



Employability Skills

FACULTY DEVELOPMENT PROGRAM

2018
NOVEMBER
22-24

In a time of DISRUPTION

REGISTRATION FORM

Name:	
KTU ID: (Mandatory)	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of the Institution :	
Department: <input type="checkbox"/> CE <input type="checkbox"/> ME <input type="checkbox"/> AE <input type="checkbox"/> EEE <input type="checkbox"/> ECE <input type="checkbox"/> CSE <input type="checkbox"/> AP <input type="checkbox"/> MBA Others: _____	
Designation: <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor <input type="checkbox"/> HoD <input type="checkbox"/> Dean <input type="checkbox"/> Director Are you in charge of Campus Placements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address for Communication:	
PIN	
College Telephone Number with Department Extn:	
Mobile Phone:	
Email ID:	
Academic Qualifications with Specialization:	
Major Teaching / Research / Other Interests:	
Work Experience (in years): a. Teaching c. Industry b. Research d. Overseas experience	
Your special requests/options/support facilities during the Program:	
Accommodation: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	
Transport (to the venue and back): <input type="checkbox"/> Required <input type="checkbox"/> Not Required If Required, state the Boarding Point _____	
Food Preference: <input type="checkbox"/> Veg <input type="checkbox"/> Non Veg	
Declaration	
I _____ (your name) hereby agree to abide by the rules and regulations of the FDP. Further, I shall participate in the program for the entire duration.	
Date: ____/____/2018	Signature
The application of the above candidate is forwarded. If selected, he/she will be relieved to attend the program in full (3 days).	
Name, Designation, Signature with Seal of Sponsoring Authority	

Use photocopies of this registration form for multiple nominations!

