

**DST- Sponsored
NRDMS, Department of Science and Technology (DST),
Government of India, New Delhi
GEOSPATIAL TECHNOLOGY
(14th November-3rd December,2016)**

**Applications No.
(Office Use)**

PERSONAL DETAILS

1. Title **2. First Name** **3. Middle Name** **4. Last Name**

--	--	--	--

Mr/Ms/Mrs *Given Name* *Middle Name(if any)* *Surname or Family Name*

5. Date of Birth **6. Age** **7. Gender** **8. Marital Status**

				M <input type="checkbox"/>	F <input type="checkbox"/>	Married <input type="checkbox"/>
						Unmarried <input type="checkbox"/>

Day Month Year : 14 Nov 1980

9. Nationality **10. Designation** **11. Accommodation required**

		Y <input type="checkbox"/>	N <input type="checkbox"/>
--	--	----------------------------	----------------------------

*Affix your recent
passport size
photograph here.*

12. Address of the Institute/Department

13. Correspondence Address (If different)

<i>House Name/Flat Name/Number</i>
<i>Building Number, Name of Society</i>
<i>Street, Locality, Post Office</i>
<i>City</i> <i>Pincode</i>
<i>State</i> <i>Country</i>
<i>Telephone</i> <i>Mobile</i>
<i>Email</i>

<i>House Name/Flat Name/Number</i>
<i>Building Number, Name of Society</i>
<i>Street, Locality, Post Office</i>
<i>City</i> <i>Pincode</i>
<i>State</i> <i>Country</i>
<i>Telephone</i> <i>Mobile</i>
<i>Email</i>

EDUCATION DETAILS

	<i>Qualification</i>	<i>Name of Institution/University</i>	<i>Majors/Specialization</i>	<i>Total Marks obtained (%)</i>	<i>Year of Passing</i>
14. P.hd.					
15. Masters					
16. Bachelors					
17. H.Sec (10+2)					

18. Research and Teaching Experience and Area of the Specialization:

19. List of the Research paper published.

20. Why do you want to attend the Winter School?

PROFESSIONAL EXPERIENCE

21. Years of Experience

22. Type of organisations you have worked with Government Semi government
 Private NGO

(indicate more than one box if appropriate)

If Other (Specify)

GENERAL INFORMATION

23. How do you propose to utilize the knowledge and experience gained from this course (in a maximum of 500 words)

Signature:

Date

City

To be printed on your Institutional Letter Head

CONSENT LETTER

Shri/Smt/Ms./Mr. _____ from
_____ Department/University/Organisation
is consented to participate in 3-Weeks Training Programme on Geospatial Technology to be
organised by CEPT University, Ahmedabad from November 14 to December 3, 2016.

Place: Signature of the Head of Organization with Seal-----

Date Name & Designation: -----