

RAJIV GANDHI GOVT. P.G. AYURVEDIC COLLEGE PAPROLA, KANGRA
(HIMACHAL PRADESH)- 176115



REGIONAL CENTRE OF EXCELLENCE IN AYURVEDA FOR GERIATRIC HEALTH CARE

Email: principal.gacpaprola@gmail.com Website: www.paprolaayurved.org
cmegeri.paprola@gmail.com www.geriatricshp.in



CIRCULAR

6 DAYS CME PROGRAMME

20TH MARCH TO 25TH MARCH 2023

D. No. RCSEGH/CME/2023/11

Date: 04/02/2023

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

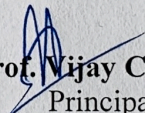
Subject: Inviting applications for 6 days CME.

Dear Sir/Madam,

With reference to the subject cited above, it is our pleasure to inform you that Regional Centre of Excellence in Ayurveda for Geriatric Health Care at Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola is organizing 6 days CME programme from 20th March To 25th March 2023. This CME is sponsored by the Ministry of AYUSH, Govt. of India, New Delhi.

I request you to kindly depute teachers from your institute for attending the CME. Please send the application as early as possible. The details of the CME and the Application Form are annexed for your reference and use.

Thank You.


Prof. Vijay Chaudhary

Principal cum Dean

R.G. Govt. Post Graduate Ayurvedic College
Paprola, Distt Kangra (H.P.)-176115

Copy to:

1. The Secretary, Ministry of AYUSH, Govt. of India, AYUSH Bhavan, B Block, GPO Complex INA New Delhi for information please.
2. The Director, Dept. of AYUSH, H.P., Kasumpti Shimla for information please.

Prof. Vijay Chaudhary

Principal cum Dean

R.G. Govt. Post Graduate Ayurvedic College
Paprola, Distt Kangra (H.P.)-176115

DETAILS OF CME

Name of the CME	6 DAYS CME PROGRAMME
Duration	20 th March To 25 th March 2023 (6days)
Venue	Seminar Hall, Regional Centre of Excellence in Ayurveda for Geriatric Health Care, RGGPG Ayurvedic College & Hospital, Paprola, H.P..
Eligibility of trainees	<ul style="list-style-type: none"> ✚ Teaching faculty of recognized Ayurvedic Colleges. ✚ Ayurvedic Medical Officers (AMOs) of all states of North India ✚ Teachers and AMOs who have already attended 2 CME programmes in the year 2022-2023 are not eligible.
Maximum no. of trainees	30(Thirty) (15 Teachers, 15 AMOs)
Procedure to Apply	<ul style="list-style-type: none"> ✚ Eligible teachers / AMOs can apply by filling the enclosed Application Form, duly recommended by the Head of Institution / controlling authority. ✚ Application form along with self-attested copies of Educational Qualifications, Aadhar Card, should be sent through mail on or before <u>5 PM of 05th March 2023</u> ✚ Applications which are incomplete and received after due date will not be considered. The applicant can scan the entire application form and send it to cmegeri.paprola@gmail.com as a single pdf. ✚ Applicant must mention “Application for CME (Geriatrics)” on top.
Procedure of Selection	<ul style="list-style-type: none"> ✚ Guidelines of RAV CME scheme will be applicable. ✚ Selected participant will be informed by email on or before 7th March 2023.
Payment of TA	<ul style="list-style-type: none"> ✚ Actual fare or up to the rail fare of AC 2 tier class, whichever is less. Payment of TA & journey DA will be made only at the end of programme. ✚ Food expenses during journey up to maximum Rs.175/- are payable at 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 journey performed by road is permissible for the places which are not connected by rail. ✚ The road mileage on production of proof will be limited to 2 AC rail charges or actual claim, whichever is lower.

	<ul style="list-style-type: none"> ✚ 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/bills.
Lodging and Participation certificate	<ul style="list-style-type: none"> ✚ The trainees will be provided the best possible lodging and boarding. ✚ The certificate will be issued at the end of CME.
	<ul style="list-style-type: none"> ✚ Chief Patron- Sh. Rajeev Sharma I.A.S. Secretary AYUSH, Govt of H.P. ✚ Patron- Sh. Vinay Singh I.A.S. Director AYUSH, Govt. of H.P. ✚ Organizing Chairman- Prof. Vijay Chaudhary Principal cum Dean R.G.G.P.G. Ayu. College & Hospital Paprola. ✚ Organizing Secretary - Vd. Anil Bhardwaj Nodal officer, Regional Centre of Excellence in Ayurveda for Geriatric Health Care Contact No- 7997100006 ✚ Email:- cmegeri.paprola@gmail.com

Details are also available on website- www.paprolaayurved.org
www.geriatricshp.in

With warm regards,

Yours Sincerely,

Vd. Anil Bhardwaj
Nodal Officer, RCEGH
R. G. Govt. Post Graduate Ayurvedic College &
Hospital, Paprola, Kangra H.P. 176115
Ph. 7997100006

APPLICATION FORM
CME (Geriatrics)
20th March To 25th March 2023

To,

Vd. Anil Bhardwaj
Nodal officer, RCEGH,
HOD, P. G. Department of Panchkarm,
R. G. Govt. Post Graduate Ayurvedic College & Hospital,
Paprola, Kangra H.P. 176115
E-mail- cmegeri.paprola@gmail.com



Sir,

I hereby submit my application to participate in 6-days CME Programme being organized by your college project.

My details are as follows.

Full Name:

(In BLOCK letters)

Father's /Husband's Name

Date of Birth: Age : Gender :

Educational Qualification:.....

Name of Degree	Subject

Registration No:..... NCISM Teachers code(for teachers):.....

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 –

SR. No	ROTP/CME	Organizing institute	Dates (From – To)

Full address for correspondence with pin code:

1) Office

.....

2) Residence:

.....

3) Telephone with STD code:

.....

4) Mobile number:

5) Email id:

Aadhar No. (Attach a copy)

.....

Bank Details (Attach a copy)

Name of Bank:

Branch:

Account No.:

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, I shall abide the instruction given by the organizer for the smooth conduction of program.

Date:

(Recommendation of the Head of the institute/
controlling authority)

(Signature of Applicant)