**PHARMA KNOWLEDGE AND TRAINING INSTITUTE**

**(FINISHING SCHOOL)**

**(MANAGED BY TAMILNADU PHARMACEUTICAL SCIENCES WELFARE TRUST)**

**“Industrial Orientation Training for Production & Quality Management”**

**September 2017**

Application for Registration

Name: Sex: Male / Female

Date of Birth: Contact No:

Mobile: Email id:

|  |  |
| --- | --- |
| **Permanent Address** | **Present/ Local Address** |
|  |  |

Qualification: M Pharm/B Pharm / Appeared for M Pharm Final /

Appeared for B Pharm Final

**Month & year of Passing Degree/Date of appearing for final Exam:**

College Studied:

Demand Draft details:

Amount Rs Bank: Branch:

Signature: