

REGISTRATION FORM

One Week Faculty Development Programme,

Technically Sponsored by Computer Society of India, Kolkata Chapter

On “Computational Intelligence for Optimization Problems (CIOP)”

Venue: Calcutta Business School

Date: March 28 to April 01, 2016

Name: _____

Father's Name: _____

D.O.B (D/M/Y): _____/_____/_____

Qualification: _____

Designation: _____

Department: _____

Affiliated Institute and Address: _____

Teaching Experience: _____ Y _____ M

Research Field and Experience: _____

Demand Draft: Bank Name: _____ Branch Name: _____

DD No _____ DD Amount: _____ DD Date: _____

Correspondence Address _____

E-mail: _____

Ph: _____ (P) _____ (O)

Food Habit: Veg/ Non Veg

Signature of Applicant Faculty

Signature of the Participant's Head of Institute

(With Stamp)