

य आयूर्वेद संस्थान

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

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



# CIRCULAR

## 6 DAYS CME PROGRAMME FOR RACHANA SHARIR TEACHERS "पुरुष विचय-2.0" 25<sup>th</sup> AUGUST- 30<sup>th</sup> AUGUST; 2025 Sponsored by MINISTRY OF AYUSH, NEW DELHI Co-ordinated by RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

NO:- 300 F

Date: 10.07.2025

To, The Director/Principal/Dean All Ayurveda Colleges in India Subject: Inviting Applications for 6 Days CME Programme for Rachana Sharir Teachers

Ref: F. No. 65-114/RAV/2017-18/E&C Dated: 27.06.2025

Dear Sir/Madam,

With reference to the subject cited above, it is our pleasure to inform you that P.G. Department of Rachana Sharir, National Institute of Ayurveda, Deemed University, Jaipur is going to organize a 6 Days CME Programme. This CME is sponsored by the Ministry of AYUSH, New Delhi, and co-ordinate 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 are limited to Thirty only. Please send the filled application form on <u>shareerrachana@nia.edu.in</u> till 27<sup>th</sup> July 2025. The details of the CME and Application Form are annexed for you and available on NIA website <u>www.nia.nic.in</u>

Thank you.

Vice-Chancellor National Institute of Ayurveda Deemed University Jaipur-302002 (Rajasthan)

### DETAILS OF THE CME

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NAME OF THE CME	6 DAYS CME PROGRAMME FOR RACHANA			
	SHARIR TEACHERS "पुरुष विचय-2.0"			
DURATION	25 <sup>th</sup> AUGUST 2025 to 30 <sup>th</sup> AUGUST 2025			
VENUE	MADHAV SING BAGHEL COMMITTEE HALL, NIA,			
VENCE	JAIPUR.			
ELIGIBILITY OF TRAINEES	Teaching faculty of Rachana Sharir working in			
	recognized Ayurveda Colleges.			
	<ul> <li>Teachers who have already attended two CME</li> </ul>			
	Programmes in the Year 2024-25 will not be			
	eligible.			
MAXIMUM NUMBER OF	• 30			
TRAINEES				
PROCEDURE TO APPLY	<ul> <li>Eligible Teachers can apply by filling in the enclosed application form and the form must be</li> </ul>			
	<ul> <li>duly recommended by the Head of the Institute/ Organization.</li> <li>The duly filled application form along with self- attested copies of educational qualifications, Aadhaar card, PAN card, and bank passbook must be submitted to <u>shareerrachana@nia.edu.in</u> till 27<sup>th</sup> July 2025.</li> <li>Applications which are incomplete or received after due date will not be considered. The applicant can scan the entire application and documents in single pdf.</li> </ul>			
PROCEDURE OF SELECTION	Guidelines of RAV CME scheme will be			
	applicable.			
	<ul> <li>Selected participants will be informed by E-mail</li> </ul>			
	on 31 <sup>st</sup> July 2025.			

PAYMENT OF TA	<ul> <li>Actual Fare or up to the railway fare of AC 2 tier class whichever is less. Payment of TA &amp; Journey DA will be made only at the end of the Programme.</li> <li>Food expenses during the journey up to maximum Rs 300/- is payable on production of bills.</li> <li>No food expenses will be paid if journey is made</li> </ul>
	by Shatabdi/ Rajdhani/ Duronto Express Trains. Payments will be maid directly to the bank account by electronic transfer. Reimbursement of the journey performed by the
	<ul> <li>Road impermissible for the places which are not connected by the Railways.</li> <li>The road mileage will be limited to 2nd AC Rail Charges or actual claim whichever is lower.</li> <li>Please be noted that TATKAL or DYNAMIC</li> </ul>
	<ul> <li>PRICING TRAIN TICKETS will not be reimbursed.</li> <li>The payment of TA &amp; Food Bills shall be made only on production of original bills.</li> </ul>
LODGING & BOARDING	• The trainees will be provided the best possible lodging & boarding facility within the budget limits of the CME.
ATTENDANCE & PARTICIPATION CERTIFICATE	<ul> <li>Full Attendance is mandatory for obtaining the Participation certificate.</li> <li>The certificate will be issued at the end of the CME.</li> </ul>
ORGANIZING COMMITTEE	<ul> <li>Patron: Prof. Sanjeev Sharma Hon'ble Vice Chancellor, NIA, DU, Jaipur.</li> <li>Organizing Chairman: Prof. Sunil Kr. Yadav Head, Department of Rachana Sharir, NIA, DU, Jaipur.</li> </ul>



