College of Engineering, Pune

Paste your scanned photo here in this soft copy. Submit hard copy of registration form on day-1 of the training prog.

(An Autonomous Institute of Govt. of Maharashtra)

Email: [matlab.malkhede@gmail.com](mailto:matlab.malkhede@gmail.com). Web: [www.coep.org.in](http://www.coep.org.in)

Mobile: 9970059566 (M) 9422918843

|  |  |
| --- | --- |
| **REGISTRATION FORM**  An Interdisciplinary Training Program on  **Applications of MATLAB & Simulink for Engineers and Researchers** |  |

1. Name:

2. Date of Birth:

3. Address for Correspondence

4. Email:

5. Contact No.:

6. Reasons for your interest in MATLAB/Simulink:

i)

ii)

**For Students**

1. Name of the College:

2. Department:

3. Year of Study:

4. UG / PG : Specialization:

**For working Professional**

1. Designation:

2. Department:

3. Highest Educational Qualification:

4. Experience (Teaching/Research/Industry/Level of Teaching):

**Batch Selected:** Start date ................................. End Date: ...............................

**Fee Particulars:** Requisite fee Rs. --------- (+ Rs 25/- as bank charges if deposited in branches other than CoEP branch).

**N.B.** Please deposit fees in cash / DD to the nearest or CoEP branch of SBI in the account of “The Director College of Engineeeing, Pune, IRG Account Number 11099464977”. For confirming registration, reserve and submit the original counterfoil alongwith the printed registration form.

Date:

Signature of the Applicant