P.G.AUTOMATION

INDUSTRIAL AUTOMATION TRAINING FORM

Personnel Inform	ation	
Full Name:		
Date of Birth:	Age:	Female Male NB
Address:		City: ZIP Code:
E-mail:		Phone:
Reason for Traini	ng uld change or improve about your s	skill, what would it be?
Qualification and	Experience	
Please check any of the following th		
Bachelor of Engineering	Mechanical	Civil
Diploma in Engineering	Electrical	Mechatronics
П ІТІ	Electronics	Civil
Technician	Instrumentation and Control	IT & Computer Science
Other:		
Institute, Univers	ity and Passing Years	
Institute and University Name		
Passing Year	Final Mark	ks in %

Experience

Please check any of the following that apply to you:	
Fresher More 1 Year of Industries Experience 3 Years of Industries Exp. More than 5 Years of Industries Exp. Past Automation Experience if Any?	than 10 Years Experience
Modules	
Modules	ADJUSTABLE HOURS
1. PLC (PROGRAMMABLE LOGIC CONTROLLER)	1. (20 HRS.) APPROX.
2. HMI (HUMAN MACHINE INTERFACE)	2.(12 HRS.) APPROX.
3. SCADA (SUPERVISORY CONTROL AND DATA ACQUISITION)	3.(15 HRS.) APPROX.
4. AC DRIVE	4.(8 HRS.) APPROX.
5.PROJECT TASK AND TROUBLE SHOOTING	5.(5 HRS.) APPROX.
Fees: Total Rs.	Per Person
Part Payment	Date and Sign
50% ADVANCE WITH FORM FILL UP	1. DATE: SIGN.:

50% AFTER 10 HRS. COMPLETED

2. DATE:_____ SIGN.:____

Consent and Agreement

I have provided accurate information to the best of my knowledge. I consent to the Automation Training and agree to follow the Automation Expert recommendations for skill enhancement

Client's Signature:	Expert Signature:
Date:	Date: