



# 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.gacraipureg.in

CME for Teachers on Rasa Shastra & Bhaishajya Kalpana

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

No/CME/Pravesh/2021...176.....

Raipur, Date 13-01-2021

## CIRCULAR

To,  
The Dean/Principal,  
All Ayurvedic Colleges.

**Subject:** Inviting application for Continuing Medical Education (CME) Programme for Teachers on Rasa Shastra & Bhaishajya Kalpana.

**Reference:** RAV letter no. F.No 65-34/RAV/2007-08/E&C/31 Dated: 13-03-2020

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 Rasa Shastra & Bhaishajya Kalpana 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 Rasa Shastra & Bhaishajya Kalpana	12-04-2021	17-04-2021	31-01-2021	Prof. (Dr.) Saroj Parhate 08819925299	Prof. (Dr.) G.S. Baghel 9425215815

I request you to kindly depute a teacher of Rasa Shastra & Bhaishajya Kalpana 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 & Pharmaceutical processing 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 practice & methodology to teachers for getting adequate training to give their best to students.

### Eligibility:

- Teaching faculty of concerned subject i.e. Rasa Shastra & Bhaishajya Kalpana working in any Ayurvedic College recognized by CCIM.

*folas*

*CSMJK*



- 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 Rasa Shastra & Bhaishajya Kalpana**" 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 ceiling.

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 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 bills 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, if any, it is requested to contact

**Prof. (Dr.) Saroj Parhate (8819925299, [saroj.parate@yahoo.co.in](mailto:saroj.parate@yahoo.co.in))**

**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 01-02-2021 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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G.E. Road, Raipur-492010 (Chhattisgarh)

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E-mail-principal@gacraipurcg.in

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## APPLICATION FORM OF THE CME FOR TEACHERS ON RASA SHAstra & BHAISHAJYA KALPANA

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

To,  
The Organizing Secretary / Principal,  
CME- Rasa Shastra & Bhaishajya Kalpana  
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 Rasa Shastra & Bhaishajya Kalpana. 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)*  
*Palas* *Govt*