



CENTRE FOR MEDICINAL PLANTS RESEARCH

ARYA VAIDYA SALA

Kottakkal – 676 503, Malappuram, Kerala, India

APPLICATION FOR TRAINING PROGRAMME

Application form should be filled in completely. Incomplete, applications will be rejected and no additional enquiry will be entertained

Affix your
recent
photograph
here

1. Name (in full Block letters) :

2. Address :

.....

.....

3. Name of father/guardian :

4. Date of birth :

5. Nationality :

6. Academic Record

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

7. Duration/period of training required:

8. Preference of research area:

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**

TRAINING PROGRAMME

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. year/semester of this college/university (.....).
I have no objection in his/her applying for the selection of candidates for the M.Sc. Project work /short-term training programme for the period.

Place:

Date:

(Seal)

Signature of the Principal

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

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