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CH. BRAHM PRAKASH AYURVED CHARAK SANSTHAN

(AUTONOMOUS INSTITUTE UNDER THE GOVERNMENT OF NCT OF DELHI)

Village: Khera Dabar, Najafgarh, New Delhi-110073
Email: cbpayurved@gmail.com, Website: www.cbpacs.delhi.gov.in

No.F2(1034)/25/CBPACS/Princ./CME-Swasthavrita2025-26/3238-45 Date: 22/08/2025

CIRCULAR

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

Subject: Inviting Application for conducting 6 days Continuing Medical Education (CME) programme for Teachers of Swasthavritta.
Ref:-F.No 65-114/RAV/2017-18/E & C (III) Dated:-04.07.2025

Dear Madam/Sir,

As per the subject & reference mentioned above, we are pleased to inform you that our institution is going to organize 6 days CME programme for **Teachers of Swasthavritta** which is sponsored by Ministry of AYUSH, Govt. of India and being co-ordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi on the following proposed days:

CME subject	Date		Last date of submission of application	Organizing secretary	Organizing Chairman
Swasthavritta	from	to	26.09.2025 till 4.00 PM	Prof.(Dr.) Unnikrishnan.S Mob.no.-9540265445 Email: unnikrishnan.35@gov.in	Prof.(Dr.) M. B. Gaur Director-Principal
	27.10.2025	01.11.2025			

Candidates wish to participate in the CME programme can apply in the prescribed format (Enclosed). The application along with the relevant documents should reach by post & Email (scanned copy of the application as advance copy to the mail ID of the organising secretary,(unnikrishnan.35@gov.in) duly signed within due date as mentioned above.

I request you to kindly depute one teacher of **Swasthavritta** for the CME. The selection of the candidates will be made by this institute as per rules of RAV/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 specialty 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 adequate training to give their best to UG students and PG scholars.

Eligibility:

- Teaching faculty of concerned subject i.e.- Swasthavritta working in any Ayurvedic college recognized by NCISM/Ministry of AYUSH.
- Those who have already attended 02 CME programme of AYUSH in this financial year are not allowed to apply for this CME programme.

Maximum No of Participants:- A total of 30 no. 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) , UG, PG degree certificate , Aadhar card and PAN card should reach the Organizing secretary 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 applicant should clearly mention **"Application for CME on SWASTHAVRITTA"** on the top of the envelope while sending the application form. Application can be sent through Email as advanced copy on mail Id: unnikrishnan.35@gov.in (Organising secretary).

Participation Certificate:-
Participation certificate will be issued at the end of the training programme on full attendance only.

Note :

1. Participants are requested for early response as the nos. of participant is limited.
2. For further information, if any, it is requested to contact concerned **co-ordinators (Dr.Neeraj Kumar Joshi: 8800130663, Dr.Jai Singh Yadav : 7568730726)**
3. The selected trainees will be communicated soon after the last date of application, so that the trainees can make necessary travel arrangement.
4. The detail of the CME and Application form are also available on CBPACS website https://cbpacs.delhi.gov.in

With warm regards,

22/8/22

Prof. (Dr.) M B Gaur
Director-Principal
Director-Principal
Ch. Brahm Prakash Ayurved Charak Sansthan
(Govt. of NCT of Delhi)
Khera Dabar, Naiafgarh, New Delhi-73

Copy for information :-

1. Director, Rashtriya Ayurveda Vidyapeeth, New Delhi for information & necessary action.
2. Secretary, AYUSH, Govt. of India, Ministry of AYUSH, AYUSH Bhawan, B-Block, GPO Complex, INA, New Delhi 110023.
3. Secretary, NCISM, T-19, 1"& 2nd Floor, Block-IV, Dhanwantari Bhawan, Road No.66, PunjabiBagh(West), New Delhi-110026.

Copy for further necessary action:-

1. Addl. Director (Acad.), CBPACS
2. Addl. Director (Finance), CBPACS
3. Addl. Director (Admin.), CBPACS
4. Organizing Secretary

22/8/22

Director -Principal
Director-Principal
Ch. Brahm Prakash Ayurved Charak Sansthan
(Govt. of NCT of Delhi)
Khera Dabar, Naiafgarh, New Delhi-73

Important information to the participants/applicants

Application will not be considered-

1. If the Information given above is incomplete in any respect.
2. If not recommended by the Head of the Institute/Competent authority.

Payment of TA:

- Actual fare or up 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.
- Food expenses during journey up to maximum Rs.300/- will be paid on production of bills. No food expenses will be paid if journey is made by **Shatabdi/Rajdhani/Duronto** trains.
- Payment 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 2AC rail charges or actual claim, whichever is lower.
- Please be noted that **TATKAL or DYNAMIC PRICING** train tickets will not be reimbursed.
- The payment of TA and food bills shall be made only on production of original tickets.

Lodging and Boarding of the trainees:

- Trainees will be provided with best possible lodging and boarding facility available in the locality within the budget limits of the CME.

Attendance and Participation Certificate:

- Full attendance is mandatory for obtaining participation certificate.
- The certificate will be issued at the end of the CME programme.

22/8/25

Director -Principal

Director-Principal
Ch. Brahm Prakash Ayurved Charak Sansthan
(Govt. of NCT of Delhi)
Khera Dabar, Nainthath, New Delhi-73

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APPLICATION FORM OF THE CME FOR TEACHERS OF "SWASTHAVRITTA"

(Sponsored by Ministry of AYUSH, Government of India, New Delhi, and Coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi)

To,
Prof. (Dr.) Unnikrishnan . S
Organizing Secretary / HOD
PG Department of Swasthavritta and Yoga,
Ch.Brahm Prakash Ayurved Charak Sansthan
Khera Dabar , Najafgarh , New Delhi – 110073

Email: unnikrishnan.35@gov.in

Photo

Sir,

I hereby submitting my application to participate in 6 days CME programme for Swasthavritta Teachers being organized by PG Dept. of Swasthavritta and Yoga, Ch. Brahm Prakash Ayurved Charak Sansthan , Delhi. My details are as given below.

Full Name (In BLOCK letters) .....

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

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

Educational Qualifications:

Name of Degree/ Certificate	Year	Institution	Subject	Board/ University
BAMS				
Post Graduate				
PhD				
Any Other				

Registration No.(State/Central): ..... NCISM Teacher's code .....

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

Name of Institute:

.....

Email ID (Institute): .....

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

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

If yes, give details of previously attendant ROTP/CME by candidate

Sr. No.	ROTP/CME	Organizing Institute	Dates (From-To)

Full address for correspondence with pin code:

1. Office:.....
.....
.....

2. Residence: .....
.....
.....

3. Mobile number: (WhatsApp): .....

4. Alternate Mobile number: .....

5. Email ID:
.....

6. Aadhar No. (Attach copy)
.....

7. Pan Card No. (Attach Copy) .....

8. Bank Details: -

a. Name of Bank .....

b. Branch:

.....

c. Account Number:

.....

d. 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, shall abide the instruction given by the organizer for conduction of the programme.

Date: .....

(Signature of Applicant)

(Recommendation of the Head of Institute/

competent Authority with signature and office seal)