

PROJECT & TRAINING REGISTRATION FORM



NAME OF THE CANDIDATE

FATHER'S/HUSBAND'S/GUARDIAN'S NAME

DATE OF BIRTH

ADDRESS FOR CORRESPONDENCE

PERMANENT

TEMPORARY

Attach recent
photograph

For Office use only

CONTACTS

OFFICE

RES

MOBILE 1

MOBILE 2

E-MAIL IDs

1.

2.

EDUCATIONAL PROFILE

PRESENTLY DOING SPECIFY GROUP

PERCENTAGE OBTAINED IN THE LATEST

UNDERGONE ANY PROJECT OR TRAINING YES/NO

If Yes, Details:

I HEREBY DECLARE THAT THE INFORMATION GIVEN BY ME IS TRUE AS PER MY KNOWLEDGE IS CONCERNED

Signature of the candidate

NTHRYS BIOTECH LABS

Lab & Office: 1-8-747/11, Bagh Lingampally, Hyderabad, e-mail – info@nthrys.com – Ph: 040 - 27621248, M: 98498 54748