

FACULTY OF FOOD SAFETY AND QUALITY, INSTITUTE OF GOOD MANUFACTURING PRACTICES INDIA NEW DELHI | NOIDA

REGISTRATION FORM (FELLOWSHIP)

PLEASE NOTE:

1. Please complete all the information accurately. Incomplete or false information may make your candidature null and void.
2. Fill the form in CAPITAL LETTERS only.
3. The decision of the Institute will be final and binding on the applicants in all the matters relating to registration.
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, FFSQ, IGMP, H-119, Sector-63, Noida, Delhi, National Capital Region (NCR), Pin Code – 210307, India. Phone: +91 8587838177, +91 8130924488, +91120-4375280.
5. You can send your signed application form, recommendation letter and educational documents as scanned copies along with details of the online transaction to the email ID (ffsq@igmpiindia.org), in case of fee payment through net banking or through wire transfer.

APPLICATION FEE DETAILS*		Registration Number					
AMOUNT Rs.							
DEMAND DRAFT/CHQ NO.		(Leave this space blank)					
DATED							
BANK							



*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.

1. Full Name (Ms./Mr.): _____
2. Father’s/Mother’s/Guardian’s Name/ Husband’s Name: _____
3. Date of Birth:/...../..... (DD/MM/YY)
4. Gender: _____
5. Category (Gen/SC/ST/OBC/Others): _____



6. Nationality: _____

7. Highest Qualified Education/ Current Educational Status: _____

8. Permanent Postal Address: _____

9. Address for Correspondence: _____

10. Phone no/Mb: _____ Emergency Contact no: _____

11. E-mail Id: _____

12. Name of the Academic Institution/Company: _____

13. Details of opted Fellowship:

a. Indicate the area of your fellowship _____

b. Duration (in months): _____



16. Declaration:

I certify that the information above is correct. I agree to abide by all rules and regulations of FFSQ, IGMPI and pay the required fees.

Date:/...../.....

Place: _____

Signature

For FFSQ, IGMPI use only:

Title of the fellowship (To be identified by Key Executive of Institute): _____

Name of the Guide: _____ Designation: _____

Period of Fellowship: _____

Admitted: Yes/No

Date:

Signature of Key Executive

Date:

Signature of HOD