



GANESH SCIENTIFIC RESEARCH FOUNDATION

AN ISO: 9001-2015

RESEARCH AND TESTING LABORATORY

Approved by Ministry of Food and Consumer Affairs and Government of India

APPLICATION FORM FOR TRAINING PROGRAMME

DATE OF APPLICATION: _____

Name (in Block letters): _____

Sex: _____ Age: _____

Qualifications:- _____

Name of the institution:- _____

Address for Communication: _____

Mobile No.: _____ Email ID : _____

Permanent Address: _____

EMERGENCY ADDRESS (Give name of nearest relatives or other addresses to contact in case of emergency.)

Name _____ Relationship _____

Address (including mobile number and e-mail): _____

Date you expect to begin your internship, if accepted: _____

Attach latest photo
here

Address :

64-65, Sat Guru Ram Singhji Marg, Kirti Nagar, Industrial Area, New Delhi – 110015

Telephone: 011-41455596 , Website : www.gsrfg.co.in , Email : gsrfgdelhi@gmail.com



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Date of completion of the internship : _____

Duration of training :- _____

ACADEMIC QUALIFICATIONS:

Name of Institution	Degree / Name of the examination	Year of passing	Subjects taken	Av. Grade/ %

Note : Kindly please self attested copy of all educational documents CV and adhar card .

I hereby certify that the aforementioned particulars are true and verifiable.

Signature of Applicant _____ Date _____

(AUTHORISED SIGNATURE)

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