



Dr. Mahalingam College of Engineering and Technology, Pollachi – 642 003

(An Autonomous Institution)

MCET-BOSCH REXROTH

Regional Centre of Competence in Industrial Automation Technologies

SUMMER CAMP'17

Registration form

Name of the Trainee

(in Block Letters)

: _____

Photo

Date of Birth

:

Gender

: M / F

Designation

: _____

Address for Communication:

Pin code : _____

Mobile : _____ Email : _____

Name of the Institution/
Organization

: _____

Roll No

: _____

Sem/Year : _____

Department

: _____

Address of the

Institution/Organization

: _____

Educational Qualification :

S. No.	Qualification	Institution	Year of Passing

Workshop

STTP

IPT

Declaration:

The above mentioned information is true to the best of my knowledge. I agree to abide by the rules and regulations governing the training programme. If selected, I shall attend the entire duration of the training programme.

Place :

Date :

Signature of the Trainee

For Office Use only

Voucher No. / Date : _____

Signature of Centre Head/Centre Coordinator