



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, Govt. of India)
Phone: 011-29948658; E-mail: aiianewdelhi@gmail.com

To,
The Director
CME- Department of Kayachikitsa
All India Institute of Ayurveda

Madam,
I hereby submit my application to participate in CME being organized by your institute in the subject
Of Integrative Oncology. My bio-data is as follows-

Full Name (in BLOCK letters) :
Father's Name :
Date of Birth : Age: Gender:
Educational Qualification:

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

Registration Number : 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 |
|----------|----------------------|-------|
| | | |
| | | |

Full address for correspondence with Pin Code:

1. Office :
.....
.....
2. Residence :
.....
.....
Mobile Number :
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)