आवेदन प्रपत्र/Application Form
आयुष डॉक्टर / वैज्ञानिक एवं शिक्षाविदों के लिए
"CURRENT TRENDS ON SAFETY, STANDARDIZATION AND QUALITY CONTROL OF ASU & H DRUGS"

विषय पर आयोजित 6 दिवसीय CME कार्यक्रम

11 से 16 सितम्बर, 2023

आयोजक

क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, आमखो, ग्वालियर – 474009 (म.प्र.)

प्रायोजक

आयुष मंत्रालय, भारत सरकार

समन्वयक

राष्ट्रीय आयुर्वेद विद्यापीठ (RAV), नई दिल्ली

प्रति,

प्रभारी सहायक निदेशक,

क्षेत्रीय आयुर्वेद अनुसंधान संस्थान

आमखो, ग्वालियर – 474009 (म.प्र.)

I hereby submit my application to participate in 6 days CME for AYUSH Doctors/Scientists/ Academicians being organized by your Institute. My details are as follows,

Full Name : …………………………………………......
(in BLOCK letters)

Designation :……………………………………….

Department :……………………………………….

Name of Institution :………………………………………………...

Date of Birth :…………………… Age:…….Gender: ……

| Recent |
| passport size |
| photograph |

Educational Qualifications:

Name of Qualification/Degree	Subject	University/Institution

Registration number (if any):……………………………….

Aadhaar number :……………………………..
(Copy to be enclosed)

Experience :……………Years……………months…………….

Have you participated in ROTP/CME in current or previous year? : YES/NO
If Yes, details of ROTP/ CME attended:

ROTP/CME	Organizing Institute	Date (From-To)

Full **address of participant for correspondence with Pin code:**
1. Office   :

2. Residence   :

Mobile Number   :………………………………………………………..

E-mail ID   :………………………………………………………..

Undertaking

"I_____undertake that the information provided by me is correct to the best of my knowledge and I have not concealed any relevant information. If the information provided by me is found false/inaccurate at any stage, I will be liable for disciplinary action (as the case may be) and recovery of funds spent against me (if any.)"

Date: **Signature of the applicant**

Recommendation of the Head of the Institute

The application of Dr./Mr./Mrs./Ms._____

for 6-days CME is being forwarded for consideration.

Signature of the Head of the Institute

Office Seal

Bank details (Attach a copy of pass-book front page/cancelled cheque)

Name of Bank   :…………………………………………………………………………

Branch   :…………………………………………………………………………

Account number   :…………………………………………………………………………

IFSC code   :…………………………………………………………………………

Note:
1. The scanned copy of this application form should be uploaded through Google form: **https://forms.gle/2RtvM1jdE1XfoZ1k7 on or before 20.08.2023.**
2. Self attested copies of PG degree certificate, Aadhaar card & Institute Identity card should be attached
3. Application will only be considered:
   - ✓ If the information given above is complete in all respect.
   - ✓ If recommended by the Head of the Institute.