



# SHRI N.P.A. GOVT. AYURVED COLLEGE, RAIPUR

G.E. Road, Raipur-492010 (Chhattisgarh)

Tel./ Fax No.:- 0771-2263396

E-mail- ayurvediccollege@gmail.com

Website-www.gacraipurcg.in

**CME (06- days) for Teachers on Kayachikitsa**

**Sponsored by Ministry of AYUSH, Govt. of India. New Delhi & Coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi**

No/CME/Pravesh/2019.....1632.....

Raipur, Date : 19 MAR 2019

## CIRCULAR

To  
The Dean/Principal,  
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**Subject:** Inviting application for Continuing Medical Education (CME) Programme for Teachers on Kayachikitsa

**Reference:** RAV letter no. F.No 65-34/RAV/2007-08/E&C/102 Dated: 11-03-2019

Dear Sir/ Madam,

As per the subject & reference mentioned above, we are pleased to inform you that our institute is going to organize CME on Kayachikitsa for the Teachers, which is funded by the Ministry of AYUSH, Govt. of India & being coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi, on following proposed days.

CME Name	Date		Last Date of submission of Application Form	Co-ordinator	Organizing Secretary/ Principal
	From	To			
CME on Kayachikitsa	10-06-2019	15-06-2019	10-04-2019	Dr. Aruna Ojha 09424401858	Prof. (Dr.) G.S. Baghel 9425215815

I request you to kindly depute a teacher of Kayachikitsa for this CME. The selection of the candidate will be made by this institute as per rules of Ministry of AYUSH, Govt. of India.

### **Objectives:**

- To put a step towards making the Institute a center of excellence as desire by the Ministry of AYUSH.
- To generate awareness towards the developments, advancements, methodology etc.
- To develop clarity and better understanding of certain concepts & principles of the subjects of the specialty based on objectivity and teaching methodology.
- This CME will help the teaching faculty to upgrade their existing knowledge.
- To impart good teaching, clinical practice & methodology to teachers for getting adequate training to give their best to students.

### **Eligibility:**

- Teaching faculty of concerned subject i.e. Kayachikitsa working in any Ayurvedic College recognized by CCIM.
- Those who have already attended two CME programs of AYUSH in a year are not allowed to apply.



**Maximum Number of Participants:**

30 (Maximum 05 participants from each state)

**Duration:**

06 - day (exclusive of journey time)

**Procedure of Application and Submission:**

A teacher of concern subject working in institution should apply in the enclosed application form duly certified by the head of the institution.

**Duly filled application forms along with a true copy (self attested) of registration and UG, PG degree certificate & Aadhaar Card** should reach the coordinator on or before due date specified against the programme schedule. Application received after the due date or incompletely filled application forms will be rejected. The applicants should clearly mention "**Application for CME on Kayachikitsa**" on the top of the envelope while sending the application form. **Application can be send through e-mail as advance copy on [ayurvediccollege@gmail.com](mailto:ayurvediccollege@gmail.com)**

**Payment of TA:**

All Transaction will be made only by electronic transfer through banks.

No amount will be paid to trainees except the reimbursement of travelling expenses, that too on actual basis as per the rules subject to celling.

Payment of TA should be made only at the end of the training programme after obtaining full attendance as per admissibility or actual, whichever is less.

Places where connected by rail, will be reimbursed with actual fare limited to **AC 2 tier base rail fare (Dynamic & Tatkal fare will not be accepted)** or actual claim, whichever is less.

Road mileage is allowed only for places not connected by rail. With regards to road mileage, actual rate but not exceeding approved rate under TA rules. Claimant should mentioned distance between the places.

The Payment of TA will be made on production of original Tickets by the trainees. The payment will be made as for CME guidelines.

**Boarding & Lodging Charge:**

Descent Lodging & Boarding facilities will be arranged for all the outstation trainees.

Trainees will be eligible for food expenses if travels made by train / bus on production of original bill subject to a maximum of Rs 175/- during journey. No food expenses will be made for travels made by Rajdhani/ Shatabdi/ Duranto Trains.

**Participation Certificate:**

Participation certificate will be issued at the end of the training programme on full attendance only. For further information, feel free to contact **Dr. Aruna Ojha, Mobile No. 09424401858 & E-mail [ayurvediccollege@gmail.com](mailto:ayurvediccollege@gmail.com).**

**Note:**

1. Participants are requested for early response.
2. For further information, it is requested to communicate the co-ordinator of the programme.
3. The selected Trainees will be communicated **on/or before 12-04-2019** so that the trainees can make necessary travel arrangement.
4. For more details please visit **[www.gacraipurcg.in](http://www.gacraipurcg.in)**

With warm regards.

Yours faithfully



Principal

Govt. Ayurved College  
Raipur (Chhattisgarh)





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CME for Teachers on Kayachikitsa

Sponsored by Ministry of AYUSH, Govt. of India. New Delhi & Coordinated by  
Rashtriya Ayurveda Vidyapeeth, New Delhi

To,  
The Organizing Secretary / Principal,  
CME- Kayachikitsa  
Shri N.P.A. Govt. Ayurved College, Raipur (Chhattisgarh)

Sir,

I hereby submit my application to participate in CME being organized by your institute in the subject of Kayachikitsa. My bio-data is as follows-

Full Name :  
(in BLOCK letters)  
Father's Name :  
Date of Birth : Age: Gender:  
Aadhaar No. :  
Educational Qualification:

Name of Degree	Subject	Specialization

Registration Number : CCIM Teacher Code.....  
Designation : Department:.....  
Name of Institute :  
Experience : Years.....Months.....  
Have you participated in ROTP/ CME earlier: YES/ NO  
If Yes, Details of ROTP/ CME should be completed by candidate:

ROTP/CME	Organizing institute	Dates

Full address for correspondence with Pin Code:

1. Office :  
2. Residence :  
Telephone with STD code :  
Mobile number :  
E-mail ID :

The information furnished above is true and correct as per the best of my knowledge and I accept full responsibility for the same. I shall abide the Instruction given by the organizer for smooth conduction of Programme.

Date:

Signature of applicant

Recommendation of the Head of the Institute:

Signature of the Head of the Institute with seal

(Note: If the information given above is incomplete in any respect, the form will not be considered)

*Handwritten signature*