

APPENDIX 1
KERALA AYURVEDA RESEARCH AWARD 2009 -10

Registration form

[Fill in only in English block letters]

(Attach a recent bio-data and photograph)

| | | | | | |
|----|--|------------------------|-------------|-----------------|-----------------|
| 1 | Name in full as per records (surname first) | | | | |
| 2. | Age and Date of birth | | | | |
| 3. | Postal Address | | | | |
| | | District | | | |
| | | State | | | |
| | | Pin code | | | |
| 4. | Telephone numbers | College | | | |
| | | Residence | | | |
| | | Cell | | | |
| 5. | Name & address of the Institution of P.G.Study | | | | |
| | | District | | | |
| | | State | | | |
| | | Pin code | | | |
| 6. | BAMS from | College | | | |
| | | University | | | |
| | Class | | Distinction | Yes / No | University Rank |
| 7. | Other qualifications (if any) | | | | |
| 8 | Title of thesis | | | | |
| 9 | Department | | | | |
| 10 | University | | | | |
| 11 | Submission of thesis to the university | Submitted on | | To be submitted | |
| 12 | Approval by university | Approved by university | | To be approved | |
| 10 | Name, Designation & Address of Guide Phones | | | | |
| 11 | Name, Designation & Address of Co-guide 1, Phones | | | | |
| 12 | Name, Designation & | | | | |

| | | |
|-----|--|-------------------------|
| | Address of Co-guide 2, Phones | |
| 13 | Name, Designation & Address of HOD Phones | |
| 14 | Name, Designation and phone nos. Head of the Institution | |
| 15. | e-mail addresses | 1) candidate: |
| | | 2) Guide: |
| | | 3) Co-guide 1: |
| | | 4) Co-guide 2: |
| | | 5) Head of Institution: |
| 16 | <p style="text-align: center;">Consent of the Guide</p> <p>I consent to submit the thesis for Kerala Ayurveda Research award for the year</p> <p>Place Date</p> <p style="text-align: center;">Seal</p> <p style="text-align: right;">Signature</p> | |
| 17. | <p style="text-align: center;">Consent of the HOD (if different from guide)</p> <p>I consent that the above thesis may be submitted for Kerala Ayurveda Research Award for the year</p> <p>Place Date</p> <p style="text-align: center;">Seal</p> <p style="text-align: right;">Signature</p> | |
| 18 | <p style="text-align: center;">Consent of the Head of Institution</p> <p>I consent that the above thesis may be submitted for Kerala Ayurveda Research Award for the year</p> <p>Place Date</p> <p style="text-align: center;">Seal</p> <p style="text-align: right;">Signature</p> | |
| 19 | <p style="text-align: center;">Declaration of the candidate</p> <p>I have gone through the rules and regulations of the Kerala Ayurveda Research Award and agree to abide by them. The data I have given in this application are true to the best of my knowledge and belief.</p> <p>Place Date</p> <p style="text-align: right;">Signature</p> | |