**APPLICATION FORM FOR CME**

**IN**

**PRASUTI TANTRA AND STRI ROGA**

**(3rd January 2022 to 8th January 2022)**

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

**Co-ordinated by Rashtriya Ayurved Vidyapeeth, New Delhi)**

Recent Passport size photo attested by Controlling Authority

**To**

**The Director**

**G. J. Patel Institute of Ayurvedic Studies & Research**

**ADIT campus, Behind GIDC**

**New Vallabh Vidyanagar,**

**Anand, Gujarat**

**Pin code - 388121**

I hereby apply for CME **in PRASUTI TANTRA AND STRI ROGA** to be held at your Institute as mentioned in the Notification.

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| --- | --- | --- | --- |
| 1. | Name in full (Block letters) |  | |
| 2. | Sex |  | |
| 3. | Designation |  | |
| 4. | Age and date of Birth |  | |
| 5. | AADHAR No. |  | |
| 6. | NCISM Unique Teacher Code |  | |
| 7. | Name of the College/Department/ Institution presently working |  | |
| 8. | Official address / phone number and  Fax number |  | |
| 9. | Permanent Residential Address and  Phone Number  Mobile No.  Email address |  | |
| 10. | Qualifications |  | |
| 11. | Date of entry into service |  | |
| 12. | Total Teaching experience |  | |
| 13. | Registration board and Reg. No. |  | |
| 14. | Whether he/she has attended any CME sponsored by AYUSH Ministry in the last five years? If yes, give the details (If required, additional sheet can be attached.) Whether applied for any CME after April 2021, if accepted will be attending? attach additional sheet for details. | Up to March 2021 | April 2021 to till 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 **PRASUTI TANTRA AND STRI ROGA CME** of

Dr.…........................................................................................... is forwarded for consideration.

**Signature of Head of the Institution/Controlling Authority**

**along with seal.**

**Date:**

**Place:**