



Centre for Nutrition and Dietetics Studies (CNDS)

(An Autonomous Body Recognized by Ministry of Commerce & Industry, Government of India)



CNDS WORKSHOP

Workshop Area: _____

Please Note:

1. Please complete all the information accurately. Incomplete or false information may make your candidature null and void.
2. For details of the workshop, please visit www.cnds.org.in

PERSONAL DATA

1. Name _____
(First Name) (Middle Name) (Last Name)

2. Date of Birth
DD MM YYYY

3. Age: Years _____ Months _____

4. Mother's Name _____

5. Father's Name _____

6. Correspondence address (in capital letters) _____

_____ Postal code/ Zip code _____

7. E-mail id _____

8. Contact Telephone No. with STD Code _____ Phone No. _____ Mobile No. _____

9. Nationality _____

Affix a recent colored passport size photograph

10. Work Experience (if any): _____

Total Work Experience _____ years _____ months and _____ days _____

Name of the organization working at present: _____

Designation: _____

11. Educational Qualification

Bachelor's Degree/ Year of passing _____

Post-Graduation Degree/Year of Passing _____

Any Professional/Higher Qualification: _____

12. Fee Details

Amount Rs/USD: _____ Demand Draft/ Cheque No. / NEFT/TPT/ PayU Reference No.:

_____ Dated: _____ Bank: _____

*Crossed DD or cheque should be in favor of "Institute of Good Manufacturing Practices India" payable at New Delhi. Please write your name and address at the back of DD/Cheque. Fee can also be paid through net banking/Credit Card/Debit Card.

DECLARATION

I have carefully filled up all the information and agree to abide by the decision of the Centre for Nutrition and Dietetics Studies, 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 and belief.

Date:

Place:

Sign by (Write your full name here):