myadow 10/2/2025

Prof. Sunil Kumar Yadav Organizing Chairman & H.O.D. Department of Rachana Sharir National Institute of Ayurveda, Deemed University Jorawar Singh Gate, Amer Road, Jaipur-302002 (Rajasthan)

#### APPLICATION FORM

## 6 DAYS CME PROGRAMME FOR RACHANA SHARIR TEACHERS "पुरुष विचय-2.0" 25<sup>th</sup> August 2025 – 30<sup>th</sup> August 2025 Sponsored by MINISTRY OF AYUSH, NEW DELHI Co-ordinated by RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

To,

Prof. Sunil Kumar Yadav Organizing Chairman & H.O.D. Department of Rachana Sharir National Institute of Ayurveda, Deemed University Jorawar Singh Gate, Amer Road, Jaipur-302002 (Rajasthan)

Sir,

I hereby submit my application to participate in 6 Days CME Programme for Teachers of Rachana Sharir being organized by National Institute of Ayurveda, Jaipur. My details are as follows-

- 1. Full Name (In Block Letters): .....
- 2. Father's/ Husband Name: .....
- 3. Date Of Birth: ..... Age: ...... Gender: .....
- 4. Educational Qualifications:

Name of Degree/	Year	Institution	Subject	Board/ University
Certificate				
B.A.M.S.				
Post Graduate				
Ph.D.				
Other				
Registration Number	:	NCISM Teacher	's Code:	
Designation:		Departmer	nt:	
Name of Institute/ Or	ganization	:		
Email I'd of Institute	/ Organiza	tion:		
Experience:				
Have You Participate	d in ROTE	/CME Earlier?	Yes/No	
If yes, give details of	previous	ly attended ROTP/0	CME completed l	oy candidate:

S.No.	ROTP/CME	Organizing Institute	Duration (FromTo)

#### Full Address for Correspondence with Pin code:

- 1. Office: .....
- 2. Residence: .....
- 3. Mobile Number (What's App No.): .....
- 4. Alternate Mobile Number: .....
- 5. Email I'D: .....
- 6. Aadhar Number (Attach scanned copy): .....
- 7. PAN Card Number (Attach scanned copy): .....
- 8. Bank Details (Attach scanned copy): .....
  - a) Name of Bank: .....
  - b) Branch: .....
  - c) Account Number: .....
  - d) IFSC Code: .....

# (\*\*Documents to be self-attested: MD/Ph.D. Degree, Registration, Aadhar Card, PAN card, Bank Passbook)

The information furnished above is true and correct as per the best of my knowledge and I accept full responsibility for the same, shall abide the instruction given by the organizer for the conduction of the Programme.

#### Date:

#### (Recommendation of the Head of Institute/ Organization)

(Signature of Applicant)

#### NOTE:

- 1. Application will not be considered if:
  - a) The information given above is incomplete in any respect.
  - b) Not Recommended by the Head of Institute/ organization
- The duly filled application form along with self-attested documents should be scanned, compiled into a single PDF file, and submitted to the Department of Rachana Sharir via Email I'd: <u>shareerrachana@nia.edu.in</u> by 27th July 2025.

For Further Enquiry, Kindly E-mail at <a href="mailto:shareerrachana@nia.edu.in">shareerrachana@nia.edu.in</a> Or Call at 9571902590 / 7611806480