



Ayurved Seva Sangh's
Ayurved Mahavidyalaya

Ganeshwadi, Panchavati, Nashik -422 003 (Maharashtra)

Ph.No. (0253) 2513112, 2621836

Email - asscollegensk@gmail.com

Website: mahavidyalay.ayurvedsevasangh.org

Outward No. 112

Dt. 21/5/2018

CIRCULAR

6-days CME for AYUSH Kayachikitsa Teachers (3rd Sep. to 8th Sep. 2018)

Sponsored by ministry of AYUSH, Govt. Of India, New Delhi
& coordinated by Rashtriya Ayurved Vidyapeeth, New Delhi

To,
The Dean/Principal,
All Ayurved Colleges in India.

Sub : Inviting application for 6-days CME for AYUSH Kayachikitsa Teachers.

Ref : RAV sanction letter no. 65-13/RAV/2009-10/E&C/12 Dated:16/03/18

Dear Sir/Madam,

As per the subject and reference mentioned above, we are pleased to inform you that our institute is going to organize 6-days CME for AYUSH Kayachikitsa Teachers, which is funded by the Ministry of AYUSH, Govt. of India & being coordinated by Rashtriya Ayurved 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-days) CME for AYUSH Kayachikitsa Teachers	03/09/18	08/09/18	15/06/2018	Dr.E.G.Kulkarni 9850071240 9623059379	Dr. Rajan Kulkarni 9823350440	Dr.S.L.Dasari 9890376949

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

Objectives :

- 1) To put a step towards making the institute/hospital a center of excellence as desired by the Ministry of AYUSH.
- 2) To generate awareness towards the developments, advancements, methodology etc.
- 3) To develop clarity and better understanding of certain concepts and principles of subjects of the Kayachikitsa based on objectivity and teaching methodology.
- 4) This CME will help the AYUSH Kayachikitsa teachers to upgrade their existing knowledge.
- 5) To impart Good Medical Practice and 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 attended two CME programs in year 2017-2018 are not allowed to apply.

Maximum number of participants: 30 (max. 5 participant from each state)

Duration: 06- days (exclusive of journey time)

Procedure of application and submission:

AYUSH Kayachikitsa teachers working in any Ayurvedic college recognize by the CCIM should apply in the enclosed application form duly certified by the head of the institution.

Duly filled application form along with true copy (self-attested) of education qualification certificate and Adhar card should reach the coordinator on or before due date specify against the program schedule. Application received after the due date or incompletely filled application form will be rejected. The applicants should clearly mention "Application for 6-day CME for AYUSH Kayachikitsa teachers" on the top of the envelope. Application can be send through email as advance copy to the principal on following Email id : asscollegensk@gmail.com

Payment of TA :

- All transactions will be made only by electronic transfer through Bank.
- Aadhar details of all the trainees have to be captured and Aadhar no. should be mentioned.
- No amount will be paid to trainees except the reimbursement of traveling expenses, that too on actual basis as per rules subject to ceiling.
- Payment of TA should be made only at the end of the training program after obtaining full attendance as per admissibility or actual, whichever is less.
- Places were connected by rail, the road mileage is limited to 2AC rail charges 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 rule. Claimant should mention distance between the places.

- The payment of TA will be made on production of original tickets by the trainee. The payment will be made as per CME guidelines.

Boarding and lodging charge:

As per rule of ministry of AYUSH Govt. of India for the above program the participants will be provided with local hospitality in the nearby premises of the institute.

Participation certificate:

Participation certificate will be issued at the end of the training program on full attendance only.

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

Dr. Rajan Kulkarni. Mobile No.:9823350440

Email id: vaidyarajankulkarni@yahoo.com

assayurvedcollegekdept@gmail.com

Note

- 1) Participants are requested for early response.
- 2) For further information, it is requested to communicate with the co-ordinator of the program.
- 3) For more details please visit mahavidyalay.ayurvedsevasangh.org

With warm regards.

Yours faithfully


Organizing Secretary

Kayachikitsa Department

ASS Ayurved Mahavidyalaya, Nashik


Principal

ASS Ayurved Mahavidyalaya, Nashik

I/C. Principal

Ayurved Mahavidyalaya, Nashik

APPLICATION FORM FOR

CME for AYUSH Kayachikitsa teachers (3rd Sep. to 8th Sep. 2018)
(Sponsored by ministry of AYUSH, Govt. Of India, New Delhi
& coordinated by Rashtriya Ayurved Vidyapeeth, New Delhi)

To,

The Organizing Secretary /Principal
CME for AYUSH Kayachikitsa teachers,
Ayurved Seva Sangh Ayurved Mahavidyalaya,
Ganeshwadi Panchavati,
Nashik, 422003 (Maharashtra).

Sir,

I hereby submit my application to participate in 6-days CME for AYUSH Kaychikitsa teachers being organized by your institute. My details is as follows.

Full Name :
(in BLOCK letters)

Father's Name:

Date of Birth : Age : Gender :

Adhar number:

Educational Qualification:

Name of Degree	Subject

Registration No: 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:

3) Telephone with STD code:

4) Mobile number:

5) Email id:

6) Bank Details:

Name of 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 the smooth conduction of program.

Date :

(Recommendation of the head of the institute)

(Signature of applicant)

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