

**REGISTRATION FORM**  
Two-Day Training Course on  
**WIND ENERGY CONVERSION SYSTEMS**  
(April 21-22, 2003)

NAME (PRINT): \_\_\_\_\_

Gender: M / F                      Age : \_\_\_\_\_ Years

DESIGNATION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

EXPERIENCE IN WIND ENERGY SYSTEMS: \_\_\_\_\_ Years

Details : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

TELEPHONES: \_\_\_\_\_

FAX (with code) : \_\_\_\_\_

EMAILS: \_\_\_\_\_

**Payment of Registration Fee:**

DD No.: \_\_\_\_\_ Date \_\_\_\_\_ Rs. \_\_\_\_\_

On (Bank) \_\_\_\_\_ payable at Mumbai  
(in favour of "The Registrar, IIT Bombay - CEP account)

Accommodation required in IIT Guest House? Yes / No  
(accommodation charges not included in the registration fee.)

Signature of Applicant                      Date : \_\_\_\_\_

Use photocopies of this form, if needed.

Please send completed registration forms along with D/D to:

**Prof. Shireesh B. Kedare,**

Energy Systems Engineering,

IIT Bombay, Powai, Mumbai 400 076, India

**PRODUCT DISPLAY  
BOOKING FORM**  
Two-Day Training Course on  
**WIND ENERGY CONVERSION SYSTEMS**  
(April 21-22, 2003)

NAME OF THE ORGANIZATION (PRINT): \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

TELEPHONES: \_\_\_\_\_

FAX (with code) : \_\_\_\_\_

EMAILS: \_\_\_\_\_

DETAILS OF PRODUCT TO BE DISPLAYED:

\_\_\_\_\_

\_\_\_\_\_

**Details of Payment:**

DD No.: \_\_\_\_\_ Date \_\_\_\_\_ Rs. \_\_\_\_\_

On (Bank) \_\_\_\_\_ payable at Mumbai  
(in favour of "The Registrar, IIT Bombay - CEP account)

IIT-Bombay will not be responsible for any loss or damage to  
the material displayed or stored.

Signature of the head of the organization and seal

Date : \_\_\_\_\_

Use photocopies of this form, if needed.

Please send completed registration forms along with D/D to:

**Prof. Shireesh B. Kedare,**

Energy Systems Engineering,

IIT Bombay, Powai, Mumbai 400 076, India