



**GOVT. AYURVEDIC COLLEGE & HOSPITAL, BALANGIR, ODISHA**

Tulsinagar, Balangir, Odisha, 767001

Email – [gacbgrorissa@rediffmail.com](mailto:gacbgrorissa@rediffmail.com) Phone No- 06652-232523, Tele-Fax : 232523

Letter .No. 1520/GACH

Dated:- 03.08.2021

To,

1. The Director of AYUSH, All states & UT of India
2. The Dean /Principal, All Ayurvedic Colleges in India

**Sub :- Inviting Application for conducting 6 days CME programme for Teachers on Ayurveda Samhita-Siddhanta, Rasashastra & Bhaisajya Kalpana and Roga Nidan sponsored by Ministry of AYUSH, New Delhi co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi.**

**Ref: RAV Letter No. 11014/04/2019-20/RAV-CME/ Dt. 20.07.2021**

Dear Sir/Madam

As per Subject & reference mentioned above, we are pleased to inform you that our institution is going to organize 6days CME on Ayurveda Samhita-Siddhanta, Rasashastra & Bhaisajya Kalpana and Roga Nidan for the Teachers which is funded by the Ministry of AYUSH, Govt of India and being co-ordinated by Rastriya Ayurveda Vidyapeeth, New Delhi, on following proposed days

Sl.No	CME Subject	DATE		Last Date of Submission of Application form	Co-ordinator	Organising Secretary/ Principal
		From	To			
01	Samhita & Siddhanta	15.11.2021	20.11.2021	30.09.2021	Prof(Dr) M.K.Sahoo Mob-9438326669	Prof(Dr) A K Das PRINCIPAL Mob-9861229623
02	Rasashastra and Bhaisajya Kalpana	29.11.2021	04.12.2021	11.10.2021	Dr Shibabrata Behera Mob-8338026075	
03	Roga Nidan	13.12.2021	18.12.2021	25.10.2021	Dr Utkalini Nayak Mob-8847810890	

Candidates want to participate in the CME programme can apply in the prescribed format (enclosed) directly to the College mail id [gacbgr@gmail.com](mailto:gacbgr@gmail.com) within the stipulated period.

The application should reach by post & Email (Advance copy) duly signed within due date as mentioned in table immediately.

I request you to kindly depute **one teacher** of **Ayurveda Samhita-Siddhanta, Rasashastra & Bhaisajya Kalpana and Roga Nidan** for the CME. The selection of the candidates will be made by this institute as per rules of Ministry of AYUSH, Govt. of India.

**Objectives:**

- To generate awareness towards the development, advancement and methodology of Ayurveda Teaching and Practice.
- To develop clarity and better understanding of certain concepts and principles of the subject of the speciality based on objectivity and teaching methodology.
- The CME will help Teaching faculty to upgrade their existing knowledge.
- To impart good teaching practice and methodology to teachers for getting adequet training to give their best to UG students and PG Scholars.

**Eligibility:**

- Teaching faculty of concerned subject i.e. Ayurveda Samhita-Siddhanta, Rasashastra & Bhaisajya Kalpana and Roga Nidan working in any Ayurvedic college recognized by Ministry of AYUSH.
- Those who have attended already two CEM programme of AYUSH in a year are not allowed to apply for this CME Programme.

**Maximum Number of Participants:**

A total of 30 nos. of participants shall join the programme

**Duration of Training Programme :**

06 days (exclusive of journey time)

**Procedure of Application and submission :**

A teacher of concern subject working in a recognized Ayurvedic college should apply in the enclosed application form duly certified by the Head of the Institution..

Duly filled in application form along with a true copy (self attested) of **registration (Central/ State) and UG, PG degree certificate and Aadhaar Card** should reach the co-ordinator on or before due date specified against the programme schedule. Application received after the due date or incompletely filled application form will be rejected. The applicants should clearly mention "**Application for CME on concerned subject**" on the top of the envelope while sending the application form. Application can be sent through email as advanced copy on [gacbgr@gmail.com](mailto:gacbgr@gmail.com)

**Participation Certificate:**

Participation certificate will be issued at the end of the training programme on full attendance only. For further information, if any, it is requested to contact concerned co-ordinators.

**Note:**

1. Participants are requested for early response as the number of participant is limited
2. For further information, it is requested to communicate the co-ordinator of the concerned programme
3. The selected Trainees will be communicated soon after the last date of application, so that the trainees can make necessary travel arrangement.
4. For more details please visit <https://www.gachbalangirodisha.ac.in/>

**N.B.: The above CME Programs shall be conducted strictly as per the covid19 guidelines.**

With warm regards,

Yours faithfully

Encl: As above

  
Principal

Govt. Ayurvedic College & Hospital  
Balangir(Odisha)

**Memo No. \_\_\_\_\_ / Date : \_\_\_\_\_**

**Copy forwarded to :-**

1. Director, Rashtriya Ayurveda Vidyapeeth, Dhanvantari Bhavan, Road No.66, West Punjabi Bagh, New Delhi, 110026 for favour of information & necessary action.
2. Secretary, AYUSH, Govt. of India, Ministry of AYUSH, AYUSH Bhawan, B Block, GPO Complex, INA, New Delhi 110 023 for favour of kind information.
3. Secretary, NCISM, 61-65 Institutional area, Janakpuri, D Block, New Delhi – 110058 for favour of kind information.
4. Director AYUSH, Odisha, Bhubaneswar, Annex Building, III floor Bhubaneswar for favour of kind information.
5. Addl. Secretary to Govt., Health & F.W. department, Odisha, Bhubaneswar for favour of kind information.

  
PRINCIPAL



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Letter .No. \_\_\_\_\_

Dated:- \_\_\_\_\_

**APPLICATION FORM OF THE CME FOR TEACHERS ON \_\_\_\_\_**

(Sponsored by Ministry of AYUSH, Government of India, New Delhi and Coordinated by RAV, New Delhi)

To

**Principal/Organizing Secretary**

**CME on Ayurveda Samhita-Siddhanta/ Rasashastra & Bhaisajya Kalpana/ Roga Nidan**

**Govt. Ayurvedic College & Hospital**

**Tulsinagar, Bolangir**

**Odisha-767001**

Sir/Madam,

I do hereby submit my application to participate in 6 days CME being organized by your institute in the subject of Ayurveda Samhita-Siddhanta/ Rasashastra & Bhaisajya Kalpana / Roga Nidan for Ayurveda. My details are as follows :

Full Name:-.....

(In Block Letters)

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

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

AADHAR Number .....

Educational Qualification

Name of the Degree	Subject	Name of the Institute	Name of the University

Registration No (State/Central).....NCISM Teacher code.....

Designation.....Department.....

Name of the Institution.....

Experience.....Year.....Month.....

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

*Handwritten signature/initials*

