

IIIM-CSIR UNIT FOR MANUFACTURING HERBAL DRUGS
Canal Road, Jammu, J&K 180001
www.iiimcgm.com

Application for One Week Training Program

Name : _____

Father/Mother's Name : _____

Date of Birth : _____ Sex: _____

Institute/College : _____

Affiliated to _____

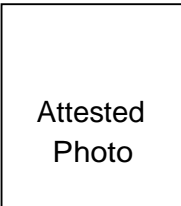
Degree/ Pursuing : _____ Semester: _____

Contact Address : _____

 _____ PIN _____

Contact Phone/Mobile No : _____

E-mail id : _____



Academic Record (starting from 12th onward)

| Degree | Name of University/ College | Year of Admission | Year of Passing | Marks/ Grade | Rank/ Division If any |
|----------------|--------------------------------|----------------------|--------------------|-----------------|-----------------------------|
| 12th | | | | | |
| B.Sc/B.Pharma | | | | | |
| M.Sc /M.Pharma | | | | | |
| | | | | | |

Industry Sponsored Candidates

Applications from undergraduate/graduate students with experience in cGMP shall also be entertained.

Additional Qualifications if any: _____

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

(Signature of the Candidate)