



CENTRE FOR NUTRITION AND DIETETICS STUDIES,
INSTITUTE OF GOOD MANUFACTURING PRACTICES INDIA
NEW DELHI

Application for Dissertation

PLEASE NOTE:

- 1. Please complete all the information accurately.
2. It is assured that your data will be stored in a secure way and will only be shared with placement and authorised government agencies upon your request. This form is a deemed consent for the same.
3. For details for the programme, please visit cnds.igmpi.ac.in Pay the Programme fee on: http://www.igmpi.ac.in/programme-fee-payment-mode as per the details given on "Programme fee details".
4. Full refund will be made if the Institute rejects any application.
5. You are required to enclose soft (scanned) copies of all relevant testimonials along with the registration form. The completed application form should be emailed to the Director, Centre for Nutrition and Dietetics Studies, C-6, Qutab Institutional Area, Near Old JNU Campus, New Delhi-110016, India to email ID info@igmpi.ac.in
Phone: +91 11 26512850

Table with columns: APPLICATION FEE DETAILS, Registration Number. Rows include AMOUNT Rs., DEMAND DRAFT/CHQ NO., 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): _____

14. Educational Details: (provide all possible details and enclosed attested copies of mark/grade sheets of all the years in your college/university studies)

Degree/ Exam	College/School	University/Board	Year	Subject	% Marks or Grade or CGPA
Std 10 th /SSC or Equivalent					
Std 12 th /HSC or Equivalent					
Graduation					
Post Graduation					
Doctorate					
Others					



15. Work Experience (if any)

- i) Total Work Experience years months and days
- ii) List all your work

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

16. Declaration:

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

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

Place:

Signature

For CNDS, IGMPI use only:

Title of the dissertation (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