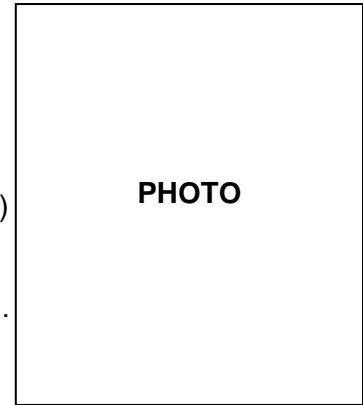


Registration Form

**SHORT TERM COURSE ON
SMALL HYDROPOWER DEVELOPMENT
(Oct 22-26, 2018)**



Name: (Mr./Dr./Mrs./Ms.)
(Write in block letters)

Father's / Husband Name:

Date of Birth: (DD/MM/YYYY)

Position:

Company / Organization:

Department / Division:

Mailing Address:

.....

Tel (Off.): Residence:
(With STD code) (With STD code)

Fax: E-mail:

Duties and Responsibilities:

Please describe briefly your professional experience in the course subject area on separate sheet.

Educational Background:

Degree	Year	Field of Study

Date:

Signature

For further information and registration, please contact or write to:

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Head,
Alternate Hydro Energy Centre,
Indian Institute of Technology Roorkee
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