

CIRCULAR

All the teachers of **Ayurveda Colleges** are hereby informed that **J. S. Ayurved Mahavidyalay, Nadiad, Gujarat** is going to organize a **six days CME in Rog Nidana and Vikritivigyana and Panchakarma** sponsored by the **Department of AYUSH, Ministry of Health and Family Welfare, Government of India, New Delhi** and is being coordinated by **Rashtriya Ayurveda Vidyapeeth, New Delhi** on the following dates:

Sr. No.	Programme	From	To	Last Date for Receiving Applications	Coordinators
1.	CME in Rog Nidana and Vikritivigyana	19/11/2018	24/11/2018	05/07/2018	Dr. Anand Pol M. 09428766746 Dr. Nirmal Alodaria M. 09909126906
2.	CME in Panchakarma	26/11/2018	01/12/2018	05/07/2018	Dr. Hemang Raghvani M. 09925008060 Dr. Pankaj Chhayani M. 09712768983

Candidates should apply in the prescribed form (enclosed - Annexure I) for participating in the Programme. The applications should reach by Post (Advance copy duly signed and scanned of application form through E-Mail) immediately but not later than **5th July 2018** positively.

The selection of the candidates will be subject to the following guidelines:

- (1) Participants should attend all the sessions on all six days of the program. Participation Certificate will be issued on the last day only after completion the program.
- (2) Arrangements for accommodation, food, etc. will be provided by the College.
- (3) Participants should produce the original Tickets or Receipts for payment of T.A. charges. Actual fare will be reimbursed subject to eligibility limiting maximum up to 2 Tier A.C. Rail fare as per the conditions & principles laid down.
- (4) The Applications should be countersigned duly certified by the Head of the Institution/Controlling authority to the effect that the candidate is a regular teacher in the Dept. of Rog Nidana and Vikritivigyana or Panchakarma and that he/ she has not attended more than two such programs during the current financial year.
- (5) Participants should produce attested copies of PG certificate, State/CCIM Registration Certificate & original Identity Card of the Institute at the time of registration.
- (6) Applications not containing full Bio-data including Name, Address with Pin code, Phone No. (Land & Mobile) and E-Mail ID/Fax, will not be considered.
- (7) Only those candidates whose selection has been confirmed by this College should be deputed for the training.
- (8) Applications must mention "**Application for CME in Rog Nidana and Vikritivigyana or Panchakarma**" on the top of envelope.
- (9) Selected trainees will be intimated immediately after completion of selection procedure.

An early communication in the matter by E-Mail will be highly appreciated.

cmernvjsam@gmail.com

(For Rog Nidana) and

cmepanchakarmajs@gmail.com

(For Panchakarma)

Annexure –I
J. S. AYURVED MAHAVIDYALAYA, NADIAD
APPLICATION FORM FOR CME IN
ROG NIDANA AND VIKRITIVIGYANA / PANCHAKARMA

Recent
Passport size
photo attested
by Controlling
Authority

To
The Principal
J.S. Ayurved Mahavidyalaya
College Road, Nadiad.- 387001

I hereby apply for CME in **ROG NIDANA AND VIKRITIVIGYANA / PANCHAKARMA** to be held at your Institute as mentioned in the Notification.

1.	Name in full (Block letters)	
2.	Sex	
3.	Designation	
4.	Age and date of Birth	
5.	AADHAR No.	
6.	CCIM Teacher's Code	
7.	Present Post held	
8.	Name of the College/Department/ Institution presently working	
9.	Official address / phone number and Fax number	
10.	Permanent Residential Address and Phone Number Mobile No. Email address	
11.	Qualifications	
12.	Date of entry into service	
13.	Total Teaching experience	
14.	Registration board and Reg. No.	
15.	Whether he/she has under gone any CME sponsored by AYUSH Ministry in the last five years? If yes, give the details (If required, additional sheet can be attached.)	

DECLARATION

I hereby declare that the particular/information furnished above is true to the best of my knowledge and belief.

Date:

Place:

Name & Signature of the Applicant

RECOMMENDATION OF HEAD OF THE INSTITUTION/ CONTROLLING AUTHORITY

The application for **ROG NIDANA AND VIKRITIVIGYANA / PANCHAKARMA** CME of Dr..... is forwarded for consideration.

Date:

Place:

**Signature of Head of the Institution/
Controlling Authority along with seal.**