

**APPLICATION FORM OF THE CME FOR TEACHERS**  
**IN KRIYA SHARIR DEPARTMENT**  
**DR. G.D. POL FOUNDATION Y.M.T AYURVED COLLEGE,**  
**KHARGHAR, NAVI MUMBAI**



To,  
The Organizing Secretary/ Principal,  
CME- KRIYA SHARIR,

Dr. G.D. Pol Foundation Y.M.T Ayurved College, Kharghar, Navi Mumbai.

Sir/ Madam,

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

Full Name : .....

( in BLOCK letters)

Father's Name : .....

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

Educational Qualifications :

Name of Degree	Subject	Specialization

Registration Number : .....

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 the candidate:

ROTP/ CME	Organizing institute	Dates

Full address for correspondence with pin code :

1. Office :.....

.....

2. Residence :.....

.....

Mobile Number.....

Email ID .....

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 instructions given by the organizer for smooth conduction of program.

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.)*

