

# CENTRE FOR TRAINING & SKILL DEVELOPMENT

E-206, FIRST FLOOR, PHASE-VIII B, INDUSTRIAL AREA, MOHALI, PUNJAB

DATE-\_\_/\_\_/\_\_\_\_

## STUDENT DECLARATION FORM

I \_\_\_\_\_ S/O \_\_\_\_\_ residing at \_\_\_\_\_

Hereby declares that I have joined CTSD for Professional Industrial Training program for the duration of two month in below Departments:

- Production
- Quality Control
- Quality Assurance
- Microbiology Lab

I have been well informed about the rules and regulation to follow during the training period. In case any casualty occurs, I myself will be solely responsible for it. CTSD or ELFIN DRUGS will not be responsible for any such thing. In case anything happens outside the training premises, I take full responsibility of it. I hereby declare that I will only get involved in the above mentioned department for my training and any deviation on the same gives CTSD complete right to terminate my program.

Student's Name: \_\_\_\_\_

Signatures: \_\_\_\_\_ Date ( \_\_\_\_\_ )

Contact number: \_\_\_\_\_

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