

**SUO-MOTO DISCLOSURE SECTION 4(1)(B) OF
RIGHT TO INFORMATION ACT, 2005
(Updated in 21.09.2026)**



REGIONAL AYURVEDA RESEARCH INSTITUTE, PATNA

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Particulars of its Organization, Functions and Duties

Central Council for Research in Ayurvedic Sciences, New Delhi established this Clinical Research Unit at Agamkuan, Patna, Bihar in May 1979. Since then, it has been providing their services to the people of Bihar and implementing the mandate provided by the council diligently. In the beginning, the name of the institute was 'Ayurveda Regional Research Institute (ARRI)' but when the previous mandate was revised and changed to 'Clinical Research in Infectious Diseases' Council further changed the name of the institute as 'Regional Ayurveda Research Institute for Infectious Diseases (RARIID)' in 2016. In January 2021, the institute was renamed again from the 'Regional Ayurveda Research Institute for Infectious Diseases (RARIID)' to the 'Regional Ayurveda Research Institute (RARI)'. This institute has been authorized for research in infectious diseases by the Council.

The Govt. of Bihar provided a building with full autonomy in the premises of RMRIMS (ICMR), Agam Kuan, in 1979 for its establishment. Presently different sections are in force in the institute, such as- Administrative section, OPD section, Pathology & Biochemistry section, Hindi Rajbhasha section etc.

The Institute was accredited with Entry-Level Certification for AYUSH Hospitals by NABH in May 2023.

The Institute Laboratory was also certified by the National Accreditation Board for Testing and Calibration Laboratories (NABL) in 02.08.2024

The Institute has further been certified under the Quality Management System (QMS) by the Bureau of Indian Standards (BIS) in 27.10.2025

Our Services /Facilities Available:

1. Health care services through Out Patient Department (OPD)
2. Special Clinics for Geriatric Health Care.
3. Bio-Chemistry and Pathological Laboratory.
4. Panchakarma Unit.
5. Research oriented public health care services (outreach activities) i.e.
Tribal Health Care Research Programme (THCRP)" under Tribal Sub Plan (TSP).
(Women and Child Health Care Programme (WCH)" under Scheduled Castes Sub Plan (SCSP).
6. Any other assignment of National importance related to Research & Development in Ayurveda
7. Library Service: The institute maintaining library to provide information.

OUT PATIENT DEPARTMENT (O.P.D)

❖ **Total patients treated during the reporting year 2021-22**

During the reporting year, 25,581 patients were treated in the General OPD, which includes 5,805 patients attended to in the Geriatric OPD.

Details of Patients treated in General O.P.D

Patients	Adult		Children		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
New patients	3891	5147	221	173	4112	5320	9432
Old patients	6909	8904	197	139	7106	9043	16149
Total	10800	14051	418	312	11218	14363	25581

Details of Patients treated in Geriatric O.P.D

Patients	Adult		Grand Total
	Male	Female	
New patients	941	842	1783
Old patients	2381	1641	4022
Total	3322	2483	5805

• **LABORATORY INVESTIGATIONS: -**

In laboratory, total 767 Investigations were done among them, 345 Clinical Pathology, 391 Clinical Bio-chemistry, 31 Serology Investigations were carried out in the reporting year.

❖ **Total patients treated during the reporting year 2022-23**

During the reporting year, 30,786 patients were treated in the General OPD, which includes 8,298 patients attended to in the Geriatric OPD.

Details of Patients treated in General O.P.D

Patients	Adult		Children		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
New patients	4916	7517	242	201	5158	7718	12876
Old patients	7321	10246	195	148	7516	10394	17910
Total	12237	17763	437	349	12674	18112	30786

Details of Patients treated in Geriatric O.P.D

Patients	Adult		Grand Total
	Male	Female	
New patients	1380	1328	2708
Old patients	3169	2421	5590
Total	4549	3749	8298

• **LABORATORY INVESTIGATIONS:-**

In laboratory, total 5993 Investigations were done among them, 4059 Clinical Pathological, 1828 Biochemical, 106 Serology Investigations were carried out in the reporting year.

