



क्षेत्रीय आयुर्वेद अनुसन्धान संस्थान  
REGIONAL AYURVEDA RESEARCH INSTITUTE  
नेहरू गार्डन, गांधी भवन के निकट कोथरूड, पुणे - 411038  
(केन्द्रीय आयुर्वेदीय विज्ञान अनुसन्धान परिषद, आयुष मंत्रालय, भारत सरकार, नई दिल्ली)



NEHRU GARDEN, NEAR GANDHI BHAVAN, KOTHRUD, PUNE - 411038  
(Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Govt. of India, New Delhi)  
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01 JAN 2023

Details of CME

Name of the CME	Current trends in Ayurveda Drug Development
Eligibility criteria	1. Ayush Scientists working in any research organization (College/Institution/Council) 2. Those who have already attended 2 or more CME need not apply. 3. Trainees who have attended less number of CME 4. Trainee on the basis of seniority
Maximum number of trainees	30
Procedure of the application	1. Application must be made in prescribed application format along with the Google form available at <a href="https://forms.gle/ZH4wggmFL7ixvWKu8">https://forms.gle/ZH4wggmFL7ixvWKu8</a> 2. Candidate must attach ID proof along with PG degree certificate 3. Incomplete applications and applications received after the due date will not be considered. 4. The scan copy of duly filled application should be sent along with the Google form and email <a href="mailto:cme2023.raripune@gmail.com">cme2023.raripune@gmail.com</a>
Procedure for the selection	1. The guidelines by the RAV for the selection will be followed. 2. Selected candidates will be informed by 10.01.2023 by email.
Payment of TA	1. Fare will be reimbursed only at the end of the programme and subject to eligibility limited maximum up to 2 Tier A.C. Rail fare as per the laid down conditions and principles. Production of original tickets as per the instruction of Ayurgyan Scheme, Ministry of AYUSH is mandatory. 2. Please note that <b>TATKAL</b> or <b>DYNAMIC PRICING</b> train tickets will <b>NOT BE</b> reimbursed. 3. Arrangements for accommodation, food will be provided by the Institute during the CME period. 4. Payments will be made directly to the bank account by electronic transfer.
Attendance and Participation certificate	1. Full attendance is mandatory for obtaining participation certificate 2. Certificates will be issued at the end of the CME

(Dr. Arun M. Gurav)

Assistant Director In-charge

प्रभारी सहायक निदेशक

Assistant Director Incharge

क्षेत्रीय आयुर्वेदीय अनुसन्धान संस्थान

कें. आ. वि. अ. प., आयुष मंत्रालय, भारत सरकार,

Regional Ayurveda Research Institute

C. C. R. A. S. Ministry of AYUSH, Govt. of India

नेहरू गार्डन, कोथरूड, पुणे-411 038

Nehru Garden, Kothrud, Pune - 411 038

**APPLICATION / NOMINATION FORM**

Capacity Building and Continuing Medical Education

6-day AYUSH sponsored residential Training program in current trends in R&D, modern scientific advances & technology for scientific understanding for AYUSH Doctors / Scientists

30<sup>th</sup> January to 4<sup>th</sup> February, 2023

**Organized by Regional Ayurveda Research Institute, Pune**

To

Assistant Director In-charge  
Regional Ayurveda Research Institute,  
Near Gandhi Bhavan, Kothrud  
Pune-411038

Email: [cme2023.raripune@gmail.com](mailto:cme2023.raripune@gmail.com)

Link of the google form: <https://forms.gle/ZH4wggmFL7ixvWku8>

I, hereby submit my application/nomination along with One-page CV to participate in 6-day AYUSH sponsored residential CME training program in current in R&D, modern scientific advances & technology for scientific understanding for AYUSH Doctors/Scientists by your Institute.

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

Father’s/Husband’s Name:.....

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

Education Qualification:.....

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

Name of Institute / Organization: .....

Email Id (Institute): .....

Full address for correspondence with pin code:

1. Office: .....

2. Residence: .....

3. Mobile number: ..... Email ID: .....

4. ID Card name & No. (Aadhar No./Any other Govt. recognize ID.): .....

5. Duration of service in present organization: .....Years.....  
months

6. Number of CME attended till date: .....

Please enclose One Page CV and self attested copy of aadhaar

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

Signature of Applicant

Date: .....

Recommendation of the Head of the Institution/College/Organization

.....

Signature of Head of the Institute / College/ Organization with seal