SHALYA MANTHANA

6 DAYS CME PROGRAMME FOR SHALYA TANTRA TEACHERS

29th November To 4th December, 2021

ORGANIZED BY
PG DEPARTMENT OF SHALYA TANTRA
NATIONAL INSTITUTE OF AYURVEDA
Deemed to be University (De-novo), JAIPUR

Sponsored by - Ministry of AYUSH
Co-ordinated by - Rashtriya Ayurveda Vidyapeeth, New Delhi

Prof. P. Hemantha Kumar
Dean PG Studies, Head
& Organizing Secretary

Prof. Sanjeev Sharma
Director cum Vice Chancellor (I/C)
ABOUT OUR INSTITUTION

National Institute of Ayurveda, Deemed to be university (De-novo), Jaipur is an apex autonomous Institute under the Ministry of AYUSH, Government of India for promoting the growth and development of Ayurveda as a model Institute for evolving high standards of Teaching, Training, Research and Patient Care and also to invoke scientific outlook to the knowledge of Ayurvedic System of Healthcare. The Institute imparts UG, PG and Doctoral courses in all branches of Ayurveda along with short term courses on various important areas of Ayurveda to both Indian and Foreign nationals with NAAC ‘A’ Grade accreditation. NIA plays a very important role in formulating standards, guidelines and policy making of the AYUSH sector by its technical inputs. NIA has a 280 bedded NABH accredited hospital which caters to around 3 lakhs around 1200-1500 patients visit NIA OPDs per day. The hospital is equipped with a modern well equipped Pathology Laboratory running in PPP mode. The institute is equipped with modern research instruments for drug standardization and research.

ABOUT SHALYA TANTRA DEPARTMENT

Department of Shalya Tantra is dealing with surgical and parasurgical aspects of the system through imparting quality patient care, teaching, training and various research activities. The teaching faculties of the department are expert in various Surgical and Para surgical procedures. This department has its own OPD (General Shalya, Anorectal, Orthopedic & Marma Chikitsa), IPD, Minor Operation theatre (Sastra Karma, Kshara Karma, Kshara Sutra, Agnikarma & Raktamokshana Units), Major Operation theatre, Endoscopy Unit and Simulation Lab. This department undertakes treatment of Bhagna (Fractures & Dislocations), Mutra Ashmari (Urinary Calculi), Undukapuccha Shotha (Appendicitis), Pittashaya Shotha (Cholecystitis), Pittashaya Ashmari (Cholelithiasis), Vriddhiroga (Hydrocele, Hernia etc.) and other general surgical disorders. Special techniques of Parasurgical procedures like Kshara Karma, Kshara Sutra, Agnikarma, Rakamokshana, Jalaukavacharana, Siravyadhana etc. have been adopted to treat many sufferers. This department also provides Marma Chikitsa for treating various musculoskeletal disorders.
To,  

The Principal / Director/ Dean,  
All Ayurveda Colleges in India.  

Subject: Inviting Applications for 6 days CME programme for Teachers of Shalya Tantra  

Dear Sir/Madam,  

As per the subject and reference cited above, we are pleased to inform you that our Department of Shalya Tantra, NIA is organizing a 6 days Continuous Medical Education (CME) Programme for Shalya Tantra Teachers, which is sponsored by the Ministry of AYUSH, Govt. of India and being co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi.  

I request you to kindly depute one teacher from your Institute for this purpose. Since the number of trainees is limited to 30, please send the applications as early as possible. The details of the CME and Application Form are annexed for your kind perusal and reference.  

Warm regards  

Prof. P. Hemantha Kumar  
Dean – PG Studies  
Head, Dept. of Shalya Tantra  
Organizing Secretary  
National Institute of Ayurveda  
Deemed to be University (De-novo), Jaipur
## DETAILS OF CME

<table>
<thead>
<tr>
<th>Name of the CME</th>
<th>6 days CME programme for Shalya Tantra</th>
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<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>29th November To 4th December, 2021</td>
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<tr>
<td><strong>Venue</strong></td>
<td>Committee Hall, NIA, Jaipur.</td>
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### Eligibility of Trainees

- Teaching Faculty of Shalya Tantra working in recognized Ayurveda College.
- Teachers who have already attended CME programme in the year 2020-21 will not be eligible. Maximum no. of trainees 30 (Thirty) Procedure to Apply
- Eligible teachers can apply by filling in the enclosed Application Form and then duly recommended by Head of the Institute.
- Duly filled application form along self-certified copies of Educational Qualification, Aadhaar Card and bank pass book first page photo copy should reach to Head, Department of Shalya Tantra, National Institute of Ayurveda, Amer Road, Jaipur 302002 (Raj) before 5 pm on 28.10.2021.
- The applicant before sending the filled application should write on the corner of envelope "Application for Shalya Tantra CME".
- Applications which are incomplete and received after due date will not be considered. The applicant can scan the entire application and send it shalyatantrania@gmail.com as a single pdf in advance copy.

### Procedure of Selection

- Guidelines of RAV CME scheme will be applicable.
- Selected participants will be informed by email before 05.11.2021.

### Payment of TA

- Actual fare or up to the **rail fare of AC 2 tier class**, whichever is less. Payment of TA & journey DA will be made only at the end of the programme.
- **Food expenses during journey up to maximum Rs. 175/-** is payable on production of bills. No food expenses will be paid if journey is made by Shatabdi / Rajdhani / Duronto trains. Payments will be made directly to the bank account by electronic transfer.
- **Reimbursement of the journey performed by road is permissible for the places which are not connected by rail.** The road mileage will be limited to 2 AC rail charges or actual claim, whichever is lower.
- Please be noted that **TATKAL or DYNAMIC PRICING** Train Tickets will not be reimbursed.
- The payment of TA and food bills shall be made only on production of original tickets/bills.