❖ **Total patients treated during the reporting year 2023-24**

During the reporting year, 32,194 patients were treated in the General OPD, which includes 8,541 patients attended to in the Geriatric OPD.

Details of Patients treated in General O.P.D

Patients	Adult		Children		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
New patients	4867	8152	242	182	5109	8334	13443
Old patients	7347	11072	165	167	7512	11239	18751
Total	12214	19224	407	349	12621	19573	32194

Details of Patients treated in Geriatric O.P.D

Patients	Adult		Grand Total
	Male	Female	
New patients	1429	1442	2871
Old patients	3059	2611	5670
Total	4488	4053	8541

• **LABORATORY INVESTIGATIONS: -**

In laboratory, total 5591 Investigations were done among them, 2572 Pathological and 3019 Biochemical were carried out in the reporting year.

❖ **Total patients treated during the reporting year 2024-25**

During the reporting year, 39,021 patients were treated in the General OPD, which includes 10,890 patients attended to in the Geriatric OPD.

Details of Patients treated in General O.P.D

Patients	Adult		Children		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
New patients	5127	8250	202	202	5329	8452	13781
Old patients	10411	14429	222	178	10633	14607	25240
Total	15538	22679	424	380	15962	23059	39021

Details of Patients treated in Geriatric O.P.D

Patients	Adult		Grand Total
	Male	Female	
New patients	1524	1467	2991
Old patients	4578	3321	7899
Total	6102	4788	10890

• **LABORATORY INVESTIGATIONS: -**

In laboratory, total 12753 Investigations were done among them, 4707 Pathological and 8046 Biochemical were carried out in the reporting year.

❖ **Total patients treated during the reporting year 2025-26**

During the reporting year, 40,998 patients were treated in the General OPD, which includes 11,638 patients attended to in the Geriatric OPD.

Details of Patients treated in General O.P.D

Patients	Adult		Children		Total		Grand Total
	Male	Female	Male	Female	Male	Female	
New patients	8560	13473	295	289	8855	13762	22617
Old patients	7696	10367	148	170	7844	10537	18381
Total	16256	23840	443	459	16699	24299	40998

Details of Patients treated in Geriatric O.P.D

Patients	Adult		Grand Total
	Male	Female	
New patients	3029	2672	5701
Old patients	3359	2578	5937
Total	6388	5250	11638

• **LABORATORY INVESTIGATIONS: -**

In laboratory, total 6897 Investigations were done among them, 2599 Pathological and 4298 Biochemical were carried out in the reporting year.

• **Panchakarma : -**

During the reporting period from April 2025 to March 2026, a total of 503 patients underwent Panchakarma therapies in the department, including 404 new cases and 99 follow-up cases. Of these, 308 were male and 195 were female patients.

Research Oriented Public Health Activities :-

1. Tribal Health Care Research Programme (THCRP):-

The Tribal Health Care Research Programme was started on February, 1983 in Palamu District of Bihar (now in Jharkhand). In this project an attempt is made to study the living conditions, geographical and environmental profile of tribal peoples and tribal pockets, availability, and use of medicinal plants in the areas, study of dietetic habits, socio-demographic profile, nature and frequency of prevalent diseases. It also comprises collection of information related to health status, propagation of knowledge about hygiene and preventions of disease provides medical aid at their door steps, collection, and documentation of folk medicines/claims. During project in Palamu total number of 79,462 patients were treated under coverage of 1, 61,555 populations comprising of 146 tribal pockets. Thereafter in January 2000, this project was merged to RARI, Patna and since then this project has been conducting through Patna unit. Since inception total 1,35,356 patients have gotten medical relief under coverage of 3,06,882 populations comprising of 263 tribal villages and 293 folklore claims identified so far (March, 2024). During the project the demographical data of the individuals such as age, sex, marital status, educational status, occupation, income per capita, addiction, economic status, habit and habitats, languages are collected. As per the guideline of the Council folklore claims/local health traditions are also collected from the respective tribal villages.

