National Institute of Ayurveda (De-novo) is a premiere institute under the ministry of AYUSH providing Value Based Education pertaining to Research, Teaching, and Training to DANP, UG, PG, PhD scholars. Shalakya Tantra Department in NIA, is well equipped with sophisticated infrastructure like 3D-OCT, Automated Perimetry, Impedance Audiometry, Puretone Audiometry, Non-Contact Tonometer, Auto Refracto-Keratometer, Automated Dental chair etc.
Dear Colleagues,

Shalakya Tantra is an important branch in Ayurveda dealing with ophthalmology, ENT, Dentistry, Head & Neck Disorders. In recent times there is great scope for disorders related to Shalakya Tantra in India as well as Abroad.

In order to create awareness and elevate the existing knowledge, the current CME is especially arranged for teachers of Shalakya Tantra to upgrade their knowledge and expertise in this field through eminent speakers who will enlighten and enrich us with their clinical experiences. Current program focusses on Diagnostic techniques based on Ayurvedic and Modern parameters, Skill Development, Emphasis on Ayurvedic Treatments & Current research related to Shalakya Tantra. With these Concepts in mind, we are looking forward to invite you for participating in 6 days CME Program from 31st August to 5th September 2021 & welcome you for exciting scientific sessions ahead.

Prof. Shamsa Fiaz
Prof. and H.O.D
Organizing Secretary
Infrastructure of Shalakya Department

ENT OPD UNIT

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NCT

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6 DAYS CME PROGRAMME FOR SHALAKYA TANTRA

TEACHERS 31st August to 5th September 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 Teachers of Shalakya Tantra


Dear Sir/Madam,

With reference to the subject cited above, it is our pleasure to inform you that Department of Shalakya Tantra, NIA is organizing a 6 days CME programme from 31st August to 5th September 2021 for Teachers of Shalakya Tantra. 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 (Raj)
## DETAILS OF CME

<table>
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<tr>
<th>Name of the CME</th>
<th>6 days CME Programme for AYUSH Shalakya Tantra</th>
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<td><strong>Duration</strong></td>
<td>31&lt;sup&gt;st&lt;/sup&gt;August to 5&lt;sup&gt;th&lt;/sup&gt;September 2021 (6 days)</td>
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<td><strong>Venue</strong></td>
<td>Committee Hall, NIA, Jaipur</td>
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| **Eligibility of Trainees** | • Teaching Faculty of Shalakya Tantra working in 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.  
• Duly filled in application form along self-certified copies of Educational Qualification and Aadhaar Card should reach to Head, Department of Shalakya Tantra, National Institute of Ayurveda, Amer Road, Jaipur 302002 (Raj) on before 5 pm of 12.08.2021.  
• The applicant before sending the application should super scribe the envelope containing the application with "Application for Shalakya 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 to shalakyasiddhi@gmail.com as a single pdf advance copy. |
| **Procedure of Selection** | • Guidelines of RAV CME scheme will be applicable.  
• Selected participants will be informed by email before 15.08.2021. |
| **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 DYANMIC PRICING Train Tickets will not be reimbursed.  
• The payment of TA and food bills shall be made only on production of original tickets. |
| **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

- **Patron** - Dr. Rajesh Kotecha, Secretary, Ministry of AYUSH
- **Organizing Chairman** - Prof. Sanjeev Sharma, VC, NIA, Jaipur
- **Organizing Secretary** - Prof. Shamsa Fiaz, HOD, Dept. Of Shalakya Tantra (M- 8764009846, 9036616056)
- **Co-Ordinator** - Dr. Aparna Sharma  
  - Dr. Gulab Pamnani  
  - Dr. Prabhakar Vardhan  
  - Dr. Rajendra Soni

- **E-mail** - shalakyasiddhi@gmail.com

Details are also available on Institute's website - http://nia.nic.in
APPLICATION FORM
CME for Shalakya Tantra Teachers
31st August to 5th September 2021
(Sponsored by Ministry of AYUSH, Govt. of India, New Delhi)
Co-ordinated by Rashtriya Ayurved Vidyapeeth, New Delhi

To,

Prof. Shamsa Fiaz
Organizing Secretary,
Head, Department of Shalakya Tantra
National Institute of Ayurveda
Deemed to be university (De-novo)
Jorawar Singh Gate, Amer Road, Jaipur-302002
(Rajasthan)
E mail – shalakyasiddhi@gmail.com

Sir,

I hereby submit my application to participate in 6-days CME for Shalakya 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:

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<th>Name of Degree</th>
<th>Subject</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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<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) Telephonewith STD code: ................................................................................................................
4) Mobile number: ................................................................................................................................
5) Email id: ........................................................................................................................................
6) Aadhar 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)
Note: Application will not be considered:

1. If the information given above is incomplete in any respect.
2. If not recommended by the Head of the Institute.
3. Depending on the Covid situation the CME may be postponed.