**Registration Form for Requesting CEP Course Offered by IIT Patna**

|  |  |
| --- | --- |
| First Name\* |  |
| Middle Name |  |
| Last Name\* |  |
| Name of the Orgonization \* |  |
| Department Name\* |  |
| Email Address\* |  |
| Phone Number\* |  |
| Street\* |  |
| City\* |  |
| Postal Pin\* |  |
| Areas/ Topic of Requested Course\* |  |
| Tentative Duration of the Course (in Days)\* |  |
| Qualification of Participants\* |  |
| Tentative Number of Participants\* |  |
| Preferred Date/Month for Conducting the Course\* |  |
| Preferred location for Conducting CourseAt IIT Patna Campus/ Outside IIT Patna Campus\* |  |
| Preferred Location if Conducted Outside IIT Patna Campus |  |

 **\* Madatory fields**

**\*Completed form should be sent to cep\_off@iitp.ac.in with copy to pic\_cep@iitp.ac.in**