



**ASSAM UNIVERSITY: SILCHAR**

**REGISTRATION FORM**

**Workshop cum Training Programme: University Organisation and Office Procedure  
23<sup>rd</sup> October-27<sup>th</sup> October, 2017**

1. a. Name(in block letters) of applicant:  
b. Date of birth (in Christian era):
2. Designation
3. Deptt/Section where posted:
4. Date of Joining in the university :
5. Educational qualification:
6. Technical Qualification (if any):
7. Any training programme attended earlier: If yes, please state:
8. Languages Known:
9. Mobile No:
10. 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/Smt .....is 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 23<sup>rd</sup> October-27<sup>th</sup> October, 2017.

Signature with date& seal