Aim: - To provide health care through Ayurveda in the areas predominantly dwelled by scheduled Tribes.

Objectives: -

- To understand the health status of the target population in context with their sociodemographic conditions.
- To treat the patients willing to get Ayurveda interventions as adjuvant to the conventional concomitant medication or as stand-alone for various disease conditions.
- To provide Ayurveda based lifestyle advocacy for maintenance of health and prevention of diseases among the people willing to practice the same.
- To know about perception of the study population regarding Ayurveda for health care.

RARI, Patna Work carried out Since Inception to March 2025: - **(Year – 2019-20 to 2024-25)**

Total 31589 scheduled tribes' population of 29 villages/colonies were surveyed and Health care services provided to total 28634 patients.

S. No.	Project Year	No. of Villages covered	Population Surveyed	Provided medical aid to Patients treated	LHT
1.	2019-20	05	7806	4861	16
2.	2020-21	06	7779	2868	15
3.	2021-22	07	5919	5359	08
4.	2022-23	06	6330	7314	08
5.	2023-24	05	3755	8232	08
6.	2024-25	08	520	7066	09
7.	2025-26	32	581	1367	00

Research projects conducted under THCRP-TSP since inception to March 2022

In 2021-22: -

- A prospective community-based study for the evaluation of Dhatri Lauha in Anaemia (Pandu)".
- A prospective community-based study for the evaluation of Yograj Guggulu. Ashwagandha Churna & Narayana Taila in Osteoarthritis Knee
- Effectiveness of Ayurveda based diet and Lifestyle advocacy on health-related Quality of life in Scheduled Tribe population in India- a community based, cluster randomize controlled study
- Impact of Ayu Raksha Kit in COVID-19 Community Based Prophylactic Study" Under THCRP

In 2022-23: -

- Effect of Ayush SR on psychological status and quality of life of apparently healthy elderly population - A multi-centre double-blind placebo-controlled study.
- Cross sectional survey to determine the prevalence of Non-communicable Diseases, and their risk factor among Scheduled Tribes in selected states across India.

Work carried out From April 2023 to March 2024:

During this period a total, of 3755 scheduled tribes' population of 05 **Pocket/** villages/colonies was covered and Health care services provided to 8232 patients (Male: 3064 & Female:5168) of which 8001 belonged to scheduled tribes (Male: 2942 & Female: 5059).

Research projects during the period 2023-24

- Effectiveness of Ayush Rasayana A & B on Quality of Life of elderly population- A cluster randomized study.

Research projects during the period 2024-25

- Assessment of acceptability of the Comprehensive Ayurveda-based health care approach in the tribal community and effectiveness of individualized health care - Cluster randomized study.

Research projects during the period 2025-26

- Documentation of ethno-dietary practices indigenous to India.
- Documentation of plants, metals, minerals, animal products and other materials used in various indigenous religious practices and rituals across India.

2. Ayurveda Mobile Health Care Programme (AMHCP) under (SCSP)

Ayurveda Mobile Health Care Programme (AMHCP) under (SCSP) is being carried out to study the living conditions of scheduled castes people; for propagation of knowledge about health, hygiene, nutrition; and to provide medical aid for prevention and management of diseases at their door steps on the principles of Ayurveda. This project had already closed.

Aims: To provide health care through Ayurveda in the areas predominantly dwelled by scheduled castes.

Objectives: -

- To treat the patients willing to get Ayurveda interventions as adjuvant to the conventional concomitant medication or as stand-alone for various disease conditions
- To generate awareness about Health, Hygiene, Nutrition through awareness lectures and distribution of IEC materials & to provide Ayurveda based lifestyle advocacy (Dinacharya, Ritucharya, Pathyaapathya etc.) for maintenance of health and prevention of diseases.
- To understand the health status of the target population in context with their socio-demographic conditions
- To know about perception of the study population regarding Ayurveda for health care.

