6 DAYS CME PROGRAMME FOR SHALYA TANTRA TEACHERS

8th – 13th April, 2019

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

P.G. Department of Shalya Tantra
NATIONAL INSTITUTE OF AYURVEDA

(Ministry of AYUSH, Govt. of India)
Jorawar Singh Gate, Amer Road, Jaipur – 302002
E mail: nia-rj@nic.in Website – http://nia.nic.in
To,
The Director / Dean / Principal,
All Ayurveda Colleges in India

Subject: Inviting Applications for 6 days CME Programme for Shalya Tantra Teachers

Ref: RAV Letter no. F. No.65-08/RAV/2007-08/E&C Dated 17th December 2018

Dear Sir / Madam,

As per the subject and reference cited above, we are pleased to inform you that our PG 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 a teacher of Shalya Tantra for this CME. Since the number of trainees is restricted to 30, please send the applications as early as possible. The details of the CME and Application Form are enclosed for your kind perusal and reference.

Warm regards

Date: 20:02:2019

Prof. P. Hemantha Kumar
HOD, PG Dept of Shalya Tantra
Organizing Secretary
National Institute of Ayurveda, Jaipur

Contact: 09414056362, 9649180572, E-mail: profphknia@gmail.com
Details are also available on Institute's website – http://nia.nic.in
Information of Shalya Tantra CME @ NIA, Jaipur

- Name of the CME: 6 days CME programme for Shalya Tantra Teachers
- Duration: 8th to 13th April 2019 (6days)
- Venue: Committee Hall, NIA, Jaipur.

**Eligibility of Trainees**

- Teaching Faculty of Shalya Tantra in any CCIM recognized Ayurveda college.
- Teachers who have already attended 2 CME program's in the year 2015-19 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 in application form along self-certified copies of Educational Qualification and Aadhaar Card should reach NIA on before 5 pm of March 15th, 2019.
- The applicant before sending the application should super scribe the envelope containing the application with “Application for Shalya Tantra CME”.
- Incomplete applications and applications received after due date will not be considered.
- The applicant can scan the entire application and send it to profphknia@gmail.com as an advance copy.

**Procedure of Selection**

- Guidelines of CME scheme will be applicable.

**Payment of TA**

- Actual fare or upto the rail fare of AC2 tier class, which ever 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 2AC rail charges or actual claim, which ever is lower.
- The payment of TA and food bills shall be made only on production of original tickets.

**Lodging and Boarding of the Trainees**

- Trainees will be provided with best possible lodging and boarding facility with in 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.

**PATRON**

Prof, Sanjeev Sharma, Director, NIA

**ORGANIZING SECRETARY**

Prof. P. Hemantha Kumar

**COORDINATOR**

Dr. Ashok Kumar

Contact: 9414056362, 9649180572, E-mail : profphknia@gmail.com
Details are also available on Institute’s website – http://nia.nic.in
APPLICATION FORM
NATIONAL INSTITUTE OF AYURVEDA, JAIPUR
Shalya Tantra 6 days CME: 8th TO 13th April 2019
(Sponsored by Ministry of AYUSH, Govt. of India, & Co-ordinated by RAV, New Delhi)

To,
Prof. P. Hemantha Kumar
Organizing Secretary,
P.G. Department of Shalya Tantra, National Institute of Ayurveda,
Jorawar Singh Gate, Amer Road, Jaipur-302002 (Rajasthan)
E mail: profphknia@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: ...................................................................................................................................
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 –
S.No. ROTP/CME Organized Institute Dates

Full Address for Correspondence with PIN code:
1) Office: ..........................................................................................................................................................
   .................................................................................................................................................................
   .................................................................................................................................................................
2) Residence: ................................................................................................................................................
   .................................................................................................................................................................
3) Mobile number: ................................................................. 4) Email Id: .................................................................
5) Aadhar No. (Attach a copy): ......................................................
6) Bank Details:
   Name of Bank: .................................................................................................................................
   Branch: ................................................................................................................................. Account No.:
   IFSC Code: .................................................................................. 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 instruction given by the organizer for the smooth conduction of programme.
Date: ................................................................. Place: .................................................................

(Recommendation of the Head of the institute with Seal) (Signature of Applicant)
Application will not be considered if the information given above is incomplete & if not recommended by the Head of the Institute.