



**अखिल भारतीय आयुर्वेद संस्थान**  
**ALL INDIA INSTITUTE OF AYURVEDA (AIIA)**  
(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)  
(An Autonomous Organization under the Ministry of Ayush, Government of India)

To

HoD / Coordinator (CME- Kriya Sharira),  
Department of Kriya Sharira, Room No. 302, Academic Block,  
All India Institute of Ayurveda, Gautampuri,  
Mathura Road, Sarita Vihar, New Delhi - 110076

**Sub: Application for attending CME on Kriya Sharira - reg.**

Sir,

I hereby submit my application to participate in CME being organized by your institute in the subject of Kriya Sharira, dated 9<sup>th</sup> – 14<sup>th</sup> May, 2022. My required details are as follows-

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

Father's Name : .....

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

Educational Qualification:

| Name of Degree | Subject | Specialization |
|----------------|---------|----------------|
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|                |         |                |
|                |         |                |

Registration Number : .....NCISM/CCIM Teachers 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 |
|----------|----------------------|-------|
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|          |                      |       |

Full address for correspondence with Pin Code:

1. Office : .....

.....

2. Residence : .....

.....

Mobile Number : .....

**गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली -110076**

**Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076**

E-mail: director@aiia.gov.in Phone: 011-29948658 Fax: 011-29948660



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E-mail ID : .....

Aadhaar No. : .....

Bank Details:

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

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

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.

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)***