Sr. No.	Project Year	No. of villages covered	No. of tour	Population surveyed	SC patients treated	Total Patient treated
01	2018-19	6	242	10521	6909	7169
02	2019-20	7	240	10354	7170	7334
03	2020-21	6	160	7896	4857	6615
04	2021-22	5	170	5987	2142	4810
05	2022-23	7	204	6276	2784	8267

3. Women and Child Health Care Programme under Scheduled Castes Sub-Plan:-

To provide health care through Ayurveda and to observe the health status of Women & children in the areas predominantly dwelled by the scheduled castes

Aim: - To provide health care to women and children through Ayurveda in the areas predominantly dwelled by scheduled castes.

Objectives:-

- To treat the patients willing to get Ayurveda interventions as adjuvant to the conventional concomitant medication or as stand-alone for various disease conditions.
- To generate awareness about Health, Hygiene, Nutrition through awareness lectures and distribution of IEC materials & to provide Ayurveda based lifestyle advocacy (Dinacharya, Ritucharya, Pathya-Apathya etc.) for maintenance of health and prevention of diseases.
- To understand the health status of the target population in context with their socio-demographic conditions.
- To know about perception of the study population regarding Ayurveda for health care.

Sr. No.	Project Year	No. of villages covered	No. of tour	Population (Women and Children) surveyed	Provided medical aid to SC Women and Children
01	2018-19	05	33	1512	329
02	2019-20	05	226	6842	4335
03	2020-21	0	0	0	0
04	2021-22	05	168	6220	5778
05	2022-23	06	200	6025	8362
06	2023-24	05	200	3857	9132
07	2024-25	05	222	0	8509
08	2025-26	08	152	-	1903

Research projects conducted under RCH/WCH under SCSP since inception to March 2022

In 2021-22: -

- A prospective community based study for the evaluation of Rajapravartani Vati in Primary Dysmenorrhea

In 2022-23: -

- Placebo controlled randomized trial of Ayush SR in Post Menopausal Syndrome.
- Cross sectional survey to determine the prevalence of NCDs and their risk factors among women belonging to scheduled castes across India

Work carried out From April 2023 to March 2024:

During this period a total, of 3857 SC population of 05 Pocket/villages/colonies was covered and Health care services provided to 9132 patients (Female: 8025 & Male Child : 514, Female Child : 593) of which 3857 belonged to scheduled caste (Female: 1396 & Male Child : 1387, Female Child : 1074)

Research projects during the period 2023-24

- Effectiveness of RajapravartaniVati and Saraswatarishta in Dysmenorrhoea A prospective community-based study.

Research projects during the period 2024-25

- Effectiveness of RajapravartaniVati and Saraswatarishta in Dysmenorrhoea A prospective community-based study.
- Effect of Ayurveda-based Advocacy on Knowledge, Attitudes and Practices related to menstruation among women pf reproductive age- A Community-based Study.
- A cross-section community based study on Knowledge, Attitudes and Practices related to menstruation among women pf reproductive age.

Research projects during the period 2025-26

- Documentation of Ethno- Dietary Practices Indigenous to India.
- Documentation of Plants, Metals, Minerals, Animal products and Other materials used in various indigenous religious practices and rituals across India.

4. Project: Ekalavya Model Residential Schools (EMRS):

Title of the Research Project : "General health screening with special focus on disease conditions (Tuberculosis, Anemia, Sickle Cell & Malnutrition) and Ayurveda management of A Malnutrition in students of Ekalavya Model Re Schools (EMRS) Functioning under the M/o Tribal Affairs"

Introduction:

Tribal health in India is still an area of concern after more than seven decades of independence.

The tribal population of the country, as per 2011 census, is 10.43 crore, constituting the total population; 89.97% of them live in rural areas and 10.03% in urban areas. MoHF of the expert committee on tribal health (2018), highlights the fact that tribal communities have poorer health indicators, greater burden of morbidity and mortality, and limited healthcare services in comparison to the rest of the population.

