



SHRI N.P.A. GOVT. AYURVED COLLEGE

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APPLICATION FORM OF THE CME FOR TEACHERS IN SAMHITA-SIDDHANT

Department of SAMHITA-SIDDHANT

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

To,
The Organizing Secretary / Principal,
CME- Samhita-Siddhant,
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 Samhita-Siddhant. My bio-data is as follows-

Full Name :

(in BLOCK letters)

Father's Name :

Date of Birth : Age: Gender:

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

(Note: If the information given above is incomplete in any respect, the form will not be considered)