



**RAJIV GANDHI GOVT. P.G. AYURVEDIC COLLEGE & HOSPITAL
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APPLICATION FORM

**6 DAYS CME PROGRAM FOR TEACHERS OF PRASUTI TANTRA EVUM STREE ROGA
(26thFEB 2024- 2nd March2024)**

**SPONSORED BY MINISTRY OF AYUSH GOVT. OF INDIA, NEW DELHI &
CO-ORDINATED BY RASHTRIYA AYURVED VIDYAPEETH, NEW DELHI**

To

The Organizing secretary,
CME for AYUSH teachers of Prasuti Tantra evum Stree Roga,
R. G. Govt. P. G. Ayurvedic college & Hospital
Paprola , Kangra (HP) 176115

Sir,

I hereby submit my application to participate in 6-Days CME for AYUSH Teachers of Prasuti Tantra evum Stree Roga being organizing by your institute, my details is as follows:

Full Name: -
(in BLOCK letters)

Father's Name: -

Date of Birth: -..... Age: -..... Gender: -
.....

Aadhar number: -
.....

Educational Qualification: -
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Name of Degree	Subject
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Registration No.: -.....

NCISM Teachers code: -.....

Designation: -.....

Department.....

Name of Institute: -

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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	Organized institute	Dates

Full address for correspondence with pin code: -

1) Office: -

.....

2) Residence: -.....

.....

3) Telephone with STD code: -

4) Mobile No.: -.....

5) Email id: -

.....

6) Aadhar No. (Attach a copy)

.....

7) Bank Details: -

Name of Bank: -.....

Branch: -.....

Account No: -.....

IFSC code: -.....

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

Date.....

(Recommendation of the Head of institute)

Signature of Applicant