



**One Week Workshop Under  
AICTE Training & Learning Academy (ATAL)**



**REGISTRATION FORM**

1. Program Title: **ARTIFICIAL INTELLIGENCE**
2. Program Date: **24<sup>th</sup> to 28<sup>th</sup> March 2020**
3. Name (**Block Letter**): \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Discipline: \_\_\_\_\_
6. Mobile No. : \_\_\_\_\_
7. Email Id : \_\_\_\_\_
8. Gender: Female/Male Category: Gen/OBC/SC/ST
9. Name & Address of the Institution:  
\_\_\_\_\_  
\_\_\_\_\_
10. Work Experience: \_\_\_\_\_ Years \_\_\_\_\_ Month
11. Accommodation required (Y/N):

**Declaration:** I certify that the information provided above is true to the best of my knowledge and belief. If at any time, it is found that any of the above information is incorrect, then the university may take disciplinary action against me.

**Date & Place:**

**(Signature of Applicant)**

Dr. /Ms. /Mr. \_\_\_\_\_ is **nominated** to attend the above mentioned Program. This is assured that if selected the faculty will be relieved for the entire duration of the program.

**Date & Place:**

**Name & Designation**  
**Signature of the Head of the Institute**  
**(With Seal & Contact No.)**

**Note:** The program is only for AICTE approved institutions. (Preference will be given to institutions affiliated with RGPV, Bhopal- MP.) Register Online using TTP portal (<http://ttp.rgpv.ac.in>). If selected submit the hard copy of duly filled registration form on the day of reporting.