

ADMISSION FORM

Professional Certificate Programme on
Tea Tasting and Marketing (PCP-TTM) – May 20, 2019 (Twelfth Batch)

1. Name: _____

2. Date of Birth: Day: _____ Month: _____ Year: _____

3. Postal Address: _____

State: _____ Pin: _____

E-Mail: _____ ☎: _____

4. Father's / Guardian's Permanent Address: _____

State: _____ Pin: _____ ☎: _____

5. Occupation & Office Address: _____

State: _____ Pin: _____ ☎: _____ Fax: _____

6. Educational Qualifications (Attach Class X onwards Marksheets):

Examination	Year	Board/University	School/College	Percentage

7. Work Experience (If Any): _____

Position: _____ Organization: _____

Responsibilities: _____ Years _____

8. Whether belong to SC/ST/OBC/Physically Handicapped (Attach Certificate): _____

Sponsorship Details for Sponsored Candidates

Sponsored by (Please Tick the Appropriate Box)

- a. Sponsored By Company
- b. Plantation Owners
- c. Sponsored By Central / State Governments
- d. Sponsored By International Agency / SAARC Countries
- e. Sponsored By NRI / PIO

Candidate's Signature

