

IQAC ENABLED TWO DAY SHORT TERM TRAINING PROGRAMME (STTP) ON

"EMPLOYABILITY SKILL ENHANCEMENT FOR THE STUDENTS OF PROFESSIONAL DEGREE PROGRAMMES"

31st October & 1st November - 2019 REGISTRATION FORM

Name in fu	II :
	Address :
Demand dr	aft details : DD No :
Bank Nam	e
	DECLARATION
of my knov rules and i	ation provided by me is true to the best vledge. If selected, I agree to abide the regulations of the STTP and attend the ne entire duration.
Date:	
Place:	Signature of the Applicant
	SPONSORSHIP CERTIFICATE
Mr./Ms	is a
	our Institute/University and is hereby
	to attend the two day Short Term
	Programme on "Employability Skill
	ent for the Students of Professional
of Busines	grammes" organized by the Department s Administration, Annamalai University t Oct. and 1st Nov. 2019.

Signature & Seal of the Head of the Institution