

आयुर्वेद सेवा संघ संचालित,
आयुर्वेद महाविद्यालय, नाशिक
(महाराष्ट्र शासन अनुदानित)
गणेशवाडी, पंचवटी, नाशिक-४२२००३
फोन : (०२५३) २५१३११२, २६२१८३६
फैक्स : ०२५३-२५१७१७०



Affiliated to Maharashtra
University of Health Sciences
Nashik

Ayurved Seva Sangh Sanchalit,
AYURVED MAHAVIDYALAYA, NASHIK
(Govt. of Maharashtra Aided)
Ganeshwadi, Panchavati, Nashik-422 003
Phone : (0253) 2513112, 2621836
Fax No.: (0253) 2517170

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E-mail - asscollegensk@gmail.com

Outward No. 2013

Date : 06-12-2022

CME For Teachers in Swasthavritta

(Sponsored by Ministry Of AYUSH, Govt. of India, and Co-ordinated by Rashtriya Ayurved Vidyapeeth, New Delhi)

CIRCULAR

To,

The Dean/Principal,

All Ayurved Colleges in India.

Subject : Inviting Application for participation in Continuing Medical Education(CME) Programme for Teachers on Swasthavritta

Reference : RAV letter No: F.No.65-13/RAV/2009-10/CME

Sanction No. – F.No.65- 267 / RAV / 2022-23 / CME (CAN) Sanction date : 01/11/2022

Dear Sir/ Madam

As per the Subject & Reference Mentioned above, we are pleased to inform you that our institute is going to organize CME in Swasthavritta for the Teachers, which is funded by the Ministry of AYUSH, Govt. of India and being co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi, of following proposed days.

CME Name	Date		Last Date of submission of Application Forms	Organizing Secretary	Coordinator
	From	To			1.Dr.Shivanand Tonde 9762788454
CME in Swasthavritta	16/01/23	21/01/23	21/12/2022	Dr. Abhay Kulkarni 9822537240	2.Dr. Kamlesh Mahajan 9881922218

I request you to kindly depute a teacher of Swasthavritta for this CME. The selection of the candidate will be made by this institute as per the guidelines given by RAV under CME Scheme.

Module Objective:

- Updating skills of Academicians in respect to various preventive practices as per classics, adopting techniques and Swastha Panchakarma procedures.
- Imparting skills in assessment of Health
- Updating skills in implementing Ritucharya regimens
- Updating skills in qualitative analysis of Ahara dravyas and formulating balance diet and therapeutic diet.
- Updating skills in conduction of Public Health activities.
- Updating skills in lifestyle modification counselling skills
- Updating skills in environmental science training, biomedical waste management techniques.
- Updating skills in demonstration of Yogasanas and basic techniques of Pranayama, Dhyana, Bandha, Mudra and Various Relaxation techniques.
- Updating skills in demonstrate methodology of epidemiological surveys, communicable and non-communicable disease case taking skills

Eligibility :

- Teaching faculty of concerned subject i.e. Swasthavritta working in an Ayurvedic College recognized by NCISM.
- Those who have already attended two CME programs of AYUSH in the year 2022-23 are not eligible to apply.

Maximum Number of Participants : 30 (Maximum 05 participants from a state)

Duration : 06 - Days (Exclusive of journey time)

Procedure of Application and Submission :

- A teacher of concern subject i.e. Swasthavritta working in an Ayurvedic College recognized by NCISM should apply in the enclosed application form duly certified by the head of the institute.

Duly filled application form along with a true copy of (self attested) of registration certificate, UG degree certificate , PG degree certificate, Adhar card, PAN card, Cancelled cheque should reach the coordinator on or before due date specified against the program schedule. Application received after the due date or incompletely filled application forms will be rejected. The applicants should clearly mention "**Application for CME on Swasthavritta**" on the top of the envelop while sending the application form. Application can be send through e-mail as advanced copy on – assyogaswastha@gmail.com

Payment of TA :

No amount will be paid to trainee except the reimbursement of travelling expenses that too on actual basis as per the rules of RAV subject to ceiling.

Payment of TA will be made only at the end of the training program after obtaining full attendance as per admissibility or actual, whichever is less.

Places which are connected by train, will be reimbursed with actual fare limited to AC 2 tier or actual claim, whichever is less.

Road mileage is allowed only for places not connected by train. With regards to road mileage, actual rate but not exceeding approved rate under TA rules. Claimant should mention distance between the places.

Boarding and lodging Charges : As per rule of Ministry of AYUSH, Govt. of India for the above program the participants will be provided with local hospitality in the nearby premises of the Institute.

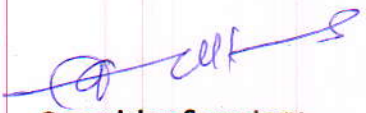
Participation Certificate : Participation certificate will be issued at the end of the training program on full attendance only.

Note :


1. Participants are requested to respond as early as possible.
2. For further information, it is requested to communicate to the organizing secretary of CME program.
3. For more details please visit www.ayurvedcollege.in

With warm regards.

Yours faithfully



Organizing Secretary
CME Swasthavritta



Principal
A.S.S. Ayurved Mahavidyalaya
Nashik -Maharashtra

**AYURVED SEVA SANGH ,AYURVED MAHAVIDYALAYA,
Ganeshwadi, Panchavati, Nashik - 422 003 (Maharashtra).**

Web site: www.ayurvedcollege.in
Phone No: 0253-2513112, 2621836.

E-mail : assyogaswastha@gmail.com

**APPLICATION FORM FOR CME FOR TEACHERS IN SWASTHAVRITTA
Sponsored by RAV, Ministry of AYUSH, Govt. of India, New Delhi.
Organized by Department of Swasthavritta**

To,
The Principal /Organizing Secretary,
CME- Swasthavritta
A.S.S. Ayurved Mahavidyalaya , Ganeshwadi,
Panchavati, Nashik- 422 003(Maharashtra).

Photo attested by Principal

Sir,

I hereby submit my application to participate in CME being organized by your institute in the subject of Swasthavritta. My details are as follows:-

Full Name :
(in BLOCK letters)
Father's/Husband Name :
Date of Birth :/...../.....Age :Gender :.....
Aadhar No : Pan card No :

Educational Qualification

Name of Degree	Subject	Specialization

Name of Institute :
Designation : Department :
Registration Number & State : NCISM Teacher Code:
Experience : Years :..... Months:
Have you participated in ROTP/CME earlier: YES/NO

If Yes, Details of ROTP/CME participated:

ROTP/CME	Organizing institute	Dates

Full address for correspondence with Pin Code:

1) Office :

.....

2) Residence :

.....

Telephone with STD code :

Mobile (Whatsapp) number :

Email ID :

Trainees Bank Details :

Account holders name-

Name of Bank:.....

Account No :

Branch :

IFSC Code :

MICR 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 smooth conduction of program.

Date: (Signature of applicant)

Recommendation of the Head of the Institute:

(Signature of the Head of the Institute with seal)

Date:-

(Note: if the information given above is incomplete/incorrect in any respect, the form will not be considered).