

**CONTINUING MEDICAL EDUCATION (CME) PROGRAM FOR TEACHERS
ON FUNDAMENTAL RESEARCH**

(Sponsored by Rashtriya Ayurveda Vidyapeeth, Ministry of AYUSH, Govt. of India)

16th - 21st January, 2017

Organized by

REGIONAL AYURVEDA INSTITUTE FOR FUNDAMENTAL RESEARCH

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REGISTRATION FORM

1. Name (Prof./Dr./Mr./Mrs.) :

2. Designation :

3. Affiliation:

.....

4. Registration No. :

5. Address for correspondence:

.....

6. Age : 6. Sex :

7. Contact No. (Phone & Mobile No.) :

8. E-mail :

9. Dates of Accommodation:

10. Date & Time of Arrival:

11. Mode of Travel (By Train/Bus):

(Please specify Train/Bus details)

12. Date & Time of Departure:

13. Signature of the Participant:

14. Nominated/Recommended/Forwarded by: Director/Head of the Institute/Principal

BIO-DATA

Photo of the
candidate

1. Name :

2. Designation:

3. Affiliation:.....
.....

4. Education:.....

5. Experience:.....

6. Major achievements*:
.....
.....

7. Publications*:

i. Research Paper (National/International):

.....

ii. Patent (If any) :

iii. Books:.....

iv. Others :.....

8. Seminar/Conference/Workshop attended*:

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Signature:

Name:

Date:

Contact No.:

*Separate sheet may be attached, if required.