



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

APPLICATION FOR 10 -15 DAYS TRAINING

(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 training.....days, from.....to.....
Preferred area: Plant Tissue culture: Anatomy Phytochemistry
Molecular Biology Crop improvement

(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

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

SHORT TERM TRAINING

Certificate to be produced by the candidate along with the application

This is to certify that Mr./Miss/Mrs..... is a
bonafide student of B.Sc/B. tech/ B. Pharm/BAMS/M.Pharm/M.Sc/M.Phill/Ph.D
..... year/semester of
this college/university (.....). I
have no objection in his/her applying for the selection of candidates for Short term
training for the period.

Place:

Date: Signature of the Principal (Seal)

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

Affix your
recent
photograph
here