**Short Term Course on “Linear Algebra with Applications”**

**@** SONA COLLEGE OF TECHNOLOGY (Autonomous), SALEM 636005

DEPARTMENT OF MATHEMATICS

**December 16-21, 2019**

**REGISTRATION FORM**

Affix here passport size photo

1. Name :

2. Date of Birth :

3. Designation :

4. Affiliation Address :

5. Mobile No :

6. E-mail ID :

7. Educational Qualification :

 (from XII onwards)

7. Accommodation required : Yes/No

8. Registration Categories : Students/Faculty Members/R & D and Industry

 Course fee :

 Transaction : NEFT/RTGS/IMPS/Demand Draft

 Online Reference Number :

 (Encl. Transaction copy)

 Demand Draft Number :

 Date :

 Bank Name :

 Branch Name :

**Declaration**

The information provided is true to the best of my knowledge. If selected, I agree to abide by the rules and regulations of the course and shall attend the course for the entire duration. I also undertake the responsibility to inform the coordinator in case, I am unable to attend the course.

Place:

Date: Signature of Applicant



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RECOMMENDATION FORM



This applicant **Dr./Mr./Ms.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from our institution working/studying as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be permitted to attend the Short Term Course on **“Linear Algebra with Applications”** to be held during December 16-21, 2019at Sona College of Technology (Autonomous), Salem 636005, if selected. He will be granted necessary leave of absence.

College is recognized by AICTE: Yes / No

(If yes, then provide Order No. and date)

Place: Signature of Head of the Department

Date:

 Signature and Seal of the Principal

 of the Institution

# Please provide the Phone number of

# Principal:

# HOD:

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