



# WORKSHOP ON DATA ANALYTICS

February 24 – March 01, 2025

*Organized by*

Interdisciplinary Statistical Research Unit (ISRU)

INDIAN STATISTICAL INSTITUTE KOLKATA

## CERTIFICATE ACCOMPANYING APPLICATION

Name of Applicant (in block letters) \_\_\_\_\_

### Current Affiliation

a. Name of the department \_\_\_\_\_

b. Name and Address of Institution/Organization to which currently affiliated

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Designation \_\_\_\_\_

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space

I hereby certify that the information provided by me in the online application form for this Workshop is accurate.

I am aware of the fact that my application will be deemed incomplete without this certificate.

Date:

Signature of the Applicant

Certified that the applicant Dr / Mr / Mrs / Ms \_\_\_\_\_  
is a faculty/ research scholar/ employee of \_\_\_\_\_  
(name of university / college / institution/ organization). His / her application for participation in the  
above workshop is being forwarded herewith.

Date:

Name, signature and seal of

Principal/ Registrar/ Head of Dept. / other competent authority

This form must be printed, filled correctly and completely, and duly signed by competent authority, with proper seal affixed.

- A SCAN OF THIS DOCUMENT MUST BE UPLOADED AT THE TIME OF APPLICATION.
- This FORM in ORIGINAL must be sent by SPEED POST / COURIER to the address given on the right.

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