



SHRI N.P.A. GOVT. AYURVED COLLEGE

G.E. Road, Raipur-492001 (Chhattisgarh)

Web site-www.gacraipurcg.in

E-mail-principal@gacraipurcg.in

Phone No.-0771-2263396

ayurvediccollege@gmail.com

APPLICATION FORM OF THE CME FOR TEACHERS ON PANCHAKARMA

Department of PANCHAKARMA

Sponsored by Ministry of AYUSH, Govt. of India. New Delhi.

To,
The Organizing Secretary / Principal,
CME- Panchakarma
Shri N.P.A. Govt. Ayurved College, Raipur (Chhattisgarh)

Sir,
I hereby submit my application to participate in CME being organized by your institute in the subject of Panchakarma. My bio-data is as follows-

Full Name :
(in BLOCK letters)
Father's Name :
Date of Birth : Age: Gender:
Aadhaar No. :

Educational Qualification:

Name of Degree	Subject	Specialization

Registration Number : CCIM Teacher Code.....
Designation : Department:.....
Name of Institute :
Experience : Years.....Months.....

Have you participated in ROTP/ CME earlier: YES/ NO

If Yes, Details of ROTP/ CME should be completed by candidate:

ROTP/CME	Organizing institute	Dates

Full address for correspondence with Pin Code:

1. Office :
:
2. Residence :
:
:

Telephone with STD code :
Mobile number :
E-mail ID :

The information furnished above is true and correct as per the best of my knowledge and I accept full responsibility for the same. I shall abide the Instruction given by the organizer for smooth conduction of Programme.

Date:

Signature of applicant

Recommendation of the Head of the Institute:

Signature of the Head of the Institute with seal