

APPLICATION FORM

CME for A.M.O.s organized by

**RAJIV GANDHI GOVT. P.G AYURVEDIC COLLEGE & HOSPITAL
PAPROLA, DISTRICT KANGRA H.P. 176115**

16-11-2026 to 21-11-2026

(Sponsored by Ministry of AYUSH, Govt. of India, New Delhi &
Co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi)

To

The coordinator

CME Program

R. G. Govt. Post Graduate Ayurvedic College &

Hospital, Paprola, Kangra H.P. 176115

E-mail-cmepaprola@gmail.com

Sir,

I hereby submit my application to participate in 6-days CME Programme for AMOs , being organized by your college.

My details are as follows.

Full Name:

(In BLOCK letters)

Father's /Husband's Name

Date of Birth: Age : Gender :

Educational Qualification:

Name of Degree	Subject

Registration No:

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 –

SR. No	ROTP/CME	Organizing institute	Dates (From – To)

Full address for correspondence with pin code:

1) Office

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2) Residence:

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3) Telephone with STD code:

4) Mobile number:

5) Email id:

6) Bank Details:

Name of Bank:

Branch:

Account No.:

IFSC Code: