

Training Program – Application Form

Programme Title: _____

Venue: _____

Dates: _____

Registration Details: Amount _____ Demand Draft Drawn on: _____

DD Number _____ Dated: _____

1. **Name:** _____

2. **Council of Architecture Registration No.** _____

3. **Present Designation:** _____

4. **COA Institute Code:** _____

5. **Organisation / Institution:** _____

6. **Address of Institution:** _____

City _____ State _____ Pin Code _____

7. **Institution Phone No:** _____ **Fax:** _____

8. **Contact Address:** _____

City _____ State _____ Pin Code _____

9. **Phone No:** _____ **Mobile:** _____

10. **Email Addresses:** _____

11. **Highest Academic Qualification:** _____

12. **Specialisation:** _____

13. **Experience:**

a. **Teaching:** _____

b. **Professional:** _____

14. **Specialisation:** _____

15. **QIPs / CEPs / Workshops Attended since academic year 2007-08 :** (Subject, Place, Date)

Signature: _____ **Place:** _____ **Date:** _____

The form is to be stamped and attested by the head of the Institution / Organization.

Council of Architecture Training & Research Centre (COA-TRC)

2nd Floor, A-4 (B), Abhimanshree, Off Pashan Road, (Behind Volkswagon Pune-West Showroom),

Pune – 411 008 (MAHARASHTRA)

Telephone: 020-6573-1088, E-mail : directorcoatrc.pune@gmail.com & ttpcoatrc.pune@gmail.com