



ASSAM UNIVERSITY: SILCHAR

REGISTRATION FORM

**Workshop cum Training Programme: Office Procedure & Management
1st -5th January, 2019**

1. a. Name(in block letters) of applicant:
 b. Date of birth (in Christian era):

2. Deptt/Section where posted:

3. Date of Joining in the university :

4. Educational qualification:
5. Technical Qualification (if any):
6. Any training programme attended earlier: If yes, please state:

If No, please state your expectation from the ensuing programme:

7. Mobile No:
 Email ID:

The information given above is true to the best of my knowledge and belief.

Signature of the applicant with date

Recommendations of the HOD/Head of the Section/Branch

Shri/Smtis hereby recommended to participate in the in house Workshop cum Training programme and she/he will be relieved for the purpose of above mentioned training programme scheduled to be commenced from **1st -5th January, 2019.**

Signature with date& seal