

**APPLICATION FORM FOR C.M.E./R.O.T.P KAYACHIKITSA AT  
GOVT.AYURVEDA MEDICAL COLLEGE, MYSORE-570 021.**

From:

AFFIX RECENT  
PASSPORT  
SIZE PHOTO  
ATTESTED  
BY HEAD OF THE  
INSTITUTE

To  
The Principal,  
Govt. Ayurveda Medical College.  
**Mysore-570 021**

Sir,

I hereby apply for C.M.E./ROTP, to be held in your college as mentioned in the Notification.

**(To be filled by the candidate in his/her own hand writing)**

1	Specify which Programme with date	
2	Name in full (Block letters)	
3	Sex	
4	Designation	
5	Age and date of birth	
6	Present Post held	
7	Name of the college /department/ Institution/Hospital Presently working) Or practitioner	
8	Official address/phone number and Fax number	
9	Permanent Residential Address : and Phone Number Mobile Phone No. Email address	

10	Qualifications	Basic	
		Technical	
11	Date of entry into service		
12	A.	Teaching	
	B.	Professional	
13	Registration board and Reg. No.		
	Whether he/she has undergone CME/ ROTP Sponsored by any of the AYUSH department. In the last five years? If yes, give the details		

### DECLARATION

I here by declare that the particulars/information furnished above are true to best of my knowledge and belief.

Date:

Signature of the applicant

Place:

### RECOMMENDATION OF HEAD OF THE INSTITUTION

The application for undergoing C.M.E./ R.O.T.P. in respect of Dr.....is forwarded for consideration.

Signature of Competitive Authority along with seal.

Date:

Place:

Note: Those who have already undergone C.M.E./ R.O.T.P. need not apply