

**Training Programme on
"Deciphering, preparing critical edition of unpublished medical Manuscripts"**

Organized by

Foundation for Revitalization of Local Health Traditions (FRLHT)
74 /2, Jarakabande Kaval, Post Attur, Via Yelahanka, Bangalore - 560 106, Karnataka, India.

Web: www.frlht.org Telefax: (080) 2856 2948

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REGISTRATION FORM

1	Name	
2	Designation	
3.	Name and Address of College	
4.	Qualifications	
5.	Details of Teaching Experience	
6.	Fields of specialization	
7.	Contact details	
	Address	
	Tel. (Office)	
	Tel. (Res.)	
	Fax	
	Mobile	
	Email	
4	Details of Arrival/ Departure	
	Date, time and mode of arrival	
	Date, time and mode of departure	
<p>I hereby request you to kindly enroll me for the Training Programme on Medical Mss. I will attend the course on the whole prescribed duration.</p> <p style="text-align: center;">Signature of the Lecturer / Faculty member attending the Course</p>		<p>This candidate is permitted to attend the Training Programme on Medical Mss, mentioned above.</p> <p style="text-align: center;">Seal and Signature of Principal of College</p>