**A.B.E.S. Engineering College, Ghaziabad**

**Department of Computer Science & Engineering**

**Two Days Workshop on Speech Recognition**

**27-28 June 2018**

REGISTRATION FORM

|  |  |
| --- | --- |
| **Name** |  |
| **Institution** |  |
| **Designation** |  |
| **Mobile No.** |  |
| **E-mail** |  |
| **Qualification** |  |
| **Payment Details** | |  |  | | --- | --- | | **Date:** | **UTR No:** | |
| **Address for correspondence** |  |
| **any workshop attended in Speech Recognition (Yes/No)** |  |
| **If yes: details required** |  |
| **Any projects (Yes/No)** |  |
| **If yes: details required** |  |
| **Motivation (with regard to this workshop)** |  |

**Declaration:**

I Hereby declare that all the particulars stated in this registration from are true and correct to the best of my knowledge & belief.

**Signature of the Participant**