

**The Tamilnadu Dr.M.G.R. Medical University**

#69, Anna Salai, Guindy, Chennai – 600032

**Department of Siddha**  
**First One day workshop on**  
**“Pulse Diagnosis of Siddha System”**

Date : **12.12.2019 (Thursday)**

Venue: The Tamil Nadu Dr.M.G.R. Medical University,  
69, Anna Salai, Guindy, Chennai – 600 032.

**Objectives:**

Pulse Diagnosis is one of the important and simple tool to diagnosis the disease. The Pulse Diagnosis is accurate and cost-effective. There is no equipment required. It is one of the great gifts Siddhars presented to the next generations.

**Potential Participants:**

Students, Faculties of Siddha Institutions and Siddha Physicians

**Content of the program:**

- Introduction
- Basic Concepts of Siddha Pulse Diagnosis
- Rules of Siddha Pulse Diagnosis
- Pulse diagnosis for various ailments and conditions
- Hands on Training

**Registration:**

**Registration is limited to 60 participants on first come first service basis.** A fee of Rs.1000/- (Rupees One Thousand only) will be charged towards workshop kits and Refreshments. The payment may be made in the **Demand Draft** from any nationalized bank in favor of '**The Registrar, The Tamil Nadu Dr.M.G.R. Medical University**' payable at **Chennai**. The application in the format given below along with **Demand Draft** may be sent to the **Professor & Head, Department of Siddha, The Tamil Nadu Dr.M.G.R. Medical University, 69, Anna Salai, Guindy, Chennai-600032** to reach us on or before **06.12.2019**.

**Contact Person: Dr.N.Kabilan,MD(S), Ph.D**

**Professor & Head, Department of Siddha**  
**The Tamil Nadu Dr.M.G.R. Medical University,**  
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**THE TAMIL NADU Dr.M.G.R. MEDICAL UNIVERSITY,  
69, ANNA SALAI, GUINDY, CHENNAI - 600 032**  
**First One day workshop on "Pulse Diagnosis of Siddha System"**  
**for Students, Faculties and Siddha Physicians on 12.12.2019**  
**REGISTRATION FORM**

1. NAME (In block letters):
2. AGE & SEX:
3. QUALIFICATION:
4. DESIGNATION / COURSE:
5. INSTITUTION:
  
6. ADDRESS FOR  
CORRESPONDENCE:  
Mobile No. :  
Email ID:
7. DETAILS OF PAYMENT :

I am willing to participate in the program.

SIGNATURE OF THE PARTICIPANT

*(Photocopies of the registration form can be used)*