

## **Heading**

**Medical Camp**/Awareness Programme /Demonstration Programme/Competition Programme/Other Programme

Address of place/school name-Principal Name/programme coordinator (not from our college)-

Type - Govt/Private/Aided/other

Date :- 05/06/2022

Address in detail –Municipal School ,Worli naka, Mumbai-18

Area/Colony - Worli Mumbai-18

Pin code-400 018

**Resource person Name – DR.Amrut Salunke**

Designation:-Asso.Professor

Resource Person Details –

Address – R.A.Podar Ayurved College Worli , Mumbai

Pin code – 400 018

Chief Guest Details –

Chief Guest Address –

Pin code

**CAMP Patient Total - 82**

Declaration :

I,Solemnly confirm that if any information provided by me found false , I shall be held responsible in the matter. I shall have no objection if any legal action is taken by the NCISM against Me







