



**INDIAN PHARMACOPOEIA COMMISSION**  
**INDIAN PHARMACOPOEIA LABORATORY**  
Ministry of Health & Family Welfare, Government of India  
Sector-23, Raj Nagar, Ghaziabad- 201 002.  
Tel No: 0120- 2783392, 2783400, 2783401; Fax: 2783311  
Mail: [ipclab@vsnl.net](mailto:ipclab@vsnl.net), Web: [www.ipc.gov.in](http://www.ipc.gov.in)

**Training/ Project Work at IPC, Ghaziabad**

1. Name of the Trainee: .....  
(In Capitals)

2. Father's/Husband's Name: .....

3. Date of Birth: 

--	--

--	--

--	--	--	--

  
Day Month Year

4. Gender: (Write '1' for Male, '2' for Female)

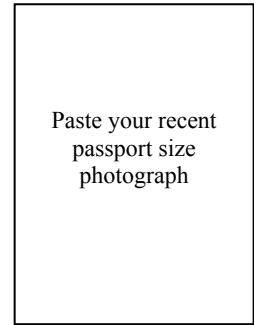
5. Nationality: .....

6. Mobile: ..... E-mail Id: .....

7. Area of Training/ Project Work:  
.....

8. Duration of Training/ Project Work:  
.....

9. Name of the Guide/ Supervisor of the trainee where studying: .....



**Details of the Institute**

10. Name and Address of the Institute: .....  
.....

Pin Code: .....

11. Phone No: ..... E-mail Id: .....

12. **Educational Qualifications:**

Exam passed/ Degree	Subject	Name of the University/ College	Year of Passing	Division/ Grade % of Marks	Subject of Specialistion

13. Any other information of relevance:

.....  
.....

14. Forwarded by Head of the Institution:

.....

I hereby declare that all the above mentioned information provided by me are true to the best of my knowledge, if any false information is found my application may be rejected.

Date:

Place:

**Signature of the Candidate**

**Note:** Duly filled and signed application form along with the scan copy of marks-sheet must be sent to **the Indian Pharmacopoeia Commission, Ministry of Health & Family Welfare, Government of India, Sector-23, Rajnagar, Ghaziabad**, or Email to [meenakshi.ipc@gov.in](mailto:meenakshi.ipc@gov.in) and [lab.ipc@gov.in](mailto:lab.ipc@gov.in)