



सत्यमेव जयते

**Government Of Maharashtra**

**GOVT.AYURVED College, NAGPUR**

**Sakkardara Square, Umrer Road, Raje Raghuji Nagar, Nagpur – 440 024**

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Letter no.: GAC/CME/KC/9214-16 /2025,

Date: 21/08/2025

**CIRCULAR**

**6-day CME Programme for Teachers of Kayachikitsa**

**Date: 06-10-2025 to 11-10-2025**

**(Sponsored by Ministry of AYUSH, Govt. of India, New Delhi)**

**Co-ordinated by Rashtriya Ayurved Vidyapeeth, New Delhi)**

To,

1. Directors/ Deans/ Principals of All NCISM-recognized Ayurveda Colleges of India.
2. Deputy Director General, Ministry of Ayush, New Delhi
3. Directors of Ayush, states, and UT of India.

**Ref.: 65-05(7-1)/RAV/2016-17/CME, dated 04/ 06 /2025.**

**Sub.: Inviting application for conducting a 6-day CME programme for Teachers of Kayachikitsa.**

**Dear Sir/Madam,**

As per the subject & reference mentioned above, we are pleased to inform you that our institute is going to organize a 6-day CME of Kayachikitsa for the Teachers, which is funded by Rashtriya Ayurveda Vidyapeeth, Ministry of AYUSH, Govt of India & being coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi, on the following proposed days.

CME name	Date		Last date of submission of the application form	Chairman/ Organizing Secretary
	From	To		
CME on Kayachikitsa	06-10-2025	11-10-2025	11-09-2025	<b>Chairman-</b> Dr.Jayant Gulhane, Associate Prof and HOD Department of Kayachikitsa, Government Ayurved College, Nagpur(9822922399)  <b>Organizing Secretary</b> Dr. Amit Nakanekar, Assistant Professor, Department of Kayachikitsa, Government Ayurved College, Nagpur(9850233016)



Candidates who want to participate in the CME programme can apply in the prescribed format (enclosed) directly using the Google link [ <https://forms.gle/7eU6GreRZRjk5aBG7> ] within the stipulated period.

The application should be reached through the Google Form, duly signed, and recommended within the due date as mentioned in the table.

I request you to kindly depute a teacher of Kayachikitsa for this CME. The selection of the candidate will be made by this institute as per the rules of the Ministry of AYUSH, Govt. of India.

**Objectives:-**

- To put a step towards making the Institute a center of excellence as desired by the Ministry of AYUSH.
- To generate awareness towards the developments, advancements, methodology, etc.
- To develop clarity and a better understanding of certain concepts & principles of the subjects of the specialty based on objectivity and teaching methodology. This CME will help the teaching faculty to upgrade their existing knowledge.
- To impart good Health Science Education technology, clinical practice & research methodology to teachers for getting adequate training to give their best to UG students as well as PG scholars.

**Details of CME**

Name of the CME	6-day CME programme for Teachers of Kayachikitsa
Duration	06-10-2025 to 11-10-2025
Venue	Government Ayurved College, Sakkardara Square, Raje Raghuji Nagar 440024 Nagpur, Maharashtra
Eligibility of Trainee	1.. Teaching Faculty of Kayachikitsa with NCISM Teacher code, working in the NCISM-recognized Ayurveda College. 2. Preference will be given to the following – a) Candidates who have attended the least number of CMEs. b) Those who have already attended 2 CME programmes of AYUSH in this year are not eligible to apply for this CME programme. c) Candidates recommended by the head of the institute.



Maximum no. of participants	A total of 30 (thirty) nos. of participants shall join the programme.
Procedure to apply	<p>1. An eligible teacher can apply by filling in the enclosed application form and then being duly recommended by the Head of the institution.</p> <p>2. The candidate should apply for the CME programme through Google Form –<a href="https://forms.gle/7eU6GreRZRjk5aBG7">https://forms.gle/7eU6GreRZRjk5aBG7</a></p> <p>3. Fill in the application form along with self-certified scanned copies of educational qualification (PG/PhD. Degree), Aadhar card, PAN card, registration certificate (NCISM/ State), and Bank passbook first page or cancelled cheque should be uploaded on the Google form. For any queries, the candidate may contact through the following main ID- <b><u>cmekayachikitsa2025gacnagpur@gmail.com</u></b></p> <p><b>Last date of receipt of application 11-09-2025 (5 pm )</b></p> <p>4. Applications that are not complete, not forwarded by the head of the institute, and received after the due date and time will not be considered.</p>
Selection procedure	<p>1. Guidelines of the RAV CME scheme will be applied</p> <p>2. Selected trainees after the selection procedure will be intimated after the completion of the selection procedure.</p> <p>3. Selected participants will be informed by email.</p>
Payment of TA	<p>1. Participants should produce the original tickets or receipts for payment of TA charges.</p> <p>2. Fare will be reimbursed only at the end of the programme and subject to eligibility, limiting maximum up to 2 tier AC rail fare as per the conditions &amp; principles. Reimbursement of journey performed by road is permissible for the places that are not connected by rail. The road mileage will be limited to 2<sup>nd</sup> AC rail charges or actual claim, whichever is lower.</p> <p><b>3. TATKAL or DYNAMIC PRICING train tickets will not be reimbursed.</b></p> <p>4. Payments will be made directly to the bank account by electronic transfer.</p> <p>5. Payment of TA will be made only after successful completion of the programme.</p>
Lodging and boarding	The trainees will be provided with the best possible lodging and boarding facilities within the budget limits of the CME.
Attendance and participation certificate	<p>1. Full attendance in each session is mandatory for obtaining a participation certificate.</p> <p>2. The certificate will be issued at the end of the CME.</p>



