



वेदिक मंथन
VEDIC MANTHAN

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INDIA'S FIRST

ACADEMIA-INDUSTRY AYURVEDA AND MEDICAL ASTROLOGY SUMMIT

APPLICATION FORM FOR INDIVIDUALS

I. Application Information

a) Application Year: 2020

b) Applicant Status: New Application

c) Applying for

i) Vaidyik Jyotish Ratana Award ☐

ii) Jyotish Vaidyik Ratana Award ☐

iii) Lifetime Achievement Award ☐

iv) Research Award ☐

v) Global Promotion Award ☐

d) Type of nomination:

i) Self ☐

ii) Organizational Nomination ☐

iii) Being nominated ☐

e) How did you hear about the 'Awards':

i) Word of Mouth ☐

ii) Through media (Print / Social) ☐

iii) Through known (Friends / Colleagues / Others) ☐

iv) Others ☐

II. Nominee's Information

a) Name : _____

b) Contact No : _____

c) Email : _____

d) Address _____

City : _____

State : _____

Country : _____

Zipcode : _____

e) Service area : _____

f) total number of Beneficiaries catered till date _____

g) Website (if any) : _____

f) Brief Description : _____

(Attach a separate sheet if required)

g) References:

Reference 01

First Name : _____
Last Name : _____
Contact No : _____
Email : _____

Reference 02

First Name : _____
Last Name : _____
Contact No : _____
Email : _____

Note: Section III is to be filled by those applying for 'Vaidyik Jyotish Ratana' and 'Jyotish Vaidyik Ratana' Awards

III. Information for Selection (About the practice using a combination of Ayurveda and Medical Astrology)

- a. Measurable Results
- b. Evidence based results
- c. Essay about self

(Please describe in not more than 200 words for each in a separate sheet and attach with the application along with the proofs required)

Note: Those applying for Lifetime Achievement, Research or Global Promotion Awards should submit the case studies or the proofs for their eligibility in the form of a presentation, along with this application.

UNDERTAKING

I do hereby undertake and state that the information provided here for the nomination of 'Impact Awards' is absolutely correct and true to the best of my knowledge. I will be solely responsible for the information provided, if ever found to be incorrect and agree to accept by the decisions of the organizers.

Signature of the Applicant

Date:

Place: