

**APPLICATION FORM FOR CONTINUED MEDICAL EDUCATION PROGRAMME**

To  
The Director,  
National Institute of Homoeopathy,  
Block – GE, Sector – III, Salt Lake,  
Kolkata – 700 106.

Paste your  
recent Passport  
Photograph

Madam/Sir,

Please enroll my name for **Continued Medical Education Programme (CME) at the National Institute of Homoeopathy, Kolkata**, for the subject of

1. Homoeopathic Repertory (Module-I) from 03.06.2019 to 08.06.2019
2. Organon of Medicine (Module-I) from 10.06.2019 to 15.06.2019
3. Pediatrics (Module-I) from 17.06.2019 to 22.06.2019

**(Fill in Block letter)**

1. Name: \_\_\_\_\_  
(Surname) (Name)
2. Father's/Husband's name: \_\_\_\_\_
3. Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_
4. Designation: \_\_\_\_\_
5. Aadhaar No (attach the copy):
6. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Address of College/Hospital/Dispensary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Telephone no. with STD code: Res. \_\_\_\_\_ College: \_\_\_\_\_  
Mobile: \_\_\_\_\_, E-mail: \_\_\_\_\_
9. Qualification with Year of passing: \_\_\_\_\_ Registration No: \_\_\_\_\_
10. Experience: (a) Teaching \_\_\_\_\_ Years Department \_\_\_\_\_

