



# अखिल भारतीय आयुर्वेद संस्थान

## ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मसतभालय, भारत सरकार कअसतरत सभायत ससस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

Date:

### CIRCULAR

#### CME PROGRAMME FOR SWASTHAVRITTA

To

The Dean/Principal, All Ayurveda Colleges

Subject: Inviting application for Continuing Medical Education (CME) Programme for Teachers Swasthavritta

Dear Sir Madam

As per the subject & reference mentioned above, we are pleased to inform you that our institute is organizing CME in Swasthavritta for the Teachers, funded by the Ministry of AYUSH, Govt. of India & being coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi, on following proposed days.

CME name	Date		Last Date of Submission of Application Form
	From	To	
CME in Swasthavritta	08/09/2025	13/09/2025	08/08/ 2025

We 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 rules of Ministry of AYUSH, Govt. of India.

#### Objectives:

- To put a step towards making the Institute a centre of excellence as desire by the Ministry of AYUSH Govt Of India.
- To generate awareness towards the developments, advancements, methodology etc.
- To develop clarity and better understanding of certain concepts & principles of the subjects of the speciality based.
- This CME will help the teaching faculty to upgrade their existing knowledge.
- To impart good teaching learning skills & methodology to teachers

#### Eligibility:

- Teaching faculty of concerned subject i.e. Swasthavritta working in any Ayurvedic College recognized by NCISM
- Those who have already attended two CME programmes supported by Ministry of Ayush in this financial year are not allowed to apply.

Maximum Number of Participants: 30

Duration: 06 days (exclusive of journey time))

Procedure of Application and Submission: A teacher of concern subject working in institution should apply in the enclosed application form duly certified by the head of the

रगौतमपयरी, सररतभा वरहभार, म्यरभा ररोड, नई वदलती -110076

Gautampuri, Sarita Vihar, Mat1hura road, NEW DELHI-110076

E-mail: director@aiia.gov.in

Phone: 011-29948658

Fax: 011-29948660

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institution. Duly filled application forms along with a true copy (self-attested) of registration and UG, PG degree certificate & Aadhaar Card should reach the Coordinator or before due date specified against the programme 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 envelope while sending the application form.

Application can be mailed to [hod-swasthavritta@aiia.gov.in](mailto:hod-swasthavritta@aiia.gov.in) in advance. (email should

essentially mention Subject at "CME in Swasthavritta Application"

Thanking you

Director, AIIA

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### APPLICATION FORM

To

HoD / Coordinator (CME- Swasthavritta),  
Department of Swasthavritta  
All India Institute of Ayurveda,  
Gautampuri, Mathura Road, Sarita Vihar,  
New Delhi - 110076

Photo

Sub: Application for attending CME on Swasthavritta - reg.

Sir/Madam

I hereby submit my application to participate in CME being organized by your institute in the subject of Swasthavritta dated 8 th Sept to 13 th Sept 2025.

Full Name (in BLOCK letters)	
Father's Name	
Date of Birth	
Educational Qualification	
Registration Number	
NCISM/CCIM Teachers Code	
Designation	
Department:	
Name of Institute	
Address with Email id and Ph number	
Experience (Years/Months)	
Have you participated in ROTP/ CME earlier: YES/ NO	

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If Yes, Details of ROTP/ CME should be completed by candidate:

ROTP/CME	Organizing institute	Dates

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 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)

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