

## राष्ट्रीय आयुर्वेद संस्थान

मानद विश्वविद्यालय (डी-नोवो) (आयुष मंत्रालय, भारत सरकार)



#### NATIONAL INSTITUTE OF AYURVEDA

Deemed to be University (De-novo) (Ministry of AYUSH, Govt. of India)

#### CIRCULAR

# 2 DAYS WORKSHOP ON"BASICS OF ADOLESCENT CARE" FOR AYUSH DOCTORS

24-25 September 2021

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

To,

- 1. The Director of AYUSH, All states & UT of India
- 2. The Dean/Principal, All AYUSH Colleges in India

Subject:Inviting applications for 2 days Workshop for AYUSH doctors sponsored by Ministry of AYUSH, New Delhi, co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi.

Ref: RAV Letter no. -F.No. 65-08/RAV/2007-08/CME, Sanction date - 13/03/2020.

Dear Sir / Madam.

As per the subject and reference stated above, we are pleased to inform you that National Institute of Ayurveda (Deemed to be University, De novo), Jaipur, Rajasthan is organizing a 2 days Workshop for AYUSH doctors sponsored by Ministry of AYUSH, New Delhi, co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi.

I request you to kindly depute AYUSH doctors for this workshop. Candidates should apply in the prescribed format (enclosed) for participating in the programme directly to the Chairman/Organizing Secretary of the programme. Since the number of the trainees is limited to 50, please send the application as early as possible.

The details of the Workshop and application form are annexed for your reference and use.

Thank You

Prof. Sanjeev Sharma
Director cum Vice – Chancellor (I/C)
National Institute of Ayurveda, Jaipur (Raj.)
Deemed to be University (De novo)

### **Details of Workshop**

Name	BASICS OF ADOLESCENT CARE	
Duration	24 <sup>th</sup> – 25 <sup>th</sup> September 2021 (2 days)	
Venue	Auditorium, NIA, Jaipur	
Eligibility of Trainees	<ul> <li>AYUSH doctors, working in state Govt. Hospitals or in an AYUSH college recognised by CCIM/AYUSH.</li> <li>Candidates who have not attended any ROTP/CME programme of AYUSH in the financial year 2021-22.</li> <li>Seniority in the service will be considered.</li> <li>Selected trainees will be intimated personally and to competent authority after completion of selection procedure.</li> <li>Candidate who are vaccinated with 02 doses of Covid-19 vaccine will only be selected (Certificate of vaccination completion should be attached along with the completed application form. In case only one dose is taken, an undertaking should be given stating that the second dose of the vaccine will be taken before the workshop dates and a certificate should be produced at the time of Workshop). [AS a precautionary measure and safety measure against Covid-19]</li> </ul>	
Maxi no. of trainees	50 (Fifty)	
Procedure of apply	<ul> <li>AYUSH doctors, working in state Govt. Hospitals or in an AYUSH college recognised by CCIM/AYUSH should apply in the enclosed application format, duly certified by Head of the Institute/Competent authority that he is a regular AYUSH doctor in the concerned state/college and has not attended more than 02 training programmes organised by RAV/ Ministry of AYUSH in the financial year 2021-22.</li> <li>Duly filled application form along with a true copy (self-attested) of educational qualification certificates (U.G / P.G Degree), State/CCIM registration certificates (Original and Renewal), Aadhar Card and Original identity card of the Institute/Working Place should reach on or before the due date against the programme schedule.</li> <li>Application should be accompanied with a full Bio-data including Name, Address with Pin Code, Phone No. (Land Line &amp; Mobile) and E-mail ID/FAX.</li> <li>Applications received after the due date or incompletely filled application forms will not be considered/ will be rejected outright.</li> <li>Application not received through proper channel will not be accepted.</li> <li>The application should clearly mention 'Application for Workshop for AYUSH Doctors on the top of the envelop while addressing the application to the Chairman/H.O.D Dept. of Kaumarbhritya-Balaroga; National Institute of Ayurveda (Deemed to be University, De novo), Jaipur (Rajasthan) 302002</li> <li>Soft copy of the application with necessary documents as scanned document in (pdf format) should be sent through e-mail as an advance copy on niabalroga@gmail.com</li> <li>Hard copy of the application is to be sent necessarily.</li> <li>Selected trainees will be intimated immediately after completion of the selection procedure and then they can make their journey tickets.</li> <li>Details are also available on the website – <a href="http://nia.nic.in">http://nia.nic.in</a></li> </ul>	