### Lodging and Boarding

- The trainees will be provided the best possible lodging and boarding. Facility within the budget limits of the CME.

### Attendance and participation certificate

- Full Attendance is mandatory for obtaining participation certificate.
- The certificate will be issued at the end of the CME.

### Organizing Committee

- **Chief Patron** - Shri Sarbananda Sonowal, Hon'ble Cabinet Minister, Ministry of Ayush, Govt. of India.
- **Patron** - Dr. Munjapara Mahendrabhai, Hon’ble Minister of State of AYUSH, Govt. of India
- **Organising Chairman** - Prof. Sanjeev Sharma, Director- cum V.C. (I/C) NIA Deemed to be University, Jaipur
- **Organizing Secretary** - Prof. P. Hemantha Kumar; Head, Dept. of Shalya Tantra, NIA, Jaipur: (9414056362)
- **Joint Organising Secretaries** - Dr. Ashok Kumar, Dr. Suman Sharma, Dr. Narinder Singh, Dr. B. Swapna and Dr. Manorma Singh.
- **Co-ordinator and Contact person** - Dr. Lokendra Pahadiya (8955714534)
- **Email** – shalyatantrania@gmail.com
- **Details are also available on Institute’s website**-http:\\nia.nic.in
APPLICATION FORM
CME for Shalya Tantra Teachers
29th November To 4th December, 2021
Sponsored by: Ministry of AYUSH, Govt. of India, New Delhi
Co-ordinated by : Rashtriya Ayurved Vidyapeeth, New Delhi

To,
Prof. P. Hemantha Kumar
Organizing Secretary
Head, Department of Shalya Tantra
National Institute of Ayurveda
Deemed to be university (De-novo)
Jorawar Singh Gate, Amer Road, Jaipur-302002 (Rajasthan)
E mail –shalyatantrania@gmail.com

Sir,

I hereby submit my application to participate in 6-days CME for Shalya Tantra Teachers being organized by your institute. My details are as follows:

Full Name: ............................................................................................................. (in BLOCK letters)
Father's/Husband's Name:....................................................................................................................
Date of Birth: .................................................................. Age : ....................... Gender: .................

Educational Qualification:

<table>
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<tr>
<th>Name of Degree/Certificate</th>
<th>Year</th>
<th>Institution</th>
<th>Subject</th>
<th>Board/University</th>
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<tr>
<td>BAMS or equivalent</td>
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<tr>
<td>Post Graduate or equivalent</td>
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<td>Ph.D.</td>
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<td>Any other</td>
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Registration No:.................................................................CCIM Teachers code:.................................
Designation:...............................................................Department:..................................................
Name of Institute:......................................................Email id (Institute) ...........................................
Experience:....................Years .........................Months ..................................................
Have you participated in ROTP/ CME earlier: YES/NO
If yes, details of ROTP/CME should be completed by candidate –

<table>
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<tr>
<th>S. No.</th>
<th>ROTP/CME</th>
<th>Organizing institute</th>
<th>Dates (From - To)</th>
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Full address for correspondence with pin code:
1) Office: ........................................................................................................................................................................................................
2) Residence: ...................................................................................................................................................................................................
.............................................................................................................................................................................................................................
3) Telephone with STD code: .................................................................................................................................................................................................................................................................
4) Mobile number: .................................................................................................................................................................................................................................................................
5) Email id: .................................................................................................................................................................................................................................................................
6) Aadhaar No. (Attach a copy) ..................................................................................................................................................................................................................
7) Bank Details:
   Name of Bank: .................................................................................................................................................................................................................................................................
   Branch: .................................................................................................................................................................................................................................................................
   Account No.: .................................................................................................................................................................................................................................................................
   IFSC Code: .................................................................................................................................................................................................................................................................

Are You Vaccinated : Yes/No (If Yes: Attach a copy of Certificate)

**Undertaking**

“I…………………………………………undertake that the information provided by me is correct to be best of my knowledge and I have not concealed any relevant information. If the information provide by me is found false/inaccurate at any stage, I will be liable for disciplinary actions (as the case may be) and recovery of fund spent against me if any.I shall abide the instruction given by the organizer for the smooth conduction of program”.I hereby agree to follow all the COVID appropriate Behavior of the Institution and Government of Rajasthan.

Date: ......................

Signature of Applicant

(Recommendation of the Head of the Institute/College)

**Note:** Application will not be considered if
1. If the information given above is incomplete in any respect.
2. If not recommended by the Head of the Institute.
3. If Applicant does not upload COVID-19 Vaccination Certificate.
4. Depending on the COVID situation, the CME may be postponed.
Chief Patron

Shri Sarbananda Sonowal
Hon'ble Cabinet Minister
Ministry of AYUSH, Govt. of India

Patron

Dr. Munjapara Mahendrabhai
Hon'ble Minister of State of AYUSH
Govt. of India

Patron

Padma Shri Vaidya Rajesh Kotecha
Honorable Secretary, Ministry of AYUSH
Govt. of India

Organizing Chairman

Prof. Sanjeev Sharma
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Associate Professor

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Associate Professor

Dr. Swapna. B
Associate Professor

Dr. Manorma Singh
Assistant Professor

Dr. Lokendra Pahadiya
Assistant Professor