



**REGISTRATION FORM**  
**'Ayurved Kaushalam-2018'**  
**One Day Workshop for Ayurveda Female Vaidya**  
**23 October 2018**  
**Auditorium, NATIONAL INSTITUTE OF AYURVEDA**

**Full Name Mrs./ Ms. (In Capitals)** -----

**Designation** -----

**Place of work or name of clinic** -----

**Year of Passing**

**B.A.M.S.** -----

**M.D.(subject)** -----

**Contact Number** -----

**WhatsApp Number** -----

**Sp. Contribution in field of patient care** -----

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**Contact for any inquiry**

**Dr. Rashmi Mutha 09414854839**

**Note:-**

Filled Forms submitted on "nia.ayurvedkaushalam@gmail.com"