## REGISTRATION FORM FOR SHORT TERM PROJECT TRAINING

PART 'A: To be filled in by Student

1	1. Name (in BLOCK t	etters):								
1		- 1	SHANTAN	1 MAH	ESHWARL	800.12-	70905292	N CONTRACT		
1	2. Sex (Male/Female	۱۰ ۲	Date of Birth							
	a sex (male) remaie	,	MALE Date of Birth: 19 62 - 1999							
3	. Address for Commi		C-86 UPKAR APARTMENTS MATUR VIHAR							
	Contact Nos. & E-mail ID		PHASE 1 EXTENSION, DELHI 110091							
			MOB: 7982240102 EMAIL: Shantanacad agmail.com							
4.	Name of Course &		BS/ B. Tech/ MS/ M. Tech/ B. Lib/ M. Lib/ MBA/ MCA							
	(Please put tick m	ark)								
5.	College/Institute A	ddress:	dress: MIT, Udupi Karkala Road, Eshwar Nagar, Manipal, Karnataka							
6.										
_		!	•	neade	- V	Higher	Education	weation		
7.	a contract of Quality in	g course	Pursuing	-	1st Year	comple	ted			
8.	Parenton of market at									
9.	Declaration by the Student									
l 1										
	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 company two for any agreement the C-DAC (N) and I safety precautions and I									
SUTE	(N). I will not disclose to	understand that C-DAC (N) shall not be liable to pay any compensation for any period injury caused by an accident during the course of my work in C-DAC (N). I will not disclose to anyone any technical information relation to the accident during the course of my work in C-DAC								
	(6:2	(N). I will not disclose to anyone any technical information relating to the project without prior permission from C-DAC (N).  Signature of Student								
ACADEM	11/21		PAR	T'R': To bo (	filled in her to a			Signature of Student		
SECTI	PART 'B': To be filled in by Institute									
18	I recommend SHANTAM MAHESHWARI for pursuing vis / her project work at your organization. The particulars									
11 *	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 2.8/05/2018 to 20/07/2018We 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 as C. D.A.C. (A)									
1	Source of the project work.									
	Signature: Name & Designation   Director (Academics) (Seal of Institution)									
	Name & Designation Raghavenura (Academics)  Assistant Director (Academics)					(Seal of Institution)				
_	Assistant Director (**									
1	Maniba	at - 576 104	PART 'C': R	tegistration Ch	gistration Charges					
	Administrative Overhea	Manip	Rs. 3000/-				Plus Service	e Tax applicable		
-	Total Charges		Rs. 3000/-		Rs. 5000/- Rs. 5000/-			_		
_	PART 'D : To be fi				in by C-DAC, E	mployee				
1		Name 8	& Designation:			Signature	Signature			
	Recommended by							1		
		Reason:								
_	PART 'E': To be filled in by Guide in C-DAC, Noida									
[ ;	Name of Project Guide & Department									
t	. Name of Project	•								
	. Project Duration				Signature of Guide:					
_										
	PART 'F': To be filled in by Training Cell  Amount (DD No.)  Receipt no. 8, dt									
	(DD NO.)			Rec	eipt no. & dt.					
Training (	Cell									
Group Co	ordinator (Academic	s):					,			
Director										
irector										