



Registration Form

Participant's Type

- Student
- Professional

Batch Information

Year	Month	Batch

Photo

Basic Information

Name (in block letters) :

Mother's Name :

Father's Name :

Mailing Address* :

Email Address* :
 (must be a gmail account)

Contact No. :

Academic Background

Highest Academic Degree Awarded :
 (with subject and institution)

Computer Knowledge Level :

Good	Moderate	Nil
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During Bachelor and/or Master's Degree

Studied Any Mathematics Course? :

Yes	No
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Mode for hard copy of

training manual collection* :

Picking up from ISRT	Post to my mailing address
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Reasons for Joining the Program :