NATIONAL INSTITUTE OF AYURVEDA
Deemed To be University (De Novo)
Ministry of AYUSH, Govt. of India
Jorawar Singh Gate, Amer Road, Jaipur – 302002
E-mail: nia-ri@nic.in Website – http://nia.nic.in

CIRCULAR

6 DAYS CME PROGRAMME FOR AYUSH AGAD TANTRA TEACHERS
4TH TO 9TH October 2021

SPONSORED BY MINISTRY OF AYUSH, NEW DELHI
CO-ORDINATED BY RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

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

Subject: Inviting Applications for 6 days CME programme for AYUSH Agad Tantra Teachers


Dear Sir / Madam,

With reference to the subject cited above, it is our pleasure to inform you that PG Department of Agad Tantra, NIA is organising a 6 days CME programme for AYUSH Agad Tantra Teachers. This CME is sponsored by the Ministry of AYUSH and 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 reference and use.

Thank you.

Prof. Sanjeev Sharma
Vice-chancellor
National Institute of Ayurveda
Deemed to be University (De-Novo)
Jaipur (Rajasthan)
6 DAY CONTINUOUS MEDICAL EDUCATION FOR TEACHERS IN AGADTANTRA AND VYAVAHAR AYURVDA

Organized by
PG Department of Agadtantra and Vidhi Vaidyaka, National Institute of Ayurveda, Deemed To Be University (De-novo), Jaipur

From 4th-9th October 2021

Sponsored by
Ministry of AYUSH
Coordination by
Rashtriya Ayurveda Vidyapeeth, New Delhi
## DETAILS OF CME

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<tr>
<th>Name of the CME</th>
<th>6 days CME programme for AYUSH AgadTantra Teachers</th>
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<td><strong>Duration</strong></td>
<td>4th to 9th October 2021 (6 days)</td>
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<td><strong>Venue</strong></td>
<td>Committee Hall, NIA.</td>
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| **Eligibility of Trainees** | • Teaching Faculty of AgadTantra working in any CCIM recognized Ayurveda College.  
• Teachers who have already attended 2 CME programmes 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.  
• Application form along with self-certified copies of Educational Qualification and Aadhaar Card should reach NIA on before 5 pm of 02/09/2021.  
• The applicant before sending the application should super scribe the envelope containing the application with “Application for AgadTantra CME”.  
• Incomplete applications and applications received after due date will not be considered.  
• The applicant can scan the entire application and send it to cmeniagad2021@gmail.com as an advance copy. |
| **Procedure of Selection** | • Guidelines of RAV CME scheme will be applicable.  
• Selected participants will be informed by email before 05.09.2021. |
| **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 upto 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, PREMIUM TATKAL (DYNAMIC PRICING) Train Tickets will not be reimbursed.  
• The payment of TA and food bills shall be made only on production of original tickets.  
• Participants are requested to convey their non-willingness to take part in CME one week prior so that organiser can make possible alternate arrangements.  
• In case of any epidemic outbreak and lockdown situation the train ticket and its cancellation charges will be borne by the participant him/herself. |
| **Lodging and Boarding** | • The trainees will be provided the best possible lodging and boarding facility within the budget limits of the CME. |
With warm regards,

Yours faithfully,

Prof. Anita Sharma
Organizing Secretary
HOD, Department of Agad Tantra
National institute of Ayurveda
Deemed to be University(De-novo)
Jorawar Singh gate, Amer road,
Jaipur-302002 (Rajasthan)
APPLICATION FORM
CME for AYUSH AGAD TANTRA Teachers

4TH TO 9TH October 2021
(Sponsored by Ministry of AYUSH, Govt. of India, New Delhi
& Co-ordinated by RashtriyaAyurvedVidyapeeth, New Delhi)

To,
Prof. Anita Sharma,
Organising Secretary,
P.G. Department of AgadTantra,
National Institute of Ayurveda,
Jorawar Singh Gate, Amer Road, Jaipur-302002 (Rajasthan)

E-mail: cmeniaagad2021@gmail.com

Madam,
I hereby submit my application to participate in 6-days CME for AYUSH AgadTantra 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:……………………………………………………………………………….

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<th>Name of Degree</th>
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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 –

<table>
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<tr>
<th>SR. 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) Adhar No. (Attach a copy) ………………………………………………………………………
7) 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)

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.