



**CENTRE FOR MEDICINAL PLANTS RESEARCH  
ARYA VAIDYA SALA  
Kottakkal – 676 503, Malappuram, Kerala, India**

**APPLICATION FOR POST GRADUATE/M.Phil ACADEMIC PROJECT**

(Incomplete applications will be rejected)

1. Name (in full Block letters): .....
2. Address (University / College): .....  
.....  
Contact no: .....; E-mail: .....
3. Residential Address: .....  
.....  
Contact no: .....; E-mail: .....
4. Date of birth: .....
5. Subject of PG / M Phil course: .....
6. Academic Record

Degree	Year of Passing	Board/University	Institution	Subjects studied	Marks Obtained	Class/ Division
BSc						
MSc						

7. Duration/period required for project:.....Months\*, from.....to.....
8. Preference of research area: Taxonomy  Pharmacognosy  Agricultural Extension  Tissue Culture  Plant Breeding/Crop Improvement  Phytochemistry  Molecular Biology   
(Put numbers in the boxes as per your preference of subject. Maximum 3 choices are possible)

I hereby declare that the information given by me in this application form is true to the best of my knowledge.

Place:

Date:

**Signature of the student**

*\*Minimum period for PG project is 3 months*

CENTRE FOR MEDICINAL PLANTS RESEARCH, ARYA VAIDYA SALA,  
KOTTAKKAL, KERALA

PROJECT WORK

Certificate to be produced by the candidate along with the application

This is to certify that Mr./Miss/Mrs..... is a bonafide student of M.Sc/M.Phil ..... year/semester ..... of this college/university (.....). I have no objection in his/her applying for the selection of candidates for the three/six months MSc/M.Phil Project work for the period. ....

Place:

Date:

(Seal)

Signature of the Principal

Passport photograph to be  
attested by the HOD/  
Principal of the College

Affix your  
recent  
photograph  
here