





REGISTRATION FORM

ONE WEEK TRAINING PROGRAMME ON PACKAGING OF FISH & MARINE PRODUCTS

DATE: 17^{TH} FEBRUARY TO 25^{TH} FEBRUARY, 2020 VENUE: INDIAN INSTITUTE OF PACKAGING, HYDERABAD

Full Name:	
Date of Birth:	Paste your
(Please attach copy of Age Proof Certificate)	recent coloured passport size
Address :	photo here
(Please attach copy of Aadhaar Card)	
Category (<i>Please mark as</i> $$ <i>in appropriate box</i>):	
Schedule Caste (SC) Schedule Tribe (ST)	
(Please attach copy of SC/ST Certificate)	
Mobile No. : Landline No.:	
E-mail ID :	
Company Name:	
(in case of existing entrepreneur)	
Address:	
<u>Declaration</u>	
It is certified that the above-listed information is true to the best of my knowledge and that I will be responsible for any deviation from the truth of these facts.	
Date:	
Place:	Cionatura of the Candid-t-
	Signature of the Candidate