

## अखिल भारतीय आयुर्वेद संस्थान, गोवा All INDIA INSTITUTE OF AYURVEDA (AIIA), GOA (आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

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

File No: Z/35/2024-AIIAGoa/01

Date: 18-11-2024

### CIRCULAR

6 Days CME Program for Ayurveda Doctors (Medical Officers) (16<sup>th</sup> to 21<sup>st</sup> December 2024)

To,

. The Director - AYUSH, All States and Union Territories

2. The Principal / Dean of All Ayurveda Colleges

Subject: Inviting applications for CME program for Ayurveda Doctors (Medical Officers) Reference: RAV Letter F. No.: 65-267/RAV/2022-23/CME (CNA), dated: 08.10.2024

Dear Sir / Madam,

I am pleased to inform you that the All India Institute of Ayurveda, Goa is organizing a 6-day CME for Ayurveda Doctors (Medical Officers), sponsored by the Ministry of Ayush, Govt. of India, New Delhi, and coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi. The CME programme dates are from 16<sup>th</sup> to 21<sup>st</sup> December 2024.

Applications are invited through proper channels from Ayurveda Doctors (Medical Officer) working in government Ayurveda dispensaries / PHC or Teaching Institute approved by NCISM. You are requested to nominate suitable candidate (maximum five) from your State / UT / Ayurveda dispensaries / PHC or Teaching Institute approved by NCISM.

The selection of the candidates will be as per RAV guidelines. Since the number of trainees is limited to 30, please send the duly filled applications as early as possible. The last date for receiving applications for the CME is 30<sup>th</sup> November 2024.

The details of the CME and Application form are attached herewith.

With Warm regards, Thanking You,

Yours faithfully,

Prof. Dr. Sujata Kadam

Director

All India Institute of Ayurveda

#### Copy to:

1. Administrative Office, RAV, New Delhi for information

2. IT Section, AIIA to publish on the website



# अखिल भारतीय आयुर्वेद संस्थान

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#### **DETAILS OF CME**

Name of the CME	6 days CME program for Ayurveda Doctors (Medical Officers)				
Duration	16 <sup>th</sup> to 21 <sup>st</sup> December 2024				
Venue	Conference Hall, All India Institute of Ayurveda, Dhargal, Pernem, Goa - 403513				
venue	Ayurveda physicians / Medical Officer working in government Ayurveda dispensarie				
Eligibility of	/ PHC or Teaching Institute approved by NCISM.				
Trainee	(Those who have already attended two CME programs during the last year are not				
Trainee	eligible.)				
Maximum no. of					
trainees	30				
Procedure to apply	director / Principal / Dean (letter of deputation).  5. The applicant should clearly mention Application for CME for Ayurveda Doctors (Medical Officers)" on the top of the envelope while sending the application by post to the mentioned address: Medical Superintendent, All India Institute of Ayurveda, Manohar International Airport Road, Dhargal, Pernem, Goa-403513. Application also to be send through e-mail with scanned documents as quoted above to Email: <a href="mailto:dmsailagoa@gmail.com">dmsailagoa@gmail.com</a> ; Please scan the QR code given on application form to fill the online application form (Mandatory). However, the original application should be reached to the				
Procedure of selection	organizers by the time of shortlisting the participants.  Guidelines of RAV for the CME Scheme will be followed while shortlisting the applications. ( <a href="http://www.ravdelhi.nic.in/en/cme-scheme">http://www.ravdelhi.nic.in/en/cme-scheme</a> ). Participants short-listed will be informed by email before 2 <sup>nd</sup> December 2024.				
Payment of TA	<ol> <li>Participants should produce the original tickets or receipts for payment of TA charges.</li> <li>Fare will be reimbursed at the end of the program, subject to the eligibility limited maximum of up to 2 Tier AC Rail fare.</li> </ol>				
Attendance and	Full attendance is mandatory for obtaining a participation certificate.				
Participation Participation	2. Certificates will be issued at the end of the CME.				
	Patron: Prof. Dr. Sujata Kadam				
	Chairman: Dr. Praveena BS				
Organizing	Organizing Secretary: Dr. Rajesh Uikey				
Committee	Coordinator: Dr. Vinayak Chakor				
	Email: dmsaiiagoa@gmail.com				



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#### **APPLICATION FORM**

CME Program for Ayurveda Doctors (Medical Officers) 16<sup>th</sup> to 21<sup>st</sup> December 2024 Recent Passport size Photo

To,
Medical Superintendent,
All India Institute of Ayurveda,
Manohar International Airport Road,
Dhargal, Pernem, Goa- 403513.
Email - dmsaiiagoa@gmail.com (for advance copy)

I hereby submit my application to participate in the 6-days CME for Ayurveda Doctors (Medical Officers) being organized by your Institute. My details are as follows:

1	Full	Name	le la					
			(In BLOCK LETTERS)					
2	Fath	er / Husbands		,				
	Nan	ie						
3			Age (in Years)			Gender (tick appropriately)		
	(dd/mm/yy)							
						Male	Female	
4	Edu	Educational Qualifications:						
	Name of Qualificat		ation / Degree	ion / Degree Subject		University/Institution		
	a							
	b							
	с							
	d							
5	R	egistration number	Reg	istration Bo	ard	Total Experience		
							Years and Months	
6	Desi	gnation, Department	& Name of the i	institute /				
	gove	government Ayurveda dispensaries / PHC						
7	Hav	e you participated in	CME earlier				Yes / No	
		s, provide details of C		the applicant	t during the last	t year.		
	S1.	CME (in)	C	Organized by		Dates (From-To)		
	No.							
8	The	full address for corre	espondence with	pin code:				
				F				
		a) Office:						



# अखिल भारतीय आयुर्वेद संस्थान

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b) Reside	ence:					
c) Mobile		Alternate Number:				
d) E-mail	il id:	(in legible letters)				
e) AADH	HAR Number:	(attach a copy of the same)				
9 Account Detail	ls: Account Number					
Attach a copy o	Name of the Account I	Holder				
passbook from	nt page Name of the Bank					
OR canceled	. Branch Name					
	IFSC	<del></del>				
"I	undertake	that the information furnished above is tru				
and correct and	I accept full responsibility for the	discrepancies if any. I shall abide by the				
instructions given	by the organizer for the smooth c	onduction of the program. If the informatio				
provided by me is	s found false/inaccurate at any stage	I will be liable for disciplinary action (as th				
case may be) and:	recovery of fund spent against me is	any."				
		,				
Date:		(Signature of Applicant				
Place:						
	(Recommendation of th	e Director / DHO / Head of Institute with seal				

**Note:** Application will not be considered, in case:

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

Scan this QR Code to fill the online application form (Mandatory).

