



Committed to Create Quality Professionals

PHARMA TRAINING INSTITUTE

(Under the aegis of Karnataka Pharmaceutical Trust)

#3, Ravi Kiran Apartments, 12, Plain Street, Off Infantry Road Cross, Bangalore – 560 001.

E-mail: www.ktktraining@yahoo.com

APPLICATION FORM

PROGRAMME DETAILS: PHARMA INDUSTRY ORIENTATION TRAINING COURSE

*FIRST NAME MIDDLE NAME *LAST NAME.

Mr./Ms/Dr (Tick Appropriate Title):

Name as you wish to appear on your badge:

Date of Birth:

Residential Address:

:

City: * State: * Country:

Postal Code: Personal Email I D:.....

Home Telephone no: * Mobile:

Educational Background:

Applicants Signature:

Date:

Note: 1. Attach one passport size photograph.

2. For fees structure please refer under the heading “**Program Details**”.

Crossed DD shall be sent in favor of “**The Karnataka Pharmaceutical Trust**” Payable at **Bangalore**