



Consortium for Trade & Development

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Tel: + 91-11-41459226 Website: www.centad.org

Registration form Medical Representative Certification Course

Sl.No of application (For office use only): _____

Name as you would like it on your certificate: _____

Father's Name: _____

Occupation of Father: _____

Gender: Male () Female ()

Birthdate (dd/mm/yyyy): ____/____/____

Academic Detail (From 10+2 onwards)

Exam Passed	University/ Board	Course	Percentage	College

Contact Address: _____

Phone number (with area code): _____ Mob: _____

E-mail: _____

Date

Place

Signature

- You can either email the completed form to dramitkumarp@centad.org or post it to the address mentioned above.