



For Office Use
Application No. _____

RD EXAM APPLICATION FORM
REGISTRATION EXAMINATION FOR DIETITIANS

12th November - 2016

(Application Form to be filled in Capital Letters / Upper Case)
(ALL FIELDS ARE MANDATORY)

A. General Information: Life Membership No.: _____

Name:

Gender:

Date of Birth:

Age (Yrs.):

Email address:

Postal Address:

(a) Present: Building/house number:

Street Name:

City:

State:

Country:

Pin code:

(b) Permanent: Building/house number:

Street Name:

City:

State:

Country:

Pin code:

**Passport Size
photo**
“Self-Attested “

Telephone No.:

Mobile No. 1:

Mobile No. 2:

B. I. Educational Qualification and Experience / Internship Details:

University	Degree	Year of Passing
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1.

2.

3.

B.II.Hospital Internship:

Name of the Institution	Duration		Supervisor RD No.
	From	To	

B.III. Work Experience

Name of the Institution	Duration		Designation	No. of Working Hours
	From	To		

(If required additional sheets can be attached separately.)

Dietitians should mention the hours per week, whether part time or full time

1. No. of hours / week:

2. Part Time Dietitian ☐ (or) Full Time Dietitian ☐

3. Total No. of Years:

C. I. R.D. Exam Details

1. Have you applied for this exam before? Yes No

2. Have you appeared for this exam before? No. of attempts/year

C.II. Exam Centre Desired (please tick one):

a. Chennai ☐

b. New Delhi ☐

c. Mumbai ☐

d. Kolkata ☐

e. Baroda ☐

f. Hyderabad ☐

C. III. Only through ECS/NEFT Details (Proof of remittance to be sent through E-mail and hard copy attached) [click here](#)

Enclosures:

Application form must be accompanied with self-attested copies of the following:

(a) Degree Certificate

(b) Transcript of course subjects, hours of teaching, credits

(c) The following annexures to be duly filled and signed

- List of students trained during the last curriculum year (June to May)(Annexure 1)(interns names to appear on it)
- Case Evaluation card (Annexure 3)
- Competency Evaluation grid (Annexure - 4)

(c) Internship certificate given by hospital.

Experience Certificate of the applicants from hospitals not listed on the website, should be sent along with a letter from the concerned chapter president with the required details about the hospital and the job description of the applicant (Part time or Full time).

(d) Life Membership receipt (at least six months of Life Membership by 31st August in the year applying for the R.D. Exam).

(f) Two passport size photographs one to be affixed in the application form and the other in the format of the hall ticket.

(h) Fill in the hall ticket (required column alone) along with the application.

1. Enclosures (a-d) and photo in hall ticket to be self-attested.
2. Application Format not to be changed by the Applicant
3. For any clarifications related to the exam or application please contact only through email.
4. R.D. Exam fees will not be refunded to any candidate.
5. No *queries* regarding the processing of application for RD Exam will be encouraged after Sept 30th every year.
6. The results published are final and cannot be contested.
7. Any mandatory column or required details for the processing of the application **not present / not filled / not clear** in application, the **application stands cancelled.**



INDIAN DIETETIC ASSOCIATION

HALL TICKET

REGISTRATION EXAMINATION November 12th 2016

Name of the Candidate:

Time:

Paper I - 09.00 a.m. to 11.00 a.m.

Paper II - 11.30 a.m. to 01.30 p.m.

Venue:

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| a. Chennai | <input type="checkbox"/> | d. Kolkata | <input type="checkbox"/> |
| b. New Delhi | <input type="checkbox"/> | e. Baroda | <input type="checkbox"/> |
| c. Mumbai | <input type="checkbox"/> | f. Hyderabad | <input type="checkbox"/> |

Passport Size
photo

“Self-attested”

Instructions:

- Do not write your name on answer sheets.
- Do not write the exam center on the answer sheets.
- Number each page.
- Write the hall ticket number on additional sheets also.
- Cell phone is not allowed in the exam hall.
- Only simple calculators will be allowed for the exam.
- Nutritive value book not allowed.

Chairperson,

Registration Board, IDA

For Office Use Only

Hall Ticket No.

Date: 12th November 2016.

Day: Saturday
