



## REGISTRATION FORM

Programme: \_\_\_\_\_

Mode: \_\_\_\_\_

### Please Note:

1. Please complete all the information accurately. Incomplete or false information may make your candidature null and void.
2. The decision of the Institute will be final and binding on the applicants in all the matters relating to registration.
3. For details of the Programme, please visit [www.igmpiindia.org](http://www.igmpiindia.org).
4. You are required to enclose self-attested photocopies of all relevant testimonials along with the registration form.

The completed registration form should be sent by a registered post or couriered to the Director, Institute of Good Manufacturing Practices India (IGMPI), H-119, H Block, Sector-63, Noida-201 307, Delhi National Capital Region (NCR), India, Phone: +91 8130924488, +91 8587838177, +91 120-4375280

APPLICATION FEE DETAILS*	
AMOUNT Rs.	
DEMAND DRAFT/CHQ NO.	
DATED	
BANK	

Registration Number					

(Leave this space blank)

Affix a recent  
coloured passport  
size photograph

\*Crossed DD or cheque should be in favour of "Institute of Good Manufacturing Practices India" payable at New Delhi. Please write your name and address at the back of DD/Cheque. Applicable examination fee can be paid later as per the Institute's examination notification.

### PERSONAL DATA

1. Name \_\_\_\_\_  
(First Name) (Middle Names)(Last Name)

2. Gender  Male  Female

3. Date of Birth     
DD MM YYYY

4. Age : Years \_\_\_\_\_ Months \_\_\_\_\_

5. Mother's Name \_\_\_\_\_

6. Father's Name \_\_\_\_\_

7. (a) Address for correspondence (in capital letters) \_\_\_\_\_  
Postal code/Zip code \_\_\_\_\_

8. (b) Permanent Address (in capital letters) \_\_\_\_\_  
Postal code/Zip code \_\_\_\_\_

9. E-mail id \_\_\_\_\_

10. Contact Telephone No. with STD Code \_\_\_\_\_ Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

11. Nationality\_\_\_\_\_

12. Category (SC: Scheduled Caste; ST: Scheduled Tribe; PH: Physically Handicapped; EWS: Economically Weaker Sections; Ex-servicemen; Attach copy of SC/ST, PH, EWS, Ex-servicemen, Defense personnel, certificate as applicable for 10% fee concession)

SC	ST	PH	EWS	Ex-Service men	GEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WORK EXPERIENCE

13. Work Experience (if any)

i) Total Work Experience\_\_\_\_years\_\_\_\_months and\_\_\_\_days

ii) List all your work

From	To	Total Completed Months Days	Name of the Organization	Designation	Brief Job Profile

### ACADEMIC QUALIFICATIONS

14. . Pre-Bachelor's Degree Examination(s):

Std.	School / Institution	Board/ University	Year completed	Max. Marks	Total Marks Obtained	% Marks Obtained	Class/ Division
10 <sup>th</sup> / High School							
12 <sup>th</sup> / Intermediate / Senior Secondary							

**15. Bachelor's Degree Examination(s):**

Degree Obtained		Subject / Specialization	
College/Institute		University	

Year	Date		Marks considered for award of Class/Division in Bachelor's		
	From	To (DD/MM/YYYY)	CGPA/ % Marks Obtained/ Grade		

**16. Post-Graduation Degree/Diploma (if any):**

Degree Obtained		Subject / Specialization	
College/Institute		University	

	Year		Subject	Max. Marks	Marks Obtained	% of Marks Obtained
	From (DD/MM/YYYY)	To (DD/MM/YYYY)				
Overall percentage of marks obtained						

**17. Professional qualification (if any):**

Degree Obtained		Subject / Specializa	
College/Institute		University	

	Year		Subject	Max. Marks	Marks Obtained	% of Marks Obtained
	From (DD/MM/YYYY)	To (DD/MM/YYYY)				
Overall percentage of marks obtained						

**DECLARATION**

I have carefully filled up all the information and agree to abide by the decision of the Institute of Good Manufacturing Practices India, New Delhi authorities regarding my registration. I certify that the particulars given by me in this form are true to the best of my knowledge ant and belief.

Date  
Place

Signature of Applicant