REGISTRATION FORM

CSI certification programme on

Big Data Analytics with MongoDB

28th & 29th Oct 2014

Name:

Qualification:

Designation:

Department:

Organization:

Mailing Address:

Phone No:

Email-id:

*CSI Member (Yes/No):

Payment Details(DD/NEFT):

- Amount Paid:
- DD Number:
- If NEFT (UTR Number / Payment ID):

*If CSI member, a copy of CSI ID card should be attached along with this registration form.

Declaration by the Applicant

The above mentioned information is true to the best of my knowledge and belief. I shall attend the course for the entire duration.

Signature of the Applicant   *Signature of the Head / Principal with Seal*