



# FACULTY OF FOOD SAFETY AND QUALITY, INSTITUTE OF GOOD MANUFACTURING PRACTICES INDIA NEW DELHI | NOIDA

## MEMBERSHIP FORM (FELLOWSHIP)

### PLEASE NOTE:

1. Please complete all the information accurately. Incomplete or false information may make your candidature null and void.
2. Fill the form in CAPITAL LETTERS only.
3. The decision of the Institute will be final and binding on the applicants in all the matters relating to registration.
4. You are required to enclose self-attested photocopies of all relevant testimonials along with the registration form. The completed registration form should be sent by a registered post or couriered to the Director, FFSQ, IGMPI, Satsang Vihar Marg, A-14/B, A Block, Qutab Institutional Area, Near Old JNU Campus, New Delhi – 110067, India  
Phone: 011 45768446, +91 8130924488, 8587838177, 8130749005, 8448963304
5. You can send your signed application form, recommendation letter and educational documents as scanned copies along with details of the onlinetransaction to the email ID (ffsq@igmpiindia.org), in case of fee payment through net banking or through wire transfer.

APPLICATION FEEDTAILS*		Registration Number			
AMOUNT Rs.					
DEMAND DRAFT/CHQ NO.		(Leave this space blank)			
DATED					
BANK					



\*Crossed DD or cheque should be in favour of “Institute of Good Manufacturing Practices India” payable at New Delhi. Please write your name and address at the back of DD/Cheque.

1. Full Name (Ms./Mr.): \_\_\_\_\_
2. Father’s/Mother’s/Guardian’s Name/ Husband’s Name: \_\_\_\_\_
3. Date of Birth: ...../..... / ..... (DD/MM/YY)
4. Gender: \_\_\_\_\_
5. Category (Gen/SC/ST/OBC/Others): \_\_\_\_\_



6. Nationality: \_\_\_\_\_

7. Highest Qualified Education/ Current Educational Status: \_\_\_\_\_

8. Permanent Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Phone no/Mb: \_\_\_\_\_ Emergency Contact no: \_\_\_\_\_

11. E-mail Id: \_\_\_\_\_

12. Name of the Academic Institution/Company: \_\_\_\_\_

13. Details of opted Fellowship:

a. Indicate the area of your fellowship \_\_\_\_\_

b. Duration (in months): \_\_\_\_\_





16. Declaration:

I certify that the information above is correct. I agree to abide by all rules and regulations of FFSQ, IGMP and pay the required fees.

Date: ...../...../.....

Place: \_\_\_\_\_

Signature

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**For FFSQ, IGMP use only:**

Title of the fellowship (To be identified by Key Executive of Institute): \_\_\_\_\_

Name of the Guide: \_\_\_\_\_ Designation: \_\_\_\_\_

Period of Fellowship : \_\_\_\_\_

**Admitted: Yes/No**

Date:

Signature of Key Executive

Date:

Signature of HOD