



Centre for Medicinal Plants Research (CMPR),
Arya Vaidya Sala Kottakkal

AVS Square, Kottakkal-676 503,
Malappuram, Kerala, India.

APPLICATION FOR MULTIDISCIPLINARY 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: _____ Gender : _____

5. Subject of UG/PG course: _____ Present status (Semester): _____

6. Academic Record:

Class / Course	Year of Passing	Board/ University	Institution	Subjects	Marks (% or Grade)
HSC					
UG					
PG					

7. Duration/period of training required: from.....to.....

8. Batch: December April May

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

TRAINING PROGRAMME

Format for Certificate to be produced by the candidate along with the application in the institute letterhead

This is to certify that Mr./Miss/Mrs..... is a bonafide student of BSc / B. tech / B. Pham./ BAMS/M. Sc/ M. Pham./MD year/ semester ... of this college/university (.....).The Institute has no objection in his/her applying for the selection of candidates for the short-term training programme during the period

Place:

Date:

Signature of the Principal // Head of Dept.
with Seal

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