Organizing Committee	<p><b>Chairman-</b></p> <p>Dr.Jayant Gulhane, (9822922399)/(9511828972)</p> <p>Associate Prof and HOD</p> <p>Kayachikitsa</p> <p>Government Ayurved College, Nagpur</p> <p><b>Organizing Secretary –</b></p> <p>Dr Amit Nakanekar,(9850233016)</p> <p>Assistant Professor,</p> <p>Kayachikitsa</p> <p>Government Ayurved College, Nagpur</p>
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**Note:**

1. Participants are requested to respond early, within stipulated time period.
2. For further information, it is requested to communicate with the Chairman/organizing secretary of the programme.
3. The selected trainees will be communicated after scrutiny of all the application forms. The trainee will be communicated well in advance so that they can make necessary travel arrangements.

With warm regards



Yours faithfully

(Dr.Rajendra Sonekar)

Dean

Government Ayurved College, Nagpur,  
Maharashtra

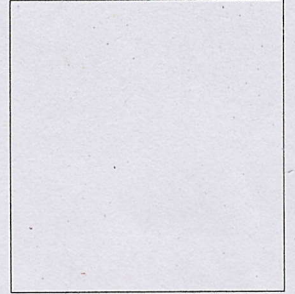
Copy forwarded to:

1. Director, Rashtriya Ayurveda Vidyapeeth, New Delhi, for favour of information & necessary action.
2. Secretary, AYUSH, Govt. of India, Ministry of AYUSH, AYUSH Bhawan, B-Block, GPO Complex.
3. Secretary, NCISM, 023 for favour of kind information. INA, New Delhi 10 T-19, 12" Floor, Block-IV, Dhanwantari Bhawan, Road No.66, Punjabi Bagh(West), New Delhi 110026 for kind information.
4. Director AYUSH, Maharashtra state, Mumbai
5. Commissioner & Secretary, MERD, Govt. of Maharashtra, Nagpur, for favour of kind information.
6. Director Vanamati Nagpur.



## APPLICATION FORM

**6-day CME Programme for Teachers of Kayachikitsa**  
**Date: 06-10-2025 to 11-10-2025**  
**(Sponsored by Ministry of AYUSH, Govt. of India, New Delhi)**  
**Co-ordinated by Rashtriya Ayurved Vidyapeeth, New Delhi)**



To,

Organizing Secretary  
Dept.of Kayachikitsa,  
Government Ayurved College, Nagpur  
Email: [cmekayachikitsa2025gacnagpur@gmail.com](mailto:cmekayachikitsa2025gacnagpur@gmail.com)

Sir,

I hereby submit my application to participate in the 6-day CME for Teachers of Kayachikitsa being organized by your institute. My details are as follows –

Full Name: ..... (in BLOCK letters)

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

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

### **Educational Qualification: (Attach copy)**

Name of Degree	Subject



Registration No. (NCISM/State): ..... (Attach copy)

NCISM Teacher's Code: .....

Designation:.....

Department:.....

Name of Institute:.....

Teaching experience: ..... Years.....Months.....

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

If yes, details of ROTP/ CME should be completed by the candidate –

Sr. No.	ROTP/ CME	Organizing institute	Dates (from- to)

Full address for correspondence with pin code:

1) Institute: .....

2) Residence: .....

3) Telephone with STD code: .....

4) Mobile no.: .....

5) Email ID: .....

6) Aadhar no. (attach a copy): .....

7) PAN card no. (attach a copy): .....

8) Bank Details:

Name of Bank:.....

Branch:.....

Account No.:.....

IFSC Code: .....



(Attach a copy of the bank passbook first page or cancelled cheque)

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 by the instructions given by the organizer for the smooth conduct of the programme.

Date: .....

(Recommendation of the Head of the Institute)

(Signature of Applicant)

(Note: If the information given above is incomplete in any respect, the form will not be considered.)

The application will not be considered if

1. The information given above is incomplete in any respect.
2. Not recommended by the Head of the institute.



### **Declaration**

I undertake that the information provided by me is correct to the best of my knowledge and that I have not concealed any relevant information. If the information provided by me is found false/ inaccurate at any stage, I will be liable for disciplinary action (as the case may be) and recovery of mind spent against me if any”.

Signature of Applicant

Name of Applicant



**Proforma for recommendation from Head of institute (Institution  
letterhead)**

**Date: DD/MM/YYYY**

Sub.: Permission and certification of regular Teaching faculty for programme Attendance.

This is to certify that Dr./Mr/Ms (Full name of candidate), working as a (designation) in the department of (Department name) at (Institute/ University name), is a regular faculty member in our institution.

It is further certified that:

1. Dr./Mr/Ms. (Full name of candidate) has not attended more than two similar programmes during the current academic year.
2. This permission is granted based on the relevance of the programme to the faculty member's area of expertise and professional growth in the (subject/ field)

This certification is issued as per institutional guidelines, and we have no objection to his/her participation in the mentioned programme.

[Signature & Seal of Head of Institute/ Controlling Authority]

[Name of Head of Institute/ Controlling Authority]

[Designation]

[Institute/ University Name]

[Contact Details]