



**NATIONAL INSTITUTE OF AYURVEDA**  
(Under Ministry of AYUSH)  
Jorawar Singh Gate, Amer Road, Jaipur – 302002  
E mail: [nia-rj@nic.in](mailto:nia-rj@nic.in) Website – <http://nia.nic.in>



**CIRCULAR**  
**6 DAYS CME PROGRAMME FOR AYUSH AGAD TANTRA TEACHERS**  
**11<sup>TH</sup> TO 16<sup>TH</sup> FEBRUARY 2019**  
SPONSORED BY MINISTRY OF AYUSH, NEW DELHI  
CO-ORDINATED BY RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

To,  
The Principal / Director / Dean,  
All Ayurveda Colleges in India.

**Subject: Inviting Applications for 6 days CME programme for AYUSH Agad Tantra Teachers**

**Ref: RAV Letter no. F. No. 65-08/RAV/2007-08/E & C/07 dt. 04.04.2018**

Dear Sir / Madam,

With reference to the subject cited above, it is our pleasure to inform you that PG Department of Agad Tantra, NIA is organising a 6 days CME programme for AYUSH Agad Tantra Teachers. This CME is sponsored by the Ministry of AYUSH and co-ordinated 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 is limited to 30, please send the applications as early as possible.

The details of the CME and Application Form are annexed for your reference and use.

Thank you.

**Prof. Anita Sharma**

Professor & HOD, Dept. Of Agad Tantra  
Chairman, Organising Committee

## DETAILS OF CME

Name of the CME	<b>6 days CME programme for AYUSH Agad Tantra Teachers</b>
Duration	<b>11<sup>th</sup> to 16<sup>th</sup> February 2019(6 days)</b>
Venue	<b>Committee Hall, NIA.</b>
Eligibility of Trainees	<ul style="list-style-type: none"> <li>• Teaching Faculty of Agad Tantra working in any CCIM recognized Ayurveda college.</li> <li>• Teachers who have already attended 2 CME programmes in the year 2017-18 will not be eligible.</li> </ul>
Maximum no. Of trainees	30 (Thirty)
Procedure to Apply	<ul style="list-style-type: none"> <li>• Eligible teachers can apply by filling in the enclosed Application Form and then duly recommended by Head of the Institute.</li> <li>• Duly filled in application form along self certified copies of Educational Qualification and Aadhaar Card should reach NIA on before <b><u>5 pm of 31.12.2018.</u></b></li> <li>• The applicant before sending the application should super scribe the envelope containing the application with “Application for Agad Tantra CME”.</li> <li>• Incomplete applications and applications received after due date will not be considered.</li> <li>• The applicant can scan the entire application and send it to <a href="mailto:agadcme018@gmail.com">agadcme018@gmail.com</a> as an advance copy.</li> </ul>
Procedure of Selection	<ul style="list-style-type: none"> <li>• First come first serve basis.</li> <li>• Codal Guidelines of CME scheme will be applicable.</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.</li> <li>• Payment of TA &amp; journey DA will be made only at the end of the programme.</li> <li>• Food expenses during journey upto maximum Rs. 175/ is payable on production of bills. No food expenses will be paid if journey is made by Shatabdi / Rajdhani / Duronto trains.</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. The road mileage will be limited to 2 AC rail charges or actual claim, whichever is lower.</li> <li>• <b><u>Please be noted that TATKAL or DYANMIC PRICING Train Tickets will not be reimbursed.</u></b></li> <li>• The payment of TA and food bills shall be made only on production of original tickets.</li> </ul>
Lodging and 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 and Participation Certificate	<ul style="list-style-type: none"> <li>• Full Attendance is mandatory for obtaining participation certificate.</li> <li>• The certificate will be issued at the end of the CME.</li> </ul>
Contact	<ul style="list-style-type: none"> <li>• <b>Vd. Amol Sudhakar Kadu (Organising Secretary) –</b></li> <li>• <b>Mobile–9834366502, 08275948131</b></li> <li>• <b>E mail -<a href="mailto:agadcme018@gmail.com">agadcme018@gmail.com</a></b></li> </ul>
Details are also available on Institute’s website – <a href="http://nia.nic.in">http://nia.nic.in</a>	



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**APPLICATION FORM**

**CME for AYUSH AGAD TANTRA Teachers**

**11<sup>TH</sup> TO 16<sup>TH</sup> FEBRUARY 2019**

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

To,  
 Prof. Anita Sharma,  
 Chairman, Organising Committee,  
 P.G. Department of Agad Tantra,  
 National Institute of Ayurveda,  
 Jorawar Singh Gate, Amer Road, Jaipur-302002 (Rajasthan)

**E mail – [agadcme018@gmail.com](mailto:agadcme018@gmail.com)**

Madam,

I hereby submit my application to participate in 6-days CME for AYUSH Agad Tantra teachers being organized by your institute. My details are as follows.

Full Name: .....

(in BLOCK letters)

Father's /Husband's Name .....

Date of Birth: ..... Age : ..... Gender : .....

Educational Qualification:.....

Name of Degree	Subject

Registration No:..... CCIM Teachers code:.....

Designation:..... Department: .....

Name of Institute: .....

Experience:..... Years..... Months

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

If yes, details of ROTP/ CME should be completed by candidate –

SR. No	ROTP/CME	Organizing institute	Dates (From – To)

Full address for correspondence with pin code:

1) Office .....

.....

2) Residence: .....

.....

3) Telephone with STD code:

.....

4) Mobile number: .....

5) Email id: .....

6) Adhar No. (Attach a copy) .....

7) Bank Details:

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 program.

Date : .....

(Recommendation of the Head of the institute)

(Signature of Applicant)

Application will not be considered if

1. If the information given above is incomplete in any respect.
2. If not recommended by the Head of the Institute.