## NATIONAL RESEARCH INSTITUTE FOR PANCHAKARMA (Under Central Council for Research in Ayurvedic Sciences, Dept. of AYUSH, Ministry of Health & Family Welfare, Govt. of India) P.O. CHERUTHURUTHY, THRISSUR DIST., KERALA – 679531

## APPLICATION FORM

(For Admission to short term Training Programme in Panchakarma)

No.	(Ayurveda / Modern Medicine)	Board Board	Year of passing	% of Marks in final Examination
ii) E	ducational qualifications (	Attested / scanned University /		
	lationality & Religion:			
) (	Correspondence address (wi	ith zip code):		
	Fax / E-mail id :			
	(Mobile)			
	(Office):			
P	hone No. with code (Res.)			
				attested by a G Officer, Nan Designation Attesting Of
v) F	ermanent address (with zip	code):		Photograph is
	(Attested copy of Certif	icate to be furnish	ed)	
ii) A	Age & Date of birth:			Photogr
i) - S	Sex:			Space Passport
	Name in full (Capital letters	,		

## From pre-page:

- (viii) Details of employment, if any (with permission of employer):
- (ix) Details of Training, Academic attainments, activities and extra curricular activities:
- (x) For Foreign Nationals Details of passport (issuing office, validity, type) and Visa from appropriate authority:

## DECLARATION

I hereby declare that all the statements made in the application are true and correct to the best of my knowledge and belief. If any information being found false or incorrect at any state my candidature shall be liable to be cancelled summarily without notice.

Place :	Signature of Applicant
Date:	