Registration Form
Interactive Research School for Health Affairs (IRSHA), BVDU Pune
Orientation Training Programme (OTP) of Ayurveda 2019

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1. **Full Name** :

2. **Address** :

Please paste your recent photo here

3. **Contact number** :

4. **Email id** :

5. **Educational details** :

6. **MCI Reg. No** :

(In case of medical doctors)

7. **Designation** :

8. **Department/Institute** :

9. **Area of work** :

10. **Research/Teaching Experience :**

Name of Institute	Period	Research area

11. **Publications (Mention titles of 5 important papers published in last 5 years)**

12. Statement of Purpose for attending OTP (250 words)

13. Declaration

I hereby declare that I have carefully read the instructions and guidelines for attending the OTP. To the best of my knowledge and belief all the information/data provided by me are true and correct. If any information/data is found incorrect in the application or if the application is incomplete, then my registration for OTP is liable for rejection.

Signature of Applicant

Date

Stamp & Signature

(Forwarded through (Director/Principal/Dean)

For any query Kindly contact **Dr Ashwini Ghanekar on 8600944869**

Please Fill in the form above and send us on ayuotp19.irsha@gmail.com **by 10ᵗʰ December 2019**