Reginal Centre of Excellence in Ayurveda for Geriatric Health Care at
Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola H.P.

No. **Dated:**

6 Days CME for Teachers of Ayurveda fraternity from dated

26th November to 1st December 2018

Circular

To

The Dean/Principal

_____

_____

Subject: Inviting applications for Continued Medical Education (CME) Program for teachers on Geriatrics.

Dear Sir/ Madam,

As per the subject & reference mentioned above, we are pleased to inform you that Regional Centre of Excellence in Ayurveda for Geriatric Health Care is going to organize CME on Geriatrics for Teachers from dated 26th November to 1st December 2018, which is funded by Ministry of AYUSH, Govt. of India.

Eligibility:

- Teaching faculty of any department may apply for this CME.
- Those who have already attended two CME programs of AYUSH in previous year are not requested not to apply.

Total number of participants:

Maximum 30 participants may apply to this CME program.

Procedure of application and submission

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

Duly filled application forms along with true copy (self-attested) of registration certificate and UG, PG degree certified & Adhaar Card should reach the coordinator on or before due date specified against the program schedule. Application received after the due date or incompletely filled application forms will be rejected. The applicants should clearly mention “Application for CME on Geriatrics” on the top of envelope while sending the application form. Filled Application form can be sent through Email to “geriatricshp@gmail.com”as advance copy.

Payment of TA

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

Payment of TA will be made only at the end of the training program after obtaining full attendance as per admissibility or actual, whichever is less on production of original tickets.

Places which are 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 rail mileage, actual rate but not exceeding approved rate under TA rules. Claimant should mention distance between the places.

Boarding and lodging:

Lodging & Boarding facilities will be arranged for all outstation trainees. No cash payment will be made against Boarding Lodging charges.

Trainees will be eligible for food expenses if travel made by train / bus on production of bills subject to 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 program on full attendance only. For further information, if any, may contact

Dr. Anil Bhardwaj (Assistant Nodal Officer) – 9418466766, Email - dr.anilbhardwaj68@gmail.com
Prof. B. L. Mehra (Nodal Officer), Email – mehra_bl@rediffmail.com
Prof. Y. K. Sharma (Principal), Email – principal.gacpaprola@gmail.com

Note: -

1. Participants are requested for early response
2. The selected participants will be informed on or before ---------- .
3. For more details lease visit www.geriatricshp.in
   With warm regards.

Yours failthfully

Nodal officer

Registration form

To
The Nodal officer
Regional Centre of Excellence in Ayurveda for Geriatric Health Care,
Rajiv Gandhi Govt. Post Graduate Ayurvedic College,
Paprola, Distt. Kangra (HP).

Subject: Application form to attend CME on Geriatrics.
Sir,

I hereby submit my application form to participate in CME in Geriatrics from 26th November to 1st December 2018. My bio data is as below:

- Full Name (in Block letters) _____
- Fathers Name _____
- Date of Birth _____
- Adhaar No. _____
- Teachers code (CCIM) _____
- Educational qualifications _____
- Registration number _____
- Name of the Board where registered _____
- Name of institute _____
- Designation _____
- Experience _____Years_____ months_____
- Have you participated in ROTP/CME earlier: Yes/No
  If yes, Detail of ROTP/CME attended _____
  _____

Full address with PINCODE:

_____
_____
_____

Mobile number _____, Email 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 instructions given by the organizers for smooth conduction of program.

Date : Signature of the applicant

Recommendations 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 be rejected)