





**Awareness program of NABL for State laboratories to enable NABL accreditation  
*By*  
Food Safety and Standards Authority of India**

**In collaboration with**

**EIC and NABL for the Western Region, in Mumbai**

**23rd 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

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| --- | --- | --- | --- | --- |
| 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