

Registration Form for Bootcamp on Windows Forensic Analysis

(To be filled by the applicant/participant and maintained by the respective Institute)

Date:

Resource Centre Name: C-DAC Thiruvananthapuram Technology: Cyber Security Role: Co-Lead Resource Centre	
Course Name	: Windows Forensic Analysis
Course Start Date	: 25 May 2026
Applicant Name <i>(as per Govt. ID)</i>	:
Date of Birth <i>(DD-MM-YYYY)</i>	:
Gender	:
Mobile Number	:
Email ID <i>(Official ID preferred)</i>	:
Native State	:
District	:
Government-issued ID Number ¹ <i>(copy enclosed)</i>	:
Organization/Academic Institute <i>(if applicable)</i>	:
Highest Qualification <i>(with Degree & Branch)</i>	:
Status <i>(Pursuing / Passed Out)</i>	:
Beneficiary Category <i>(Tick as applicable)</i>	: <input type="checkbox"/> Career aspirant / Student <input type="checkbox"/> Employment Seeker / Passed Out <input type="checkbox"/> Non-IT Employee (cross-pollinated digital roles) <input type="checkbox"/> IT Employee (IT & Non-IT Sector) <input type="checkbox"/> PSE Employee
Involved in previous FSP Program ²	: Yes / No
If previous answer is, yes provide details (Program Name / Conducting Institute / Date)	:

I hereby declare that all the information provided above is true.

Applicant Signature

(For office purpose)

The above submitted information has been verified and recommended.

(Signature)

Course Coordinator

•¹Any of the Government issued ID: Photo identity card issued by the Central Government or a State Government or a Public Sector Undertaking, Driving License, Electoral Card, Ration Card, Aadhaar

•²Participants are not allowed to enroll in the same program for more than once.