

**National Institute of Ayurveda  
Deemed to be University, Jaipur**

**CIRCULAR**

**6 DAYS CME PROGRAM FOR TEACHERS OF SAMHITA AND SIDDHANTA  
(22 JULY 2024- 27 JULY 2024)**

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

F: MS/CME/22/ 7573

Date: 26-06-2024

To  
The Director/ Dean /Principle,  
Ayurveda Colleges/Institutes of India

**Subject:** Inviting Applications for CME Program for Teachers of Samhita and Siddhanta

Ref: F.No. 65-08/RAV/2007-08/ E&C Dated- 31.05.2024

**Dear Sir/Madam,**

With reference to the subject cited above, it is our pleasure to inform you that Department of Samhita and Maulik Siddhant, National Institute of Ayurveda, Deemed to be University, Jaipur is going to organize 6 days CME program from 22<sup>nd</sup> July to 27<sup>th</sup> July 2024 for Teachers of Samhita and Siddhanta. This CME is sponsored by the Ministry of AYUSH and co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi.


The interested candidates may submit their application forms by 08<sup>th</sup> July 2024. The details of the CME and Application Form are annexed for your reference and use.

Thank you

  
Prof. Sanjeev Sharma


Vice-Chancellor  
(प्रो. संजीव शर्मा/Prof. Sanjeev Sharma)  
कुलपति/Vice Chancellor  
राष्ट्रीय आयुर्वेद संस्थान, जयपुर  
National Institute of Ayurveda, Jaipur  
मानद विश्वविद्यालय/Deemed-to-be-University

## DETAILS OF CME

Name of the CME	6 Days CME Program for Teachers of Samhita and Siddhanta	
Duration	22 <sup>nd</sup> July to 27 <sup>th</sup> July 2024 (6 Days)	
Venue	Madhav Singh Baghel Committee Hall, NIA, Jaipur	
Eligibility	Teachers of Samhita and Siddhanta	
Max. Trainee	30 including 1 candidate from host institute	
Procedure to Apply	<ul style="list-style-type: none"> <li>• Fill the enclosed Application Form, duly recommended by Head of the Institute. Scan the form and make a PDF file.</li> <li>• Click on the link <a href="https://forms.gle/nUbMmFf1Xge1fhqD7">https://forms.gle/nUbMmFf1Xge1fhqD7</a></li> <li>• Fill the Google Form and attach the documents wherever mentioned.</li> <li>• Last date to submit the Google Form with all the attachments: 08-07-2024.</li> </ul> <p>Note:</p> <ol style="list-style-type: none"> <li>1. A copy of the filled Google form will be auto sent to your mail.</li> <li>2. Google Form will be accepted subjected to attachment of relevant documents.</li> </ol>	
Selection Criteria/ Priority	<ul style="list-style-type: none"> <li>• Selection of the candidates will be done as per RAV guidelines</li> </ul> <p>The priority will be given to-</p> <ul style="list-style-type: none"> <li>✓ Teachers who have attended less number of CME.</li> <li>✓ Teachers on the basis of seniority in service.</li> <li>• Selected participants will be informed by email by 10-07-2024.</li> </ul>	
Payment of TA	<ul style="list-style-type: none"> <li>• Actual fare or up to the rail fare of AC 2 tier class, whichever is less, will be paid.</li> <li>• Payment of TA will be made only at the end of the program.</li> <li>• Payments will be made directly to the bank account by electronic transfer.</li> <li>• Reimbursement of the journey performed by road is permissible for the places which are not connected by rail.</li> </ul>	

	<ul style="list-style-type: none"> <li>The payment of TA shall be made only on production of original tickets.</li> </ul>
Lodging & Boarding	<ul style="list-style-type: none"> <li>The trainees will be provided the best possible lodging and boarding facility within the budget limits of the CME.</li> </ul>
Attendance	<ul style="list-style-type: none"> <li>Full attendance is mandatory</li> <li>Certificate will be issued in the valedictory program on the last day of CME, subjected to fulfilment of full attendance.</li> </ul>
Organizing Committee	<ul style="list-style-type: none"> <li>Patron – Prof. Sanjeev Sharma, Vice-Chancellor, NIA(DU), Jaipur</li> <li>Chairman (Organizing Committee) - Prof. Nisha Gupta, HOD, Dept. of Samhita &amp; Maulik Siddhanta</li> <li>Organizing Secretary – Dr. Shailza Kumari</li> <li>Joint Organizing Secretary- Dr. Vidyadhish Kashikar and Dr. Abhijeet Kumbhar</li> <li>Co-Ordinators- <ul style="list-style-type: none"> <li>Prof. Asit Panja</li> <li>Dr. Bhuvnesh Kumar Sharma</li> <li>Dr. Praveen Kumar B</li> <li>Shri Anil Kumar Sharma</li> <li>Smt. Shikha Dadhich</li> </ul> </li> <li>Members- <ul style="list-style-type: none"> <li>Dr Nandeesh J (PhD Scholar)</li> <li>Dr Anil Kumar (PhD Scholar)</li> <li>Dr Kalpana (PhD Scholar)</li> <li>Dr Sakshi Bhardwaj (Final Year PG Scholar)</li> <li>Dr Deepak Jangidh (Second Year PG Scholar)</li> <li>Dr Ambika (First Year PG Scholar)</li> <li>Dr Ankit Patil (First Year PG Scholar)</li> </ul> </li> </ul>
For Any Queries	samhita.nia@gmail.com

With warm regards,

  
 28/6/24  
 Dr. Shailza Kumari (Organizing Secretary)  
 Associate Professor  
 PG Dept. of Maulik Siddhanta  
 National Institute of Ayurveda, Jaipur

**National Institute of Ayurveda  
Deemed University, Jaipur**

**APPLICATION FORM**

**6 DAYS CME PROGRAM FOR TEACHERS OF SAMHITA AND SIDDHANTA  
(22 July 2024- 27 July 2024)**

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

To,

The Chairman,  
CME Committee  
NIA (DU)  
Jorawar Singh Gate,  
Amer Road, Jaipur-302002

Email: Samhita.nia@gmail.com

Sir,

I hereby submit my application to participate in 6-days CME for Teachers of Samhita and Siddhanta being organized by your institute. My details are as follows-

Full Name	
Father's/Husband's Name	
Date of Birth & Age	
Gender	
Post-Graduation Completion Year	
State/Central Registration No	
NCISM Teacher Code	
Current Working Institute with Address	
Current Designation	
Teaching Experience (In Years)	
Number of Previous CME/ROTP participated	

**Details of ROTP/CME Attended:**

S N	ROTP/CME	Organizing Institute	Dates(From-To)
1			
2			
3			
4			

Full Address for Correspondence with Pin Code:

1) Office:

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2) Residence:

.....  
.....  
.....

3) Mobile Number (Whatsapp):

4) Email Id:

5) Aadhar No: (Attach Copy)

6) Bank Details:

- Name of the Bank:
- Branch:
- Account No:
- IFSC Code:

7) Head of Institute Contact Number:

8) Institute Email id:

## **Declaration:**

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 by the instruction given by the organizer for the smooth conduction of the program.

Date:

Recommendation of the Head of Institute  
with Seal

Signature of Applicant