

TRAINING REGISTRATION FORM

FRAGRANCE & FLAVOUR DEVELOPMENT CENTRE,
KANNAUJ (U.P.)

Latest
Photograph

Course Name with Date : _____

Name : _____

Date of Birth : _____

Father's Name : _____

Category:-SC/ST/OBC/General : _____ Sex: M/F _____

Religion : _____ Are you Physically Handicapped:-Yes/No _____

Aadhaar No. : _____

Educational Qualification : Below 10th 10th Diploma ITI 12th
Graduate-Tech/Pursuing Graduate Non-Tech/Pursuing
PG Tech./Pursuing PG Non-Tech/Pursuing Ph.D./M.Phill

Address : _____

District : _____ State:- _____

Phone : _____

E-mail : _____

Name of Company, (if any) : _____

Designation : _____

Date: : _____

Signature : _____

Note: Kindly enclose copy of I-Card and matriculation certification for Date of Birth