

Registration Form
A Workshop on Essentials of L^AT_EX
Dec. 11-13, 2011

Participants Name:

Year & Branch:

Department:

Organization:

Address for Communication:

Contact Phone No.

e-mail:

DD. No. & Date:

Accommodation required[Yes/No]:

Signature of the Participant

Recommendation Form

This is to certify that Mr./Ms. _____ is a student of the department of _____ of _____ college and is recommended to attend the workshop “*A Workshop on Essentials of L^AT_EX*” during Dec. 11-13, 2011 at Bapatla Engineering College, Bapatla.

Place:

Date:

Seal & Signature of the

Head of the Department