

IIT GUWAHATI

Application Form for Attending TEQIP-III Online Short-term Course on (please send the filled-up application **by email** to the course coordinator)

Title of Course: _____

Name of Course Coordinator: _____

Dates of the Online course: _____

1. Name (block letters):

2. Sex: ☐ Male ☐ Female

3. Category: ☐ General ☐ Reserved

4. Highest Academic Qualification:

5. Specialization:

6. Designation & pay scale:

7. Name of the organization:

8. Experience (in years):

(a) Teaching:

(b) Industrial:

9. Address for communication:

Pin code:

Mobile No.:

E-mail:

Place:

Date:

Signature of the applicant

SPONSORSHIP / NOMINATION CERTIFICATE

Prof/Dr./Mr./Ms./Mrs./

.....

is an employee of our institute and his/her application is hereby
sponsored/nominated. The applicant is permitted to attend the short-
term course “ _____ ”

at IIT Guwahati during _____if selected.

I also certify that our institute/college is under the “Institution List” of
3rd phase of TEQIP Project of MHRD.

Date

Signature of Authority

Designation

Official Seal

Selected participants will be informed by e-mail. The duly
sponsored/nominated application form should be sent by email to the
course coordinators