

**Registration Form**

**INFLIBNET REGIONAL TRAINING PROGRAMME ON LIBRARY AUTOMATION  
(IRTPLA-2017)**

20.8.2017 -24.8.2017 ,Attuvampatti, Kodaikanal

Name (in block letters):.....

Designation:.....

Name and Address of the College/University/Institution:

.....  
.....

Academic Qualifications:.....

Address:.....

.....

Mobile No: .....

E-mail:.....

Accommodation Required: Yes/No

Distance from residence (km): .....

Signature of the Participant: .....

Recommendation of the forwarding authority

I recommend Dr./Mr./Mrs./Ms.....

.....Designation.....

to participate in IRTPLA-2017, jointly organized by Mother teresa Women's University

,Kodaikanal and INFLIBNET during 20 .8.2017 to 24.8. 2017. He/She will be relieved from

the College/Institution/University for the above course.

Date:

Signature of the Principal/Teacher-in-Charge