**Faculty of Clinical Research and Drug Safety (FCRDS)**



**APPLICATION FORM**

**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 [fcrds.igmpi.ac.in](https://fcrds.igmpi.ac.in/) Pay the Programme fee on: <http://www.igmpi.ac.in/programmefeemodes.html> as per the details given on "[Programme fee details](https://igmpi.ac.in/Fcr-Programme-Fee.html)".
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, **Faculty of Clinical Research and Drug Safety (FCRDS), IGMPI,** C-6, Qutab Institutional Area, Near Old JNU Campus, New Delhi-110016, India to email ID [info@igmpi.ac.in](mailto:info@igmpi.ac.in)

**Phone:** +91 11 26512850

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| Application Details |  |
| Amount Rs.: |  |
| Demand Draft/CHQ No.: |  |
| Dated: |  |
| Bank: |  |
| NEFT reference no: |  |
| Credit/debit card transaction ID: |  |

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| Affix a recent coloured passport size photograph |

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| **Registration Number** | | | | | |
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(Leave this space blank)

\*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 needs to be paid at the time of your admission itself along with the programme fee.

**PERSONAL INFORMATION**

1. **Programme:**
2. **Mode:**
3. **Full Name:**
4. **Address of correspondence (in capital letters)**

**Postal code/Zip code**

1. **Mobile no.:**
2. **Date of Birth:**
3. **Gender:**
4. **Mother’s Name:**
5. **Father’s Name:**
6. **Email Id:**
7. **Phone no with STD code.:**
8. **Nationality:**
9. **Category:**

(SC: Scheduled Caste; ST: Scheduled Tribe; PH: Physically Handicapped; EWS: Economically Weaker Sections; Ex-servicemen)

**WORK EXPERIENCE**

1. **Work Experience (If any)**
2. Total work experience: Year Months
3. List all your work

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | To | Total completed months | Name the organization | Designation | Brief job profile |
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**ACADEMIC QUALIFICATIONS**

1. **Pre-Bachelor’s Degree Examination(s):**

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| --- | --- | --- | --- | --- | --- |
| Std. | School/  Institute | Board/  University | Year  completed | % Marks  Obtained | Class/  Division |
| 10th  High School |  |  |  |  |  |
| 12th  Intermediate |  |  |  |  |  |

1. **Bachelor’s Degree Examination(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Obtained |  | Subject/Specialization |  |
| College/Institute |  | University |  |

|  |  |  |
| --- | --- | --- |
| Year | | Marks considered for award of Class/Division in Bachelor’s |
| From (DD/MM/YYYY) | To  (DD/MM/YYYY) | CGPA/ % of Marks obtained/ Grade |
|  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Obtained |  | Subject/Specialization |  |
| College/Institute |  | University |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Year | | Subject | % of Marks obtained |
| From  (DD/MM/YYYY) | To  (DD/MM/YYYY) |  |  |
|  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Obtained |  | Subject/Specialization |  |
| College/Institute |  | University |  |

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| --- | --- | --- | --- |
| Year | | Subject | % of Marks obtained |
| From  (DD/MM/YYYY) | To  (DD/MM/YYYY) |  |  |
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**DECLARATION**

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

Date Name:

Place Signature: