**APPLICATION FORM**

**6-DAY CME “Reverse Pharmacology of Traditional Medicine using Modern Biomedical Techniques For Scientific Understanding And Promotion Of Ayush Systems For Ayush Practitioners” at CSIR-IICB, Kolkata**

(3/2/2025 to 8/2/2025)

**Sponsored by Rashtriya Ayurveda Vidyapeeth (RAV), The Ministry of Ayush, New Delhi**

**To,**

The Director,

CSIR-Indian Institute Of Chemical Biology,

4,Raja S.C.Mullick Road, Kolkata-700032

I hereby submit my application to participate in 6-day CME for Ayush Teachers/Scientists being organized by your Institute. My details are as follows,

Full Name : ……………………………………………….....

Recent passport size photograph

(in BLOCK letters)

Designation :………………………………………

Department :………………………………………

Name of Institution :…………………………………………………...

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

Educational Qualifications:

|  |  |  |
| --- | --- | --- |
| Name of Qualification/Degree | Subject | University/Institution |
|  |  |  |
|  |  |  |
|  |  |  |

Registration number (if any) : …………………………………….

Aadhar number :……………………………………..

(Copy to be enclosed)

Experience :……………Years ……………months…………….

Have you participated in OTP/ CME before? : YES/NO

If Yes, details of OTP/ CME attended previously:

|  |  |  |
| --- | --- | --- |
| OTP/CME | Organizing Institute | Dates (From- To) |
|  |  |  |
|  |  |  |

Full address of participant for correspondence with Pin code:

1. Office :

2. Residence :

Mobile Number :……………………………………………………..

E-mail ID :……………………………………………………..

**Undertaking**

*“I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertake that the information provided by me is correct to the best of knowledge and I have not concealed any relevant information. If the information provided by me is found false/inaccurate at any stage, I will be liable for disciplinary action (as the case may be) and recovery of funds spent against me if any”*

**Date:**  **Signature of the applicant**

**Recommendation of Head of the Institute**

The application of Dr./Mr./Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for 6-day CME is forwarded for consideration.

**Signature of the Head of the Institute**

**Office Seal**

**Bank details** (Attach a copy of passbook front page/cancelled cheque)

Name of Bank :………………………………………………………………………………

Branch :………………………………………………………………………………

Account number :………………………………………………………………………………

IFSC code :………………………………………………………………………………

**Note:**

1. The scanned copy of this application form should be uploaded through Google form: **Link** on or before **17th Jan 2024**
2. Self attested copies of PG degree certificate, Aadhar card & Institute Identity card should be attached
3. Application will not be considered-
   * + If the information given above is incomplete in any respect
     + If not recommended by the Head of the Institute