



## Address for Communication

Mr. Usman koya P T  
Workshop Coordinator  
+91 9846974035

Mr. Sunil.P.K  
Workshop Coordinator  
+91 9847181948  
E-mail : libraryevents20@gmail.com

## STATE LEVEL WORKSHOP ON SOFTWARE BASICS FOR FILE CREATION AND MANAGEMENT

18<sup>th</sup> to 22<sup>nd</sup> April 2016

## WORKSHOP CONTENTS

### Basics and Advanced features of

- \* Microsoft Word
- \* Microsoft Excel
- \* Microsoft Power Point

PDF Editing

Document Convertors

Image Editing (Adobe Photoshop)

Video Editing



## COLLEGE OF ENGINEERING THALASSERY



**SPONSORED BY TEQIP - II**

## **COLLEGE OF ENGINEERING THALASSERY**

The College of Engineering, Thalassery is one of the earliest colleges started by the CAPE under Govt. of Kerala. It is started functioning in the year 2000. The college is situated on the top of a panoramic hill called Kundoomala and is six kilometers away from Thalassery town and is just 1.5 kilometers north from Thalassery – Coorg State High Way, which cuts to the college road at Nayanar Road Junction.

The college is recognized by the AICTE and affiliated to Cochin University of Science and Technology (CUSAT) Cochin and Abdul Kalam Technological University (KTU). There are six branches of engineering in the B. Tech. and Two M. Tech. programmes. It has become one of the biggest engineering colleges in the northern part of Kerala. The college has been selected for the grant of aid under phase II of the TEQIP and the workshop is being conducted under this programme.

### **THE COURSE**

Objectives of the workshop is enable participants to manage, develop and edit all common use files and documents with relevant software. Course content is designed to provide thorough knowledge on the basics of computer software, file creation and management etc..

### **ELIGIBILITY**

Target participants are Faculty members, Non Teaching staff of Administrative wing, Libraries and Laboratories from Academic institutions, R & D centres/ industries/ Govt. or Private undertakings. Participation is preferred from keralites.

### **HOW TO APPLY**

The application form can be downloaded from College website [www.cethalassery.ac.in](http://www.cethalassery.ac.in) or [www.library.cethalassery.in](http://www.library.cethalassery.in) Filled Applications forwarded by the concerned authorities, along with DD (in favor The Principal, College of Engineering Thalassery, Payable at SBT Thalassery) should reach the workshop Coordinator, (Software Basics for File Creation and Management), College of Engineering Thalassery, Eranholi- PO, Kannur, Kerala - 670107 on or before 15-04-2016. Send scanned copy of filled application form by E- mail in advance to [libraryevents20@gmail.com](mailto:libraryevents20@gmail.com). Applicant will be registered on first come first served basis. Number of seats are limited.

**Course Fee : Rs.2000 for TEQIP Institutions  
Rs.500 for Other Institutions**

### **ACCOMMODATION**

Accommodation may be arranged for Candidates at their own cost.

### **TA/DA**

No TA/DA will be provided

### **IMPORTANT DATES**

Last date of Receipt of Application: 15/04/2016

Intimation of Selection: 16/04/2016 (by Phone/ E-mail)

# COLLEGE OF ENGINEERING THALASSERY

5 Day Workshop on

**Software Basics for File Creation and Management**

April 18 - 22, 2016

## REGISTRATION FORM

Name (Block Letters) :  
Qualification : Experience :  
Date of Birth, Age : Gender (F/M) :  
Designation : Department :  
Institution/ Industry/ Offi :  
Contact Address : Phone (Mob): E Mail :

### Residential

### Office

PIN:
------

PIN:
------

Accommodation Required: Yes/ No

Food Preference: Veg. / Non Veg.

Details of Registration fee: DD No. .... Date: .....

Bank: ..... Branch: .....

### Declaration

The Information is provided is true to the best of my Knowledge. If selected, I agree to abide the rules and regulations of the course and shall attend the course for the entire duration. I also undertake the responsibility to inform the coordinator in case I am unable to attend this course at least a week in advance.

Place:

Date: Signature of the Applicant

### RECOMMENDATION

Mr./Ms./Dr..... is an Employee of our Institution. The applicant would be permitted to attend the course in full if selected.

Place:

Date: Signature of the Sponsoring Authority Seal: