



**THREE DAY SHORT TERM TRAINING PROGRAMME**

**ON**

**“Ethical Hacking & Cyber security”**

**11<sup>th</sup> - 13<sup>st</sup> March 2020**

*Organized*

*by*

**SCHOOL OF COMPUTER, INFORMATION & MATHEMATICAL SCIENCES**

**In Association with ICT Academy, Incognito Forensic Foundation, Texial**

**REGISTRATION FORM**

1	Name (In capital letters)	
2	Faculty Member / Research Scholar / Student	
3	Date of Birth	
4	Qualification & Specialization	
5	Department / Designation	
6	Name of the Organization / College / Research Institution	
7	Teaching / Research / Industry experience. (If applicable)	
8	Do you require Hostel accommodation (Yes / No)	
9	<p>The Registration fee <b>Rs.1500/-</b>  <b>DD Details</b>            Demand Draft in favor of “B.S Abdur Rahman Crescent Institute of Science &amp; Technology”            Payable at Indian Overseas Bank, GST Road, Vandalur, Chennai – 600 048.</p> <p>DD No. _____ Date _____</p>	<p><b>Online Transfer Details</b>  <b>Account Name</b> : REGISTRAR, B.S.ABDUR RAHMAN CRESCENT INSTITUTE OF SCIENCE AND TECHNOLOGY  <b>Account No</b> : 165702000000440  <b>Bank Name</b> : INDIAN OVERSEAS BANK,  <b>Branch Name</b> : VANDALUR  <b>Account Type</b> : CURRENT ACCOUNT  <b>IFSC</b> : IOBA0001657            Transaction Id No.: _____</p>
10	Address for Communication	
11	Mobile No. & Email-ID	

*(Declaration: The information furnished above is true to the best of my knowledge. I agree to abide the rules and regulations governing the STTP.)*

Date :

Signature of the Applicant

Signature of Head of Institution with Seal

Note: Send the filled application form scanned copy to [dean\\_scis@crescent.education](mailto:dean_scis@crescent.education)