Recognizing the need of healthcare based on the understanding of the health conditions of the children of the EMRSs the M/o Ayush, Govt. of India and M/o of Tribal Affairs (MoTA) Govt. of India entered into a Memorandum of Understanding (MoU) with the objectives to explore of collaboration, convergence and synergy between M/o Ayush and M/o Tribal Affairs for development while preserving the tribal cultural heritage through evidence-based planning building and other enabling measures and have a platform for exchange of information between Ayush and M/o Tribal Affairs. One of the Areas of Cooperation in the MoU is "work on public research initiative for tackling endemic & genetic diseases like sickle cell anemia, TB, Malaria and Malnutrition". The Joint Working Group has decided to take a Program on demographic trends and impact of Ayurveda based interventions & advocacies on general health outcomes in selected disease conditions in students of identified Ekalavya Model Residential (EMRS) functioning under M/o Tribal Affairs.

This project is being executed in 55 selected EMR Schools of 14 states across the country through 16 participating institutes of CCRAS in collaboration with ICMR-National Research in Tribal Health, Jabalpur. Screening of all the students of selected EMR functioning under Ministry of Tribal Affairs (MOTA) for Tuberculosis, Hemoglobinopathies & Malnutrition, and laboratory investigations as per requirement will be done by ICMR-National Institute of Research in Tribal Health (NIRTH) Jabalpur.

The Ministry of AYUSH, in collaboration with its Central Council for Research Sciences (CCRAS), has undertaken this health initiative for tribal students in partners Ministry of Tribal Affairs and ICMR-National Institute of Research in Tribal Health Jabalpur. It aims to cater to the healthcare requirements of students residing in EMRS areas in the country. This project is set to benefit over 20,000 tribal students.

This EMRS Project was sanctioned vide council office order no.1412/2023-24 File PROJ011/1/2024-PROJ/ Date: 05-03-2024.

Participating Centre along with PI and CO-I:

S. No.	Name of the CCRAS Institute	PI	Co-I
1.	RARI Patna	Dr. Balaji Potbhare R.O. (Ayu.)	Dr. Ashok Kumar Sinha R.O. (Ayu.)
2.	ICMR-NIRTH Jabalpur, Madhya Pradesh	Dr. Ravindra Kumar Scientist D	Dr. Suyesh Shrivastava Scientist C

S. No.	Programme Officer	Nodal Officer	Co-Nodal Officer
1.	Dr. Deepa Makhija Asst. Director, CCRAS New Delhi	Dr. Renu Singh R.O. (Ayu.), CCRAS New Delhi	Dr. Prashant Sinde R.O. (Ayu.) CCRAS New Delhi

5. “Treatment adherence, tolerability and safety of Ayurveda therapeutic regimen in the management of Rheumatoid Arthritis: An open label, OPD-based, multi-center study” under ‘SMART RA PROJECT’

This Collaborative Clinical Research Project, registered under CTRI (CTRI/2023/04/051829), was being conducted by the Nodal Institute Regional Ayurveda Research Institute, Patna. The project involves four selected Ayurvedic colleges: 1. Ayurvedic & Unani Tibbia College & Hospital (Govt. of NCT of Delhi), New Delhi, 2. Pt. Khushilal Sharma Govt. Ayurveda College & Institute, Bhopal, MP, 3. Sri Kalabyraveshwaraswamy Ayurvedic Medical College, Hospital & Research Center, Bengaluru, Karnataka 4. Tilak Ayurveda Mahavidyalaya, Pune, Maharashtra are the four selected Ayurvedic colleges for this project. Dr. Kumari Archana R.O.(Ay.) is the Co-PI and Dr. Rohit Kumar Ravte, R.O.(Ay.) is Co-I of this project. The total sample size for this research was 480 patients (120 patients per center). The study aims to evaluate the clinical efficacy and safety of three Ayurvedic formulations “Punarnava Guggulu, Rasnasaptaka Kawath and Shunthi Churna “in the treatment of Rheumatoid Arthritis (RA).

