

REQUEST FOR PARTICIPATION

- Incomplete forms will be rejected.
- Attach all the relevant mark sheets / certificates.
- Letters of Reference should reach the organizers by post or email to rajputsarvesh@gmail.com or sarvesh@iist.ac.in

Participation requested for Name : **Workshop on “Computational Methods For Control Problems”2015**
:

Gender : Male Female

Age : _____

Address for Correspondence : _____

Phone : _____

Email : _____

Highest Academic Qualification : _____

(with College/University) _____

Current Position & Institute Name : _____

Research interest and experience : _____

Percentage / CPI :
(Fill in the relevant columns)

Qualification	Year of Passing	Percentage
Class X		
Class XII		
B. Sc. / B. Tech. / B. E.		
M. Sc. / M. Tech.		

NPDE Workshop Attended Earlier : _____

Financial Support required for : Travel
Accommodation