

Date: _____

To,
The Head
Department _____
CTAE, Udaipur

Subject: _____

Sir,

I/we student(s) of Department _____

Class _____, want to attend (Workshop/Conference/Tech-
Fest/Seminar/STTP/Symposium) _____ Title of Course/Event

_____ Dated from _____ to
_____ at _____

(Institute/Industry Name/Others) _____ (Place Name).

STUDENT'S DETAILS

S.No.	Enrolment No.	Student's Name	Caste category (GEN/SC/ST/OBC/SBC)	Registration Fee
1				
2				
3				
4				
5				

Thanking you

(Signature of Students)

- 1.
- 2.
- 3.
- 4.
- 5.

Department Letterhead

To,
The Dean
CTAE, Udaipur

Subject: Nomination recommendation for _____ (Name of Event)
subevent if any _____ at _____
(Organising City) during _____ (Date/period).

Sir,

The _____ (Name of Department) is recommending
following students for _____ (Course/Event) to
be held at _____ during _____.

STUDENT'S DETAILS

S.No.	Enrolment No.	Student's Name	Caste category (GEN/SC/ST/OBC/SBC)	Class
1				
2				
3				
4				
5				

HOD's comments on usefulness of above program for improve student learning.

It is certified that above mentioned students have not attended the workshop/conference/Symposium/Seminar/or other event more than two times including the present one in this academic year (Expect class event). The necessary entry has been made at student register page no. _____ maintained in the department.

Thanking you

Date: _____

(HOD sign with Seal)

Encl: Application form duly submitted by students.