



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

**APPLICATION FOR POST GRADUATE 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. 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

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

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 M.Sc/M. Pharm/ M.Tech/ MD ..... 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