



ISO 9001: 2015 Certified
CH. BRAHM PRAKASH AYURVED CHARAK SANSTHAN
(AN AUTONOMOUS INSTITUTION UNDER GOVERNMENT OF NCT DELHI)
KHERA DABAR, NAJAFGARH, DELHI-110073
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Application format
CME for Teachers of Kaumarbhritya
Sponsored by Ministry of AYUSH, Govt. of India, New Delhi
& Coordinated by Rastriya Ayurveda Vidyapeeth, New Delhi

To
The Organizing Secretary/ HOD,
CME- Kaumarbhritya
Ch. Brahm Prakash Ayurved Charak Sansthan
Khera Dabar, Najafgarh, Delhi-73

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

Full Name (in BLOCK letters).....

Father/Husband Name.....

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

Educational Qualification:

Name of Degree	Name of college/university	Year of passing	Specialization
BAMS			
MD			
PhD			
Any Other			

Registration Number..... CCIM Teachers Code.....

Designation..... Department:.....

Name of Institute:.....

Experience:..... Years..... Months.....

Have you participated in ROTP/ CME earlier: YES/ NO

[Handwritten signature]

If Yes, Details of ROTP/ CME should be completed by candidate:

S.No.	RoTP/CME	Organizing Institute	Dates

Full address for correspondence with Pin Code:

Office.....

.....

Residence.....

.....

Mobile Number.....

E-mail I D

Aadhaar No.....

Bank Details:

Name of the Bank..... Branch.....

Account No..... IFSC Code.....

Declaration

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. I also confirm that I am a regular, full time teaching faculty of the institute. I have not attended 02 CME programme of AYUSH in the financial year 2021-2022.

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 incorrect in any respect, the form will not be considered)

