



# अखिल भारतीय आयुष अकादमी

## All India AYUSH Academy

[A Unit of AYUSH Medical Association]

Head Office :-

Ayush Gram Trust Campus  
Purwa Tarounha marg, Chitrakoot-210205

**सतत् चिकित्सा शिक्षा कार्यक्रम**  
[Continued Medical Education Programme]

### Registration Form\*

for Panchkarma/Ksharsutra/.....

पासपोर्ट आकार का  
नवीनतम फोटो यहाँ  
चिपकाएं तथा एक  
अलग से संलग्न करें।

1. Name of Applicant (In Block Letters):

2. Father's/Husband's Name:

Day Month year

3. Date of Birth:       Age on 01.01.2010 : .....

4. Sex: Male  Female  5. Marital Status: Married  Unmarried

6. Permanent Address:

7. Mobile No./Tel. No. With STD Code:

8. Educational Qualification:

Name Of the Examination	Year	Board/Univ.	Subject	Division

9. Whether Self Employed or in Service:.....

10. Experience :-.....

11. It is mandatory to be a member of AYUSH-M.A. to join this course. Are you a member of AYUSH-M.A.? If yes, mention membership no....., otherwise please send your Membership Application Form duly filled & signed, also attach extra passport size photograph & Demand Draft for Membership Fee, also.

12. Payment Details:

You can send yours fee for C.M.E.P. by D.D. will be in Favoure of "All India AYUSH Academy", Payble at "Banda" in any Nationalised Bank, Or *Direct in Punjab National Bank, Banda in our A/C No.- 0540002100189729 with Customer No.- 4291* (in this case please attach deposit receipt allong with form)

Rs.-.....(In Words-.....) D.D. No.-.....

Date.-..... Drawn On (Bank Name).....

\*Note.- Rules & Regulations printed on back page.

Signature of Applicant