



Vaidyaratnam P.S. Varier's
ARYA VAIDYA SALA
CENTRE FOR MEDICINAL PLANTS RESEARCH (AVS-CMPR)
Kottakkal – 676 503, Malappuram, Kerala, India

Kottakkal
ayurveda

APPLICATION FOR VOLUNTARY TRAINING PROGRAMME

(Application form should be completely filled. Incomplete applications are liable to be rejected and no additional enquiry will be entertained)

1.	Name (in full Block letters)					
2.	Address for communication					
3.	Phone Number		4. Email ID			
5.	Name of Father/Mother /Spouse or Guardian					
6.	Annual income of family					
7.	Date of Birth		8. Nationality			
9.	Academic Record (starting from 10th) (attach the self attested copy of mark sheets)					
	Qualification	Year of Passing	Board/University	Institution	Subjects studied	Marks Obtained
10.	Subject of preference (Please select 2 areas of preference, put 1 & 2 in your respective choices)					
	Plant Tissue culture :		Pharmacognosy :		Phytochemistry :	
					Molecular Biology :	
11.	Reason for joining the voluntary training programme (Briefly in 1 or 2 sentences, max 100 words):					
12.	Declaration I do hereby declare that the information given by me in this application form is true to the best of my knowledge and agree that I will follow the rules and regulations laid down by the Institution with respect to voluntary training programme. Place : Date : <div>Signature of the applicant</div>					