

APPLICATION FORM FOR REGISTRATION

(Please fill in BLOCK Letters)

Course Name : **Aroma Process Assistant - (NSQF – Level : 4)**

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:

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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.

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Sign. of guaridian

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Sign. of candidate

Date:

Official use

Fee Receipt No.:

