

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

Application for Three Month 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)