

**CENTRE OF EXCELLENCE ON SOYBEAN PROCESSING AND UTILISATION
ICAR-CENTRAL INSTITUTE OF AGRICULTURAL ENGINEERING
NABIBAGH, BERASI ROAD, BHOPAL 462038**

Registration Form

1. Personal Details

Full Name: _____

Address: _____

Contact Number: _____

Email ID: _____

2. Training Details

Title of Training Programme: _____

Dates: _____

3. Accommodation Requirement

☐ Yes, I require accommodation

☐ No, I do not require accommodation

4. Payment Details

Registration Fee: _____

Mode of Payment: ☐ Online ☐ Bank Transfer

Transaction/Reference No.: _____

5. Declaration

I hereby confirm that the information provided is correct. I agree to abide by the rules and regulations of the training programme.

Signature: _____

Date: _____