

**Workshop**  
**Data Analytics and Information Security**  
**14/2/2018 to 16/2/2018**  
**Registration Form**

- 1. Name : \_\_\_\_\_
- 2. Designation : \_\_\_\_\_
- 3. Name of the Institute : \_\_\_\_\_
- 4. Gender : \_\_\_\_\_
- 5. DOB & Age : \_\_\_\_\_
- 6. Educational Qualification : \_\_\_\_\_
- 7. Experience : \_\_\_\_\_
- 8. Mobile Number : \_\_\_\_\_
- 9. Email : \_\_\_\_\_

Declaration by the applicant

The information given above is true to the best of my knowledge. I agree to abide by the rules and regulations governing the course. If I am selected, I shall attend the course for the entire duration.

Place:.....

Date:.....

*Signature of the applicant*

**Sponsorship Certificate**

This is to certify that Mr/Ms ..... of ..... Department is being sponsored for attending the short term course on **Data Analytics and Information Security** at RIT, Pampady from **14/2/2018 to 16/2/2018**. Our college is approved by AICTE. He/she will be permitted to attend the programme for the entire duration, if selected.

Date: .....

*Signature of Head of Institution*

(Office Seal)