



**JAWAHARLAL COLLEGE  
OF ENGINEERING & TECHNOLOGY**  
JAWAHAR GARDENS, LAKKIDIL, MANGALAM, PALAKKAD



**5 DAYS KTU SPONSORED FACULTY DEVELOPMENT PROGRAM  
ON  
INDUSTRIAL INSTRUMENTATION AND AUTOMATION  
REGISTRATION FORM**

**Full Name:** .....

**Name of College/ Institution/ Organization:**

.....  
.....

**Qualification:** .....

**Designation:** .....

**Full Address:** .....

.....  
.....

**Pin code:** .....

**Mobile No:** .....

**E-mail:** .....

**Place :**

**Date :**

**Signature of participant**

**RECOMMENDATION OF HIGHER AUTHORITY**

**Mr./Ms./Dr./Prof. ....**

**is an employee of the this institute is hereby allowed to attend the course, if  
selected**

**Sign and Seal of Principal / Director**