



Language Expert Registration Form

Name: _____

[Please write in Block Letters]

Address : _____

Phone : _____

Email ID : _____

Dept. : _____

Language : _____

Signature

Please e-mail this form to:

Lpmf.gist@cdac.in

or

Post it to:

Associate Director,

CDAC, GIST Group

6, Panchawati Road,

Mansarovar, Panchawati, Pashan,

Pune, Maharashtra 411008