

## THREE-DAY WORKSHOP

On



# IMAGE PROCESSING ALGORITHMS



## REGISTRATION FORM

(Fill legibly using CAPITAL letters)

Name :  
Qualification :  
Designation :  
Course (if student) : (U.G/P.G)  
Branch :  
College :  
Address :

Accommodation required : YES / NO

Contact No. :

e-mail id :

DD No:..... Date:.....

Bank/Branch.....

### DECLARATION

The information provided above is true to the best of my knowledge and belief. If selected, I shall attend the course for the entire duration and abide by the rules and regulations of the organizing institute.

Place:

Date:

Name and Signature of the Applicant