

REGISTRATION

SHORT-TERM HANDS-ON TRAINING AT EFY TECH CENTRE

NAME _____

DESIGNATION Student Employed If Others (Specify) _____

QUALIFICATION _____ YEAR _____

ORGANISATION _____

ADDRESS _____

City _____ State _____ Pin Code

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TELEPHONE _____ MOBILE _____

E-Mail ID _____

I wish to register for the following Hands-on-Training program. (Kindly Tick)

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> RTOS | <input type="checkbox"/> Basics of Electronics | <input type="checkbox"/> PCB Designing |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Microcontroller PIC18F | <input type="checkbox"/> Microcontroller PIC16F |
| | <input type="checkbox"/> VLSI Designing | <input type="checkbox"/> Embedded Systems |

Registration Fee _____ DD/Cheque No _____ Bank _____

Date _____ Signature _____

Note: - Please issue PAR-Cheque/DD in favour of **EFY Enterprises Pvt Ltd** payable at Delhi

RECEIPT
FOR SHORT-TERM COURSE AT EFY TRAINING INSTITUTE

Registration No. _____

Received from _____ Rs _____

Cheque No: - _____ Bank _____ Branch _____

As Registration fee for the Course on _____

Date: _____

Signature
For EFY Tech Center