

ISO 9001:2015 Certified
CH. BRAHM PRAKASH AYURVED CHARAK SANSTHAN
(An Autonomous Institution under Govt. of NCT of Delhi)
Village:KheraDabar, Najafgarh, Delhi-110073
Email: cbpayurved@yahoo.co.in, cbpayurved@gmail.com
Website: www.cbpcs.com

CME for Teachers on Panchkarma

Sponsored by Ministry of AYUSH, Govt. of India. New Delhi &
Coordinated by RashtriyaAyurveda Vidyapeeth, New Delhi-110026

F2 (521)/2019-20/CBPACS/Princ./CME-Panchkarma/

Date:

To

The Organizing Secretary
Ch. Brahm Prakash Ayurved Charak Sansthan
Khera Dabar, New Delhi-110073

Sir/Madam,

I hereby submit my application to participate in CME being organized by your institute in the subject of Panchkarma. My bio-data is as follows:

Full Name:

(In BLOCK letters)

Fathers Name:.....

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

Aadhar No:.....

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

Email Id:

This 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)

