



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/2021..1768.....

Raipur, Date 06/09/21

CIRCULAR

To,

The Dean/Principal,
All Ayurveda Colleges in India

Subject: Inviting application for Continuing Medical Education (CME) Programme for Teachers on Kayachikitsa

Reference: RAV letter no. F.No 65-34/RAV/2007-08/CME Dated: 20-07-2021

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	22.11.2021	27.11.2021	30.09.2021	Dr. Aruna Ojha 9424401858	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.

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Maximum Number of Participants:

30

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 cmekcraipur21@gmail.com (essentially mentions Subject as "CME Kayachikitsa Application")**

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 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 per CME guidelines.

Note: - Please be noted that TATKAL or DYANMIC PRICING train tickets will not be reimbursed.

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:

Full attendance is mandatory for obtaining participation certificate. Participation certificate will be issued at the end of the CME on full attendance only.

For further information, if any, it is requested to contact

Dr. Aruna Ojha (9424401858, cmekcraipur21@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 **04.10.2021** so that the trainees can make necessary travel arrangement.
4. Proposed CME can be Shifted or cancelled under any unforeseen conditions/pandemic crisis/state health advisory.
5. For more details please visit www.gacraipurcg.in

With warm regards.

Yours faithfully


Principal

Govt. Ayurved College
Raipur (Chhattisgarh)


06/09/21



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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:

Educational Qualification:

Name of Degree	Subject	Specialization

Registration Number : CCIM Teachers 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 :

Mobile Number :

E-mail ID :

Aadhaar No. :

Bank Details:

Name of the Bank.....Branch.....

Account No.IFSC Code

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)

06-09-21

G. Singh