During the 2024-25 reporting period, patient enrollment was successfully completed, with each center registering 120 patients. The study, spanning two years, has now been concluded at all four collaborating centers. The final dataset, compiled in e-CRF format will be submitted to RARI, Patna by collaborating centres which RARI Patna will forward it to the Headquarters Statistics Section for evaluation and analysis. The statistical findings will be published in a reputed journal, contributing to the scientific validation of these Ayurvedic treatments for Rheumatoid Arthritis.

6. Knowledge, Attitude and Practice towards Pharmacovigilance of Ayurvedic Medicines among Registered Ayurvedic Medical Practitioners of the Respective States – a Multicentre Study:

The pharmacovigilance program aims to collect data pertaining to the occurrence of ADR and to identify and quantify the risk associated with the use of drugs. Such data is used to reach inferences to recommend informed regulatory interventions and communicate risks to healthcare professionals and the public. It is estimated that about 80% of the Indian population uses Ayurveda medicines for their healthcare needs. The Primary Objective of this project was to assess the knowledge, attitude, and practices towards Pharmacovigilance of Ayurvedic medicines among Registered Ayurvedic medical practitioners in Bihar, and the Secondary objectives were to compare the obtained data on knowledge, attitude, and practices towards Pharmacovigilance of Ayurvedic medicines among Registered Ayurvedic medical practitioners in Bihar with the existing published data. Prior to sensitization and assessment of KAP, development and validation of the questionnaire were done, followed by IEC approval. Sensitization and collection of data of Ayurvedic practitioners from the State and District Authority was done by the Workshop on Pharmacovigilance/ Sensitization Programmed. Pre and post-assessment questionnaires were filled out after the sensitization program. To collect the data from a sample size of 410, 6 sensitization programs were conducted outside the Institute (100 participants in each workshop). Consent was taken from the participants before giving them pre and post-assessment questionnaires. A total of 423 Registered Practitioners enrolled on the study in 6 programmes’ follow-up was taken from all the participants. Six programmes were conducted in the following colleges:

- Government Ayurvedic College & Hospital, Kadamkuan, Patna
- Govt. Ayodhya Shivkumari Ayurved College & Hospital, Begusarai
- Swami Raghvendraacharya Tridandi Ayurved Mahavidyalaya & Hospital, Karjara, Gaya
- Dayanand Ayurvedic medical College & Hospital, Siwan

- Shri Moti Singh Jageshwari Ayurved College & Hospital, Chapra, Saran
Himalaya Ayurvedic Medical College & Hospital, Chiksi, Kinjar Road, Paliganj, Patna

7. Effectiveness of Drakshavaleha in Improving the symptom of Function Gastrointestinal Disorder – A Multi-center Study :

This project was assigned as part of a multi-centric trial involving 15 centers under the aegis of the Council Headquarters (CCRAS). The objective of this project was to assess the role and effectiveness of “Drakshavaleha in ameliorating the symptoms of Functional Gastrointestinal Disorders.” Following approval from the relevant IEC and CTRI registration authorities, participants were enrolled in the study based on pre-defined inclusion and exclusion criteria. After providing an information sheet to the prospective participants, written informed consent was obtained for their participation in the study. This project was initiated on November 28, 2025, by the Regional Ayurveda Research Institute, Patna.

The aim of this study is to evaluate the efficacy of the trial drug, 'Drakshavaleha', in patients diagnosed with 'Functional Gastrointestinal Disorders' (FGID). This is a chronic condition which, according to a published study (Shivaji UN and Ford AC, 2014), is observed in 35% of new cases presenting at Gastroenterology (GE) clinics.

