**26th National Training Course on**

**t `** NIWE

## FOR OFFICE USE ONLY

Application received on:

Application Number: Course fee received:

WIND ENERGY TECHNOLOGY

**21st - 23rd August 2024**

DD No. / RTGS UTR No.:

DD Date: Amount Rs.

Signature

**REGISTRATION FORM**

(Fill in Block Letters)

PASTE PASSPORT SIZE PHOTOGRAPH

**Fill it up in all respects and send the soft copy**

**by e-mail to** [**ntraining@niwe.res.in**](mailto:ntraining@niwe.res.in) **and the original signed hard copy by post / person**

# PERSONAL INFORMATION

## Last date for Registration : 02.08.2024

Name : ...........................................................................................................................................

Date of Birth : / / Age :

DD MM YYYY

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Gender : Male  Female

## Student

Aadhar Card No. :

Name of the Institution..................................................................................................................



Name of the University ..................................................................................................................

## Institution / University Address

Address ...................................................................................................................................................................................

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City:..............................................................................................District:.......................................................................................... State:.................................................. Pin Code Telephone:................................................ E-mail:...............................................................................................................................................................................................

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Discipline of Study...................................................................................................................................................................... Expected date of graduation and current status................................................................................................................

Educational topics pursued pertaining to wind energy

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## Working Professional

Title of your post / designation ..........................................................................................................................................

Qualification.............................................................................Discipline...............................................................................

Period of Service from.............................................................to.........................................................................................

Name of the Employer........................................................................................................................................................

## Office Address

Address……….................................................................................................................................................................................

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City:.......................................................................................................District:................................................................................ State:........................................... Pin Code Telephone:................................................ E-mail:...............................................................................................................................................................................................

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26th National Training Course on “Wind Energy Technology” from 21st - 23rd August 2024

Description of your work, including your personal responsibilities

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Description of any hands-on experience related to wind energy tools / equipments

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# COMMUNICATION ADDRESS

Address ...................................................................................................................................................................................

City:.........................................................................................................District:................................................................................

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| --- | --- | --- | --- | --- | --- |
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State: Pin Code

Telephone:...........................................................................Mobile:.........................................................................................

E-mail:.................................................................................................................................................................................................

Proof of identification to be produced at the time of registration at NIWE..................................................................... (Student ID, Office ID, Driving Licence, PAN Card, Aadhar Card etc.)

**COURSE FEE : Amount:**

**Rs. 5,900/- or**

**Rs. 17,700/- including 18% GST**

**Bank details of NIWE**

Bank Account No. : **2874101011793**

Bank Name : **CANARA BANK, PALLIKARANAI NIOT BRANCH**

IFSC CODE : **CNRB0002874**

**Payment details of the Applicant**

RTGS UTR No.: ............................................................Amount Rs................................ Date:.....................................

Name of the Bank.....................................................................................Branch.........................................................

**If GST Claimed, please provide the following details**

GST No................................................................................................................................................................................. Name & Address to be mentioned in the tax Invoice ................................................................................................

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**CANCELLATION POLICY**

We take utmost care in providing quality lectures and hospitality with appropriate advanced planning. The course structure & organization of training has been highly acclaimed by all the previous course participants. In order to plan in advance, the registration without the Course Fee on or before the due date does not confirm the reservation for the course. Cancellation of registration will be entertained until **09.08.2024** only with a written request. The refund of Course Fee will be done after deducting handling charges of **Rs.1000/-**. The cancellation request received after **09.08.2024** will not be eligible for refund. Replacement can be allowed with prior intimation and submission of new Registration Form. In case the training is cancelled, full refund will be made. NIWE reserves all rights to postpone or cancel the course with due intimation to all concerned.

# DECLARATION

I certify that the information provided is true to the best of my knowledge.

***Signature of Applicant Signature of Nominating Authority with Seal***

***\* Selected applicants will be confirmed through email***