

REGISTRATION FORM

Training Workshop On

***ELECTIRC POWER DISTRIBUTION: REFORMS, AUTOMATION AND
MANAGEMENT***

10-14 May 2004

Name of Participant : _____
Designation : _____
Date of Birth : _____
Organisation : _____
Correspondence Address : _____

Phone : _____ Fax : _____
Email : _____
Experience _____ Years _____ Months

Present area of responsibility: Production/ Marketing/HRD/materials/F&A/ MIS/
R&D/ Project management/ Teaching/ Others (specify _____)

Signature (applicant)

Payment Details

Draft No. _____ Issuing Bank _____
Amount _____ Drwan On _____

[In favor of "Continuing Education Program, IIT Kanpur" payable at State Bank of
India, IIT Kanpur]

Sponsored By

Name : _____
Designation : _____
Organisation : _____

Singature
(Head of Institution/Organization with Seal)