MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DEPT. OF AYUSH

"One day CME on Ayurved Cosmetology"

REGISTRATION FORM

Date: ……

STREAM (TICK WHICH IS APPLICABLE): **AYURVED / UNANI**

Name of Participant: ……**Male/Female**

(NAME IN CAPITAL LETTERS)**……**

(As to be printed on the certificate)

MCIM REG. NO.: …….

Student / Alumini of MUHS Certificate Course in Ayurvedic Cosmetology (Registration Fee Rs. 200/-)
Teacher / Practitioner (Registration Fee Rs. 500/-)
(Please tick whichever is applicable)

Demand Draft Issuing Bank & Branch : ……
(DD should be drawn from any Nationalized Bank in favour of "Registrar, MUHS, Nashik" and should payable at Nashik only.
Kindly write your name, address & Mobile No. at the back side of DD)
Draft No. with date : ……

Name of College/Institute/Hospital/Clinic: …….

…….

Designation: …… **Department:** ……

Mailing Address	**: Office/Hospital/OPD**	**Residence**
	……	……
	……	……
	……	……
	City & Pin……..	City & Pin ……...
	Phone ……..	Fax ……...

Mobile No. ……..

E-mail…….

Signature