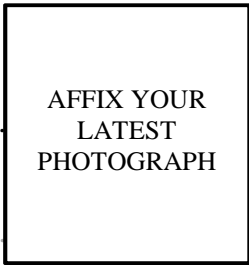


**APPLICATION FORM FOR REGISTRATION**

(Please fill in BLOCK Letters)

Course Name : **Post Diploma in Aroma Process & its Management**  
(NSQF – Level : 6)



Name : .....

Date of Birth : .....

Father's Name : .....

Name of Local Guardian : .....

Category : ..... SC/ST/OBC/General      Sex : ..... M/F

Nationality : ..... (In case of foreigner, please submit Passport details).

Are you a Physically Handicapped: ..... Yes/No

Correspondance Address: .....

.....

Phone : ..... Fax : .....

E-mail : ..... Emergency No. : .....

Permanent Address: .....

.....

Phone : ..... Fax : .....

E-mail : ..... Emergency No. : .....

Educational Qualification: .....

I/ We am/ are enclosing D.D./ Cash/ online transfer for Rs. .... No. ....

Bank for the above course in favour of "Director, FFDC payable at Kannauj".

**Undertaking**

I shall undertake that the above information is true to best of my knowledge. I also undertake that I shall fully follow all the rules & regulations of FFDC during he training period.

.....  
Sign. of guaridian

.....  
Sign. of candidate

Date: .....

**Official use**

Fee Receipt No.: