## **27<sup>th</sup> National Training Course on**

# WIND ENERGY TECHNOLOGY

18<sup>th</sup> - 20<sup>th</sup> December 2024

FOR OFFICE USE ONLY								
Application received on: _								
Application Number:		Course fee received:						
DD No. / RTGS UTR No.: _								
DD Date:	_ Amount Rs.							
	Signature							

## **REGISTRATION FORM**

(Fill in Block Letters)

Fill it up in all respects and send the soft copy by e-mail to ntraining@niwe.res.in and the original signed hard copy by post / person

PERSONAL INFORMATION	Last date for Registration : 29.11.2024									
Name :										
Date of Birth ://										
Gender: Male Female	YYYY Aadhar Card No. :	PASTE PASSPORT SIZE								
Student		□ PHOTOGRAPH								
Name of the Institution										
Name of the University										
Institution / University Address										
Address										
City:	District:									
State:	Pin Code Telephone:									
E-mail:										
Discipline of Study										
Expected date of graduation and current status										
Educational topics pursued pertaining to wind energy										
Working Professional										
Title of your post / designation										
Qualification	Discipline									
Period of Service from	to									
Name of the Employer										
Office Address										
Address										
City:	District:									
State:	Pin Code Telephone:									
F-mail:										

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Description of your v		-	•					
Description of any ha	ands-on experien							 
COMMUNICATION	ADDRESS							 
Address								 
City:			Distr	rict:				 
State:					Pin Code			
Telephone:			Mobile	j:				 
Email:								 
Proof of identificatio (Student ID, Office ID)								 
COURS	SE FEE: Amou	nt: Rs.	5,900/- or	Rs. 17,70	00/- includi	ng <b>18</b> %	GST	
		<u>Bar</u>	ık details of	NIWE				
	Bank Account N							
	Bank Name IFSC CODE		RA BANK, PA 80002874	LLIKARANAI N	NIOT BRANG	СН		
Payment details	of the Applica	nt						
RTGS UTR No.:			Amount	Rs	Dat	:e:		 
Name of the Bank				Branc	h			 
If GST Claimed,	please provide	the follow	ing details					
GST No								 
Name & Address t	o be mentioned i	in the tax In	voice					 

### **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 **06.12.2024** 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 **06.12.2024** 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.

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#### **DECLARATION**

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

**Signature of Applicant** 

Signature of Nominating Authority with Seal

<sup>\*</sup> Selected applicants will be confirmed through email