

REGISTRATION FORM

Aircraft Structural Testing

Name : _____

Designation : _____

Organisation : _____

Address : _____

Telephone : _____

Email : _____

No. of participants: _____

Types of delegates

Corporate Academic/R&D/Govt. Student

Payment details

Amount (in Rs.) : _____

DD/Ch. No. & Date : _____

Name of the Bank : _____

The DD / Cheque should be drawn in favour of “**IIAEM**” payable at Bangalore & to send before **5th Dec., 2015** to:-

Mr. Naveen S
Aerospace Dept, IIAEM, Jain University,
319, 17th Cross, 25th Main,
J.P. Nagar 6th Phase, Bangalore-560078
Ph: 080 43430400 (Extn.224), Fax: 080 26532730
Mob: 09341324960, E: iaem@jainuniversity.ac.in

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