

REGISTRATION FORM

One-Day Workshop

on

ABILITY ENHANCEMENT COURSE

16 September, 2017

At

Department of Computer Science,

College of Computer Science and Information Technology

COCSIT Campus, Ambajogai Raod, Latur-413531 (M.S.)

1. Name : Mr./Ms./Dr. _____

2. Designation : _____

3. Organization : _____

4. Mailing : _____

Address _____

Pin : _____ State : _____

Phone : _____ Mob. No. : _____

Email : _____

Date:

Signature

Note: Mail the photo copy of this form and payment acknowledgment receipt to

kaziimran1111@gmail.com , or somwanshi1234@gmail.com on or before 15 September, 2017

Submit Registration fees in favour of Principal, COCSIT, Latur.

State Bank of Hyderabad A/c. No. 62011883016

IFSC Code: SBHY0021126

[Registration fee can also be paid through cash or Demand Draft drawn in favour of “Principal, College of Computer Science & Information Technology”, payable at Latur, Maharashtra, India]