

## KERALA UNIVERSITY OF HEALTH SCIENCES

## Application for M. Phil Translational Ayurveda (Part time course) under School of Fundamental Research in Ayurveda, Trippunithura

3.Date of Birth: DD/MM/YYYY

1. Name of the applicant:

2. Age:

4. Gender (Tick w	Male	Female	TG			
5.Community	General	SC	ST			
6.Are you working affiliated to KUHS	Yes	No	If yes, enter FEP ID-			
7. Address	Present Official Addr	Present Official Address		Residential Address		
PIN			PIN			
8. Phone no with S Code	TD		Mobile No:			
9. Email id:						
10. Educational Qualifications	Year of passing	College / Institutions		University		
Degree						
PG Diploma						
PG Degree						
Others						

					_	
2.If yes whether NO Officer is submitted   NOC is mandatory	[Yes/No]					
Professional and J	ob details	for service ca	ndidates			
3. Designation	College	e / Institution	Date of joining		Date of relieving	
		(				
Professional and J	ob details	for non-servi	ce candidates			
4. Designation		Ins	titution		Years of experience	

## 15. Fellowships and Other Achievements (Yes/No):

If yes, please give brief details of research experience and list your publications (if any):

Research Experience	Involvement in research projects (Please specify your status as Principal investigator/investigator / co- investigator)  Presentations in state/ national/zonal conferences
Publications(Latest only)	1. 2 3 4 5.
16.Details of remittance  • Fee Amount₹  • Bank Name  • Remittance Detail  • Date of Remittance	ls

## **Declaration**

I agree to abide by the rules and regulations of the M.Phil. Course laid out by the University from time to time.

Name of the Applicant