



अखिल भारतीय आयुर्वेद संस्थान
ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An autonomous organization under the ministry of AYUSH, Govt. of India)

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File No.

Date: 26/08/2022

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

Subject: Inviting Applications for 6-days CME Program for Teachers of Kayachikitsa.

Ref: F. NO. 65-55/RAV/ 2008-09/CME

Dear Sir/ Madam,

With reference to the subject cited above, it is our pleasure to inform you that All India Institute of Ayurveda is going to organize a 6-day CME program from 12th to 17th September 2022, for all Teachers of Kayachikitsa. This CME is sponsored by the Ministry of AYUSH and coordinated by Rastriya Ayurved Vidyapeeth (National Academy of Ayurveda), New Delhi.

I request you to depute one teacher from the Institute for this program. 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.

For more details, contact Dr. Rajaram Mahto and Dr. Divya Kajaria **Co-ordinator**, Assistant Professor, Department of Kayachikitsa

Thanking You,

Yours faithfully,

Prof. (Dr.) Tanuja Manoj Nesari
Director, AIIA

DETAILS OF CME

Name of the CME	6 DAYS CME PROGRAMME FOR TEACHERS OF KAYACHIKITSA
Duration	12 th September to 17 th September 2022 (6days)
Venue	6 th floor Academic block All India Institute of Ayurveda, Sarita Vihar, New Delhi 110076
Eligibility of Trainees	<ul style="list-style-type: none"> • Teaching Faculty of Kayachikitsa working in recognized Ayurveda Colleges. • Teachers who have already attended 2 CME programmes in the year 2021 -22 will not be eligible.
Maaimum no. Of trainees	30 (Thitty)
Procedure to Apply	<ul style="list-style-type: none"> • Eligible teachers can apply by filling in the enclosed Application Form, duly recommended by Head of the Institute. • Application form along with self-certified copies 01 educational Qualification and Aadhaar Card should be sent through e-mail on before 5 pm of 31/08/2022. • Applications which are incomplete and received after due date will not be considered. The applicant can scan the entire application and send to cme.kayachikitsaaiia@gmail.com in as a single pdf.
Procedure of Selection	<ul style="list-style-type: none"> • Guidelines of RAV CME scheme will be applicable. Selected participants will be informed by email before 03/09/2022.
Payment of TA	<ul style="list-style-type: none"> • Actual fare or rip to the rail fare of AC 2 tier class, whichever is less. Payment of TA will be made only at the end of the program. • Payments will be made directly to the bank account by electronic transfer. 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. • Please be noted that TATKAL or DYNAMIC PRICING Train Tictets will not be reimbursed. • The payment of TA shall be made only on production of original tickets/bills.
Lodging and Boarding	<ul style="list-style-type: none"> • The trainees will be provided the best possible lodging and boarding facility within the budget limits of the CME.
Attendance and participation Certificate	<ul style="list-style-type: none"> • Full Attendance is mandatory for obtaining participation certificate. • The certificate wit] be issued at the end of the CME.

Contact Person**Chairperson**

Prof. (Dr.) Jonah S.
HOD, Department of Kayachikitsa,
All India Institute of Ayurveda, New Delhi 110076

Organizing Secretaries

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To,
The Director
CME- Department of Kayachikitsa
All India Institute of Ayurveda

Madam,
I hereby submit my application to participate in CME being organized by your institute in the subject
Of Integrative Oncology. My bio-data is as follows-

Full Name (in BLOCK letters) :
Father's Name :
Date of Birth : Age: Gender:
Educational Qualification:

Name of Degree	Subject	Specialization

Registration Number : 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:

ROTP/CME	Organizing Institute	Dates

Full address for correspondence with Pin Code:

1. Office :
.....
.....
2. Residence :
.....
.....
Mobile Number :
E-mail ID :
Aadhaar No. :

Bank Details:

Name of the Bank Branch
Account No. IFSC Code

The information furnished above is true and correct as per the best of my knowledge and I accept
fullresponsibility for the same. I shall abide the Instruction given by the organizer for smooth conduction of
Programme.

Date:

Signature of applicant

Recommendation of the Head of the Institute:

Signature of the Head of the Institute with seal

(Note: If the information given above is incomplete in any respect, the form will not be considered)