Conducted under the auspices of the Regional Ayurveda Research Institute, Patna, this study commenced on November 28, 2025. The total duration of the study is one year, involving the enrollment of 300 participants; as of March 2026, a total of 149 participants have been enrolled. Among these, one participant was excluded following a screening failure detected during an examination in January 2026, and a total of 17 participants have been withdrawn from the study to date due to their failure to attend scheduled follow-up visits. Currently, a total of 121 participants remain actively enrolled in the study, and their data is being submitted to the Headquarters on a periodic basis.

8. Evaluation of efficacy and safety of Shadbindu Taila Marsha Nasya and Chitraka Haritaki Avaleha in Chronic Rhinosinusitis: A Randomized Controlled Multicenter Study :

The prevalence of chronic rhinosinusitis (CRS) measured in epidemiologic studies is 5% to 12%. Chronic Rhinosinusitis is one of the important global health problems defined as inflammation of the mucous membrane of the nose and paranasal sinuses. Chronic rhinosinusitis refers to a condition that lasts at least 12 weeks, despite attempts to treat it, and causes at least two of the symptoms; nasal congestion, mucus discharge from the nose or mucus that drips down the back of the throat, facial pain, pressure, or fullness, a decreased sense of smell. The proximity of the brain to the sinuses makes the most dangerous complication of Chronic Rhinosinusitis, particularly involving the frontal and sphenoid sinuses, infection of the brain by the invasion of anaerobic bacteria through the bones or blood vessels. Abscesses, meningitis and other life-threatening conditions may result. In extreme cases, the patient may experience mild personality changes, headaches, altered consciousness, visual problems, seizures, coma and possibly death.

The treatment strategy for Chronic Rhinosinusitis mainly includes the use of topical decongestants, saline nasal drops, nasal saline irrigations, nasal steroids, antihistamines, antibiotics and in some cases surgical interventions. Even though not a life-threatening condition it produces difficulty in carrying out day to day activities and greatly affects the quality of life. Pinasa Roga is one such chronic disease which affects the nose and nasal passages. Pinasa is due to vitiated Vata Kapha, with Nasaavarodha (Nasal obstruction), Nasashosha (dryness of the nose), Gandha agyana (abnormal perception of smell) as the characteristic symptoms. The various etiological factors mentioned (faulty life style & regimen) leads to Agnimandya and Aama which is the main causative factor for the disease. Ayurveda being a life science advocated preventive and curative measures for the treatment of various chronic diseases. Earlier researches have proved the effectiveness of

Ayurvedic treatment in the management of Pinasa Roga. Chitraka Haritaki Avlehya is mentioned in Nasarogadhikara Chikitsa in Chakradutta (58/31-33). Shadbindu Taila is medication described in Bhaishajyaratnavali Siroroga Chikitsa Prakarana for the management of almost all Urdhajatrugata Rogas (65/81- 83). Total 160 patients (80 at each participating center) will be included in the study. The observations and discussion will be made according to statistical analysis on different clinical & objective parameters and scores of questionnaires (Chronic Rhinosinusitis Questionnaire). This study has been proposed to evaluate the efficacy and safety of Administration of Shadbindu Taila Marsha Nasya and Chitraka Haritaki Avleha in Chronic Rhinosinusitis. Both two participating centers will complete the study period of 2 years and both institute will enroll 80 patients at their respective centers. Final data will be shared by participating institutes to headquarter statistics section in e-CRF format for evaluation and received statistical result will be published in reputed journal.

9. A Clinical Consensus study for developing Standard operative Procedure and Practice Guidelines of Seka and Aschyotana of Netra Kriyakalpa with a Feasibility study in Conjunctivitis :

Kriyakalpas are the specialized local therapeutic (Sthaniya Chikitsa) procedures indicated for Netraroga in various ocular conditions. As panchakarma therapy is important for Kaychikitsa same as Kriyakalpa therapy plays important role in treating various Netraroga in Shalakya. It includes Tarpana, Putapaka, Seka, Aschyotana, Anjana, Bidalaka and Pindi. Seka and Aschyotana, one of the frequent used Kriyakalpa therapy to cure Netra Rogas . In Seka, prepared Kwath/medicated solution is poured as continuous stream over the closed eyelids from 4 angula for a specific time as per the dosha involved. While in Aschyotana prepared Kwath/medicated solution is poured in open eye in drop form at Kaninika Sandhi (Inner Canthus) from 2 angula with the help of Pichuvarti. Aschyotana is first line of treatment in eye diseases. Seka and Aschyotana both therapies are indicated in acute phase or Aamavastha in eye diseases.

