

**DELHI UNIVERSITY COMPUTER CENTRE  
UNIVERSITY OF DELHI  
DELHI-110 007**

**Proforma for applying for the training program**

(Please see the course detail and prerequisite for the course you want to attend at: <http://www.du.ac.in/ducc/training.htm> before filling this form.)

Course Name: \_\_\_\_\_

Date of commencement: \_\_\_\_\_

(Prof. /Dr. / Miss / Mrs. / Mr.)

Full Name: \_\_\_\_\_  
(In Block letters)

Department / College: \_\_\_\_\_

Please tick one:

Teacher / Non Teaching Staff / Research Scholar / PG student

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Previous Computer  
Experience: \_\_\_\_\_

\_\_\_\_\_

(Signature of Applicant)

Signature of HOD / Principal of the College  
(With proper Seal)

Dated: \_\_\_\_\_

**Note: A participant can apply maximum for two courses in a session on separate application forms. If a selected participant fails to join a course he will be not allowed to participate in any other course in this session.**