## **COURSE APPLICATION FORM**

| Course Name: 11 <sup>th</sup>                     | <sup>1</sup> IIRS Outreach    | Program  | on "Basics           | of RS, GIS                       | & GNSS"                        | Insert Pass              | port               |
|---|-------------------------------|--|----------------------|----------------------------------|--------------------------------|--------------------------|--------------------|
| Centre:   |                               | University/Institute(where attending UG/PG course) |                      |                                  | (for office use)               | Photogra                 | Photograph<br>here |
| Duration: 5 <sup>th</sup> Augu                    | ıst 2013 – 4 <sup>th</sup> No | vember 20  | )13                  |                                  |                                |                          |                    |
| Name:First  |                               |  |                      |                                  |                                | _                        |                    |
| First   | Name                          | Middle   | e Name               | Suri                             | name                           |                          |                    |
| Date of Birth:                                    | Ge                            | ender: Ma  | ile                  | Female                           |                                |                          |                    |
| Nationality:                                      |                               |  |                      |                                  |                                |                          |                    |
| Mailing Address: _                                |                               |  |                      |                                  |                                |                          |                    |
| City:   | Pin:                          |  | Co                   | ountry:                          |                                |                          |                    |
| Phone:  | Fax:E-mail:                   |  |                      |                                  |                                |                          |                    |
| Educational Quali                                 | fications from H              | ligh Schoo   | ol onwards           | :                                |                                |                          |                    |
| Degree  | Subjects                      | %  | Grade@               | Institute                        | /University                    | Year of passing          |                    |
|   |                               |  |                      |                                  |                                |                          |                    |
| @ Mention conversio                               | n factor if any               |  |                      |                                  |                                |                          |                    |
| Certified that all t                              | Ü                             |  | e true to the        | v                                | knowledge.<br>nature of app    | olicant                  |                    |
| Place:  |                               |  |                      |                                  |                                |                          |                    |
| Date:   |                               | <del></del>  |                      |                                  |                                |                          |                    |
|   | CERTIFICA                     | ATE OF   | AUTHOR               | IZATION                          |                                |                          |                    |
| Certified that M student of                       | r./Ms./Dr                     | (U(  | G/PG cours           | se) at                           | , who is                       | bonafide                 |                    |
| Department/Centre nominated for IIRS <b>2013.</b> | e,<br>Outreach Program        | n to be co   | Universignducted dur | sity and h<br>ring <b>August</b> | as been offic<br>05 to Novembe | cially<br>e <b>r 04,</b> |                    |
|   |                               | _  |                      | •                                | titute Coordi                  | nator                    |                    |
| Place:  |                               |  |                      |                                  |                                |                          |                    |
| Date:   |                               |  |                      | Official seal                    |                                |                          |                    |
|   |                               |  | 10                   | riiviui boai                     | ,                              |                          |                    |

Email this form to: <a href="mailto:edusat@iirs.gov.in">edusat@iirs.gov.in</a> or post it at: IIRS Outreach Program Coordinator, Indian Institute of Remote Sensing, PB No. 135, 4 Kalidas Road, Dehradun - 248001