PART 'A: To be filled in by Student 1. Name (in BLOCK Letters): SHANTAM MAHESHWARL 2. Sex (Male/Female): Date of Birth: 1999 MALE C-86 UPKAR APARTMENTS MATUR VIHAR 3. Address for Communication, Contact Nos. & E-mail ID PHASE 1 EXTENSION, DELHI 110091 MOB: 7982240102 EMAIL: Shantamacad @ gmail. com 4. Name of Course & Discipline: BS/ B. Tech/ MS/ M. Tech/ B. Lib/ M. Lib/ MBA/ MCA (Please put tick mark) MIT, Udupi Karkala Road, Eshwar Nagar, Manipal, Karnataka 5. College/Institute Address: Name of University: Manipal Academy Higher Education 7. Status of Qualifying course (Completed/pursuing): 8. Percentage of marks in the qualifying course: **Declaration by the Student** If selected for project work I agree to abide by the rules and regulations of the center. I understand that the result of the project work will be the physical and intellectual property of C-DAC (N). I am responsible for my own safety while inside the C-DAC (N) premises and shall follow all safety precautions and I understand that C-DAC (N) shall not be liable to pay any compensation for any personal injury caused by an accident during the course of my work in C-DAC (N). I will not disclose to anyone any technical information relating to the project without prior permission from C-DAC (N). Signature of Student PART 'B': To be filled in by Institute I recommend SHANTAM MAHESHWARI for pursuing vis / her project work at your organization. The particulars furnished above by the student are true. During the stay at your organization he / she will abide the rules and regulations stipulated by you. The total period available for doing the project is from 28/05/2018 to 20/07/2018 We guarantee proper conduct by the student and we understand that we are liable to make good, any damage /loss that may be caused by the student to C-DAC (N) in the course of the project work. Signature:.... Name & Designation:.... (Seal of Institution) PART 'C': Registration Charges Up to 2 months More than 2 months Plus Service Tax applicable Administrative Overheads Rs. 3000/-Rs. 5000/-**Total Charges** Rs. 3000/-Rs. 5000/-PART 'D: To be filled in by C-DAC, Employee Name & Designation: Signature Recommended by Reason: PART 'E': To be filled in by Guide in C-DAC, Noida a. Name of Project Guide & Department b. Name of Project c. Project Duration Signature of Guide: PART 'F': To be filled in by Training Cell Amount (DD No.) Receipt no. & dt. **Training Cell**

Group Coordinator (Academics):

Director

REGISTRATION FORM FOR SHORT TERM PROJECT TRAINING