



Faculty of Clinical Research and Drug Safety

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 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, **Faculty of Clinical Research and Drug Safety**, C-6, Qutab Institutional Area, Near Old JNU Campus, New Delhi-110016, India to email ID info@igmpi.ac.in

Phone: +91 11 26512850

Application Details

Amount Rs.:

Demand Draft/CHQ No.:

Dated:

Bank:

NEFT reference no:

Credit/debit card transaction ID:

Affix a recent
coloured passport
size photograph

Registration Number

(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.

PERSONAL INFORMATION

1. Programme
2. Mode
3. Full Name
4. Address of correspondence (in capital letters)
- Postal code/Zip code
5. Mobile no
6. Date of Birth

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 7. Gender
8. Nationality
9. Mother's Name
10. Father's Name
11. Email Id
12. Phone no with STD code

13. Category

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

WORK EXPERIENCE**14. Work Experience (If any)**

- i. Total work experience Year Months
- ii. List all your work

From	To	Total completed months		Name the organization	Designation	Brief job profile

ACADEMIC QUALIFICATIONS**15. Pre-Bachelor's Degree Examination(s)**

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

16. 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

17. 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)		

18. Professional qualification (if any)

Degree Obtained		Subject/Specialization	
College/Institute		University	

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

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

Place

Name

Signature