Procedure of	Guidelines of RA	V CME/Workshop scheme will be applicable.	
selection	Selected participant will be informed by E-mail before <b>31.08.2021</b>		
Payment of TA	<ul> <li>All transaction will be made by electronic transfer through banks only.</li> <li>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.</li> <li>Payment of TA would be made only at the end of the training programme, after obtaining full attendance, as per admissibility or actual, whichever is less.</li> <li>Places connected by rail, will be reimbursed with actual fare limited to AC 2 tier (barring Duronto/Shatabdi/Rajdhani trains) or actual claim, whichever is less. The Ticket can be purchased only through Counter/IRCTC. No reimbursement will be given if ticker be purchased from any other site (such as Yatra.com, Paytm) etc. TATKAL or DYNAMIC PRICING train tickets will not be reimbursed.</li> <li>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 will be reimbursed. The road mileage will be limited to AC 2 tier rail charges or actual claim, whichever is lower.</li> <li>An amount not exceeding of Rs. 175/- will be paid to the trainees as food expenses during journey on production bills.</li> <li>Claimant should mention distance between the places. The payment of TA and food bills will be made on production of original Tickets and Food Bills by the trainees.</li> <li>The trainees should submit a cancelled cheque along with their travel bills, so as to facilitate e payments in their accounts.</li> <li>The payment will be made as per CME guidelines only.</li> </ul>		
Lodging and boarding		l be provided the best possible lodging and boarding facility limits of the Workshop.	
Attendance and participation certificate	<ul> <li>Full attendance is mandatory for obtaining participation certificate.</li> <li>The certificate will be issued at the end of the CME.</li> </ul>		
Organizing	Chairman	Prof. Sanjeev Sharma, Vice Chancellor (I/C)	
Committee	Co-Chairman	Dr. Swati Ghate, Consultant pediatrician (9829210406)	
	Organizing Secretary	Dr. Nisha Kumari Ojha, Head of Department, Department of Kaumarhritya (9468650449)	
	Joint Organizing Secretary	Dr. Rakesh Kumar Nagar, Associate Professor (9414062099)	
		Dr. Shrinidhi Kumar K Associate Professor (7877151575)	
	Co-ordinator	Dr. Brahm Dutt Sharma, Assistant Professor (9887859095)	
E-mail	niabalroga@gmail.co	<u>m</u>	
Details are also available on Institute's Website – <a href="http://nia.nic.in">http://nia.nic.in</a>			



### **APPLICATION FORMAT**

# 2 DAYS WORKSHOP ON "BASICS OF ADOLESCENT CARE" FOR AYUSH DOCTORS



#### **24-25 September 2021**

(Sponsored by Ministry of AYUSH, Government of India, New Delhi) Coordinated by Rashtriya Ayurved Vidyapeeth, New Delhi

To,	2.11		
Dr. Nisha Kumari (	2		
Organizing Secreta: Head, Department of	3 -		
National Institute o	•		
(Deemed to be Univ	2		
Jorawar Singh Gate	e, Amer Road, Jaipur – 302	2002 (Rajasthan)	
Sir/Madam,			
I hereby	y submit my application to	participate in 02 days W	Vorkshop for AYUSH
-	nized by your University, N		-
Full Name (IN BLC	OCK LETTER):		
Father/Husband Na	me:		
Date of Birth:	Age	Years Gei	nder
Education Qualifica	ation:		
Name of Degree	Name of University	Year of Passing	Specialization
U.G			
M.D			
PhD			
Any Other	_		
State Registration N	No :	Registration Valid Up	oto:
Designation:		Place of Posting:	
Address:			
Institute / Competer	nt authority Email ID :		
Service Experience	·	Year	Months

Have you participated in ROTP/CME earlier: YES/NO

### If yes, details of ROTP/CME should be complete by candidate:

S.No	ROTP/CME	Organizing Institute	Dates	
			From	To

Full ac	ldress for correspondence with pin code:
1.	Office:
2.	Residence:
3.	Telephone with STD Code :
4.	Mobile Number:
5.	Email ID :
6.	Aadhar No. (Attach a self attested photo Copy):
7.	Bank Details: Please submit the cancelled cheque of your account.
	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 the program.
	Date:

# (Recommendation of the head of the Institute/Competent authority)

(Full 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 Head of the Institute/Competent authority.