. Whether the institution has AICTE approval: Yes/ No (if yes ,attach proof)

6. Address for Correspondence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

7. Educational qualifications: \_\_\_\_\_

8. Teaching/Research Experience (in years)\_\_\_\_\_

9. Accommodation Required: Yes/ No

**Declaration**

The information provided is true to the best of my knowledge. If selected, I agree to abide by the rules and regulations of the course and shall attend the course for the entire duration without fail.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: