



**Awareness program of State laboratories by NABL to enable NABL accreditation
*By*
Food Safety and Standards Authority of India
*in collaboration with*
 National Accreditation Board for Training and Calibration Laboratories**

**16th February 2017**

 **Application Form**

1. Name:
2. Date of Birth:
3. Sex: Male/Female:
4. Designation:
5. Present Employer address:
6. Correspondence address:

E-mail:

Mobile:

1. Educational Qualification:
2. Work Experience in analytical Field: ( ) years

|  |  |  |  |
| --- | --- | --- | --- |
| S.No | Name of Organization | Field of Work | Period |
| From  | To |
|  |  |  |  |
|  |  |  |  |

Date:
Place: Signature of the applicant **Recommendation of the forwarding Authority**

Date:
 Signature

 Name & Designation