

Annexure-I
J. S. AYURVED MAHAVIDYALAYA, NADIAD
APPLICATION FORM FOR CME IN RACHANA SHARIRA

To
The Principal
J.S. Ayurved Mahavidyalaya
College Road, Nadiad-387001

Recent Passport size photo
attested by
Controlling Authority

I hereby apply for CME in **Rachana Sharira** to be held at your Institute as mentioned in the Notification

1.	Name in full (Block letters)	
2.	Father's name	
3.	Sex	
4.	Educational qualification	
5.	Designation	
6.	Present Post held	
7.	Age and date of Birth	
8.	AADHAR No.	
9.	NCISM/CCIM Teacher's Code	
10.	Name of the College/Department/Institution presently working	
11.	Official address /phone number and Fax number	
12.	Permanent Residential Address Mobile No. Email address	
13.	Date of entry into service	
14.	Total Teaching experience (Years/months)	
15.	Registration board and Reg.No.	
16.	Whether he/she has under gone any CME sponsored by AYUSH Ministry in the last five years?	

If yes, Details of ROTP/CME

ROTP/CME	Organizing institute	Date

DECLARATION

I hereby declare that the particular/information furnished above is true to the best of my knowledge and belief.

Date:

Place:

Name & Signature of the Applicant

RECOMMENDATION OF HEAD OF THE INSTITUTION/CONTROLLING AUTHORITY

The application for Rachana Sharira CME of Dr. is forwarded for consideration.

Date:

Place: Controlling Authority along with seal

Signature of Head of the Institution/