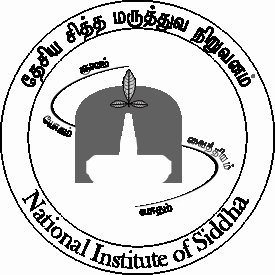
**राष्ट्रीय सिद्धा संस्थान / NATIONAL INSTITUTE OF SIDDHA**

1. **आयुष मंत्रालय / MINISTRY OF AYUSH**

**भारत सरकार / GOVERNMENT OF INDIA**

ताम्बरम सनटोरियम / TAMBARAM SANATORIUM

चेन्नई -600 047 / CHENNAI -600 047

फ़ोन / Tele : 044-22411611 फैक्स / Fax : 044-22381314

ईमेल: [nischennaisiddha@yahoo.co.in](mailto:nischennaisiddha@yahoo.co.in) वेब/Web :[www.nischennai.org](http://www.nischennai.org/)

Affix recent passport size photograph duly attested by Head of the Institution

**APPLICATION FOR INTERNSHIP TRAINING PROGRAMME**

**Training Fee payment details:**

D.D No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_

Bank /Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sl. No.*** | ***Details*** |  | ***Particulars*** |
| 1 | Name of the applicant | : |  |
| 2 | Date of Birth & Age | : |  |
| 3 | Sex (Please 🗸 the appropriate box) | : | Male Female Transgender |
| 3 | Address for Communication | : |  |
| 4 | Contact Number (Mobile/Land line) | : |  |
| 5 | Name of Father/Guardian | : |  |
| 6 | Contact number of Father/Guardian | : |  |
| 7 | Name & address of Institute/College where he/she studied BSMS Course | : |  |
| 8 | Duration of the BSMS Course | : | From: To: |
| 9 | Month & Year of Passing the final year University examination | : |  |
| 10 | Name of the affiliated University | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 11 | Registration Number (Temporary) given by Tamil Nadu Siddha Medical Council / Central Council of Indian Medicine/ Concerned State AYUSH Council and Name of the Council | : |  |
| 12 | Number of sessions of CRRI training applied for (*Maximum 4 sessions only*) | : |  |

**Declaration by the Candidate**

I hereby state that all the information furnished by me above is true to the best of my knowledge and belief

Place: Signature of the Applicant:

Date: Name of the Applicant:

**Certificate of recommendation from the Principal/Director of the College/Institute**

Certified that Shri./Smt./Kum.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has undergone his/her BSMS course in this Institute/College during the period from\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has been awarded the Provisional Degree in the Month/Year of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Also certified that the information furnished by him/her above is correct as per the official records available in this Institute/College. I hereby recommend to consider him/her for the CRRI training programme in the National Institute of Siddha, Chennai.

|  |  |
| --- | --- |
| Place: |  |
| Date: | Signature with Seal of the Principal/Director |

(Office Seal)