

**GOVERNMENT OF WEST BENGAL**  
**Dept. of Health & Family Welfare**  
**INSTITUTE OF POST GRADUATE AYURVEDIC EDUCATION & RESEARCH**  
**AT**  
**SHYAMADAS VAIDYA SHASTRA PITH**  
294/3/1, A.P.C. ROAD, KOLKATA- 700 009

Ph. (033) 2350-4159

Memo No.: SVP / CME/ 1597 / 2019

Dated, Kolkata, the 15<sup>th</sup> February' 2019

**CIRCULAR**

To  
The Dean/ Principal,

.....  
.....  
**Subject: Inviting application for Continuing Medical Education (CME) Programme for Teachers on Dravyaguna- Theoretical and Practical demonstration on safety and efficacy parameters used for Ayurvedic Drug Development.**

**Reference: RAV letter no. F.No.65-118/RAV/2009-10/E&C/72 dated 03.01.2019**

**Dear Sir/ Madam**

As per the subject and reference stated above, we are pleased to inform you that our institute is going to organize CME on Dravyaguna for the teachers, which is sponsored by the Ministry of AYUSH, Govt. of India and being coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi on following proposed days.

CME Name	Date		Last Date of submission of Application Form	Coordinator	Organizing Secretary/ Principal
	From	To			
CME on Dravyaguna	10-06-2019	15-06-2019	01-04-2019	Dr. Amit Kumar Taraphdar 79800 40185, 98748 49650	Prof.(Dr.) Mradu Gupta 94336 65125

I request you kindly depute a teacher of Dravyaguna 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 generate awareness towards the recent developments, advancements etc. in subject concern.
- To develop clarity and better understanding of certain concepts and principles of Dravyaguna Vigyan based on objectivity and teaching methodology.
- To be acquainted with theoretical and practical aspects on safety and efficacy parameters used for Ayurvedic drug development.
- This CME will help the teaching faculty to upgrade their existing knowledge and to impart good teaching practice and methodology to give their best to students.

**Eligibility:**

- Teaching faculty of concerned subject i.e. Dravyaguna working in any Ayurvedic College recognized by CCIM.
- Those who have already attended two CME programme of AYUSH in a year are not allowed to apply.
- Maximum Number of Participants: 30 (Maximum 05 participants from each state)
- Duration: 06- days (exclusive of journey time)

- **Procedure of Application submission:**

1. A teacher of concern subject working in Ayurvedic UG or PG institute recognized by CCIM should apply in the enclosed application form duly certified by the Head of the Institute.
2. Duly filled application form along with a true copy (self attested) of registration and UG, PG degree certificate and Aadhaar Card should reach the coordinator on or before due date specified against the programme schedule.
3. Application received after the due date or incompletely filled application forms will be rejected.
4. The applicants should clearly mention '**Application for CME on Dravyaguna**' on the top of the envelope while sending the application form to the **Organizing Secretary/ Principal, Institute of Post Graduate Ayurvedic Education & Research, 294/3/1, A.P.C. Road, Kolkata- 700 009, West Bengal**. Application can be send through e-mail as advance copy on [cmедg.ipgaer@gmail.com](mailto:cmедg.ipgaer@gmail.com) .

- **Payment of TA:**

1. All transaction will be made only by electronic transfer through banks.
2. 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.
3. 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.
4. Places where connected by rail, will be reimbursed with actual fare limited to AC 2 tier or actual claim, whichever is less. The Ticket can be purchased only through **Counter/IRCTC/Ashoka Travels/Balmer & Lawrie**. No reimbursement will be given if ticket be purchased from any other site (such as- [yatra.com](http://yatra.com), [paytm](http://paytm) etc.
5. 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.
6. The payment will be made as per CME guidelines.

- **Boarding and Lodging Charges:** Descent Lodging and 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 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.

**Note:**

- Participants are requested for early response.
- For further information, it is requested to communicate the **coordinator** of the programme.
- The selected Trainees will be communicated on/or before 01-04-2019 so that the trainees can make necessary travel arrangement.

With warm regards,

*Mradu Gupta* Yours faithfully  
15-2-2019  
Prof. (Dr.) Mradu Gupta

Principal & Head, Department of Dravyaguna  
Institute of Post Graduate Ayurvedic Education & Research  
294/3/1, A.P.C. Road, Kolkata- 700 009

**GOVERNMENT OF WEST BENGAL**  
**Dept. of Health & Family Welfare**  
**INSTITUTE OF POST GRADUATE AYURVEDIC EDUCATION & RESEARCH, S.V.S.P.**  
294/3/1, A.P.C. ROAD, KOLKATA- 700 009

To  
The Organizing Secretary/ Principal,  
CME-Dravyaguna  
Institute of Post Graduate Ayurvedic Education & Research, Kolkata (W.B.)  
Sir,

I hereby submitting my application to participate in CME being organized by your institute in the subject of Dravyaguna. My bio-data is as follows-

Full Name (BLOCK letters) :.....  
Father's Name :.....  
Date of Birth :..... Age: ..... Gender: .....  
Aadhaar No. :.....  
Educational Qualifications:

Name of Degree	Subject	Specialization

Registration No.: ..... CCIM Teacher Code: .....

Designation: ..... Department: .....

Name of the Institute: .....

Experience: ..... years ..... months .....

Have you participated in ROTP/ CME earlier: Yes/ No

If yes, details of latest ROTP/ CME participated before

ROTP/ CME	Organizing Institute	Dates

Full Address for Correspondence with PIN code:

1. Office: .....

2. Residence: .....

Telephone with STD code: .....

Mobile No.: .....

E-mail: .....

Bank Details:

Account Number: ..... IFSC Code:.....

Name of Bank: ..... PAN card No. ....

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 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)

Meadi Gupta  
15.9.2019