



# J.S.AYURVED MAHAVIDYALAYA & P. D.PATEL AYURVED HOSPITAL

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## Training Program in Ksharasutra, Panchakarma SRPT and Diet.

### Application Form

Fix a passport size photo here

1. Name of Applicant: .....
2. Date of Birth: ....., Gender: Male  Female
3. Qualification (mark it): B.A.M.S. / M.D. / M.S. / M.B.B.S/ OTHER.
4. Registration number: .....
5. Passing year: .....
6. College: .....
7. University: .....
8. Percentage / Marks in Last examination: .....
9. Residential address: .....  
.....
10. Ph. No: ....., (M).....
11. E. Mail: .....
12. Priority of the program (mark): (A) Ksharasutra  (B) Panchakarma   
(C) SRPT  (D) Diet

Signature of the Applicant