

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

G.E. Road, Raipur-492001 (Chhattisgarh)



Tel./ Fax No.:- 0771-2263396

E-mail- principal@gacraipurcg.in

Web site-www.gacraipurcg.in

ayurvediccollege@gmail.com

6-day CME for AYUSH Paramedics

(11<sup>th</sup> Dec. to 16<sup>th</sup> Dec. 2017)

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

No/CME/Pravesh/2017.....5217

Raipur, Date : 11 3 OCT 2017

## CIRCULAR

To,  
The Dean/Principal,

Subject: Inviting application for 6-day CME for AYUSH Paramedics.  
Reference: RAV letter no. 65-34/RAV/2007-08/E&C/14 Dated: 20.06.2017

Dear Sir/ Madam,

As per the subject & reference mentioned above, we are pleased to inform you that our institute is going to organize 6-day CME for AYUSH Paramedics, 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         |   |   |   |
| (6-day) CME for AYUSH Paramedics | 11-12-2017 | 16-12-2017 | 11-11-2017                                  | Dr. Rupendra Chandrakar<br>9300640932<br>7000784741 | Prof. (Dr.) G.R. Chaturvedi<br>9407624618 |

I request you to kindly depute a Pharmacist 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/ Hospital/ Pharmacy a center of excellence as desire by the Ministry of AYUSH.
- To strengthen facility functionally & implementation of National Health Programs.
- To generate awareness towards the developments, advancements of pharmacy etc.
- To develop clarity and better understanding of certain concepts & principles of the subjects of the Pharmacy based on objectivity and preparation methodology.
- This CME will help the AYUSH Pharmacist to upgrade their existing knowledge.
- To impart good manufacturing practice & methodology to AYUSH pharmacist for getting adequate training to give their best to patients.

### Eligibility:

- AYUSH Pharmacist working in any Ayurvedic College recognized by CCIM / Hospital/ Pharmacy/ Dispensary of State Government/ Central Government
- Those who have already attended two CME programs of AYUSH Paramedics 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 AYUSH Pharmacist working in any Ayurvedic College recognized by CCIM/ Hospital/ Pharmacy/ Dispensary of State Government/ Central Government 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 educational qualification 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 6-day CME for AYUSH Paramedics**" on the top of the envelope while sending the application form. Application can be send through e-mail as advance copy on [principal@gacraipurcg.in](mailto:principal@gacraipurcg.in), [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 3 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

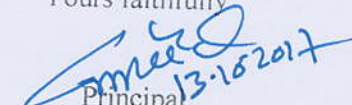
**Dr. Rupendra Chandrakar 9300640932, 7000784741, [drupendrac@gmail.com](mailto:drupendrac@gmail.com)**

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 15-11-2017 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



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

Sir,

I hereby submit my application to participate in 6- day CME for AYUSH Paramedics being organized by your institute. 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 |
|----------------|---------|
|                |         |
|                |         |

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:

Recommendation of the Head of the Institute:

Signature of applicant

Signature of the Head of the Institute