



NOMINATION FORM

Name: _____

Designation: _____

Organization: _____

Gender (for accommodation): M F

Accommodation required: Yes No

Correspondence Address: _____ PIN: _____

Phone: _____ Fax: _____ E-mail: _____

Qualification: _____

Category

Utility

Industry

R&D organization

Academics

I will submit the final vaccination (all doses) certificate on my arrival at IIT Kanpur, failing which my candidature for the training will stand cancelled

I will be willing to attend the training under paid category

(Signature of Participant)

Forwarded

(Head of the Organization/Unit)
Signature with seal