

VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR (INDIA)

**“Centre of Excellence of COMBEEDED SYSTEMS :
“Hybridization of Communications and Embedded Systems”
Under TEQIP III**

REGISTRATION FORM

FORM NO. : _____

DATE : _____

Name of Student: _____

Residence Address: _____

Pincode: _____ Email: _____

Contact No.: _____ Category : Student / Working Professional (Please ✓ as

applicable) Educational Details :

Sr.	Name of Degree	Year of Passing	Stream	Institute/University	CGPA/ Percentage

Name of Company: (If working Professional): _____

Total Work Experience: _____ Major Area of Work: _____

Course Name : 1) _____ 2) _____ Course Code : 1) _____ 2) _____

Basic/Advance: _____ Batch : _____ Time : _____

FOR OFFICE USE ONLY

Date : _____

1) Fees (Amount) : _____

2) Bank Name: _____

3) NEFT/DD No. / Date: _____

Signature
Collection officer
CoE, VNIT

Signature
Approving Authority
CoE, VNIT

✂ Tear Here

Receipt

Received sum of Rs. _____ (In Words Rs. _____)
from Ms./Mr. _____ as a course fee for CoE
course _____ wide DD/NEFT No. _____
dated _____ issued by Bank Name _____

Collection officer, CoE, VNIT