But frequently, Seka and Aschyotana procedure is administered in a way that seriously undermines the procedure's effectiveness by departing significantly from traditional practices and applying it in an unscientific manner. The practice of Seka and Aschyotana varies across different parts of the country and among the practicing physicians. There lies the relevance of standardization of different aspects of Seka and Aschyotana procedure.

The purpose of the current study is to scientifically standardize the Seka and Aschyotana procedure in terms of Purva, Pradhan and Paschat Karma includes preparation of Kwath Dravya with aseptic precaution, maintain temperature of prepared medicine, storage, time and dose in order to ensure safety and significantly increase procedural efficacy.

Study will be conducted in two Stages I (Consensus Meeting ; Online & Offline) & Stage- II (Feasibility Study). All two participating centers will complete the study period of 1 year and will enroll 30 patients at their respective centers. Final data shared by collaborating institutes to nodal institute RARI Patna in e-CRF format will be send to headquarter statistics section for evaluation, received statistical result will be published in reputed journal.

10. Survey and Documentation on Netra Kriyakalpa Practices among Registered Ayurveda Practitioners Across India :

Netra Kriyakalpa is a topical therapeutics performed in Ayurvedic ophthalmology. It involves a specific procedure using a prescribed formulation for proper application to the eyes. They comprise procedures such as Tarpana (retention of medicated ghee), Putapaka (retention of extracts of medicinal plants), Seka (medicated solution poured as stream), Aschyotana (eye drops), Anjana (ointments), Pindi and Bidalaka (external application on the eyelids and adnexa). These Kriyakalpa's are the unique treatments identified under Bahyaaparimarjana Chikitsa (Topical therapies) which are procedures aiming at treating diseases of eye. Apart from the Kriyakalpas

mentioned in Ayurvedic literatures, there are various other special practices such as Netra Lepana, Netra Dhara, Netrabasti, Annalepana, Avagundana and variants of Anjana, etc. which are practiced widely since years with significant clinical outcomes but not established evidently. Hence documentation, reporting and recording of these practices in a predefined format is necessary for dissemination of knowledge and promote consistent practice.

All participating centers have completed the study period of 01 year and all center have to document and identify Netra Kriyakalpa Practices/methods, medicines, modalities of use, indications among 10 registered Ayurveda practitioners at their respective centers in identified zone. Final data shared by participating institutes to nodal institute Central Ayurveda Research Institute, Bengaluru in google form which will be send to headquarter statistics section for evaluation, received statistical result will be published in reputed journal.

Details of all projects undertaken from the date of the last inspection to date.

Sl. No.	Project Code	Title of the project	Status
Year : 1980 to 2018			
1	-	Effect of Haridrakhanda on Tamak Swasa.	Completed
2	-	Effect of Sameer Pannag Rasa and Guduchi Satwa on Tamak Swasa.	Completed
3	-	Effect of Sameer Pannag Rasa and Haridrakhanda on Tamak Swasa.	Completed
4	-	Effect of Bhagottar Gutika and somlata Yoga on Tamak Swasa.	Completed
5	-	Effect of Haridrakhanda, Talisadi Churna and Arjunarista on Tamak Swasa.	Completed
6	-	Effect of Shirishtwak Kwath in Tamak Swasa.	Completed
7	-	Effect of Somalata Churna and Talisadi Churna in Tamak Swasa.	Completed
8	-	Effect of Pippali Vardhaman Ksheer Pakand Sameer Pannag Rasa on Tamaka Swasa (Bronchial asthma)	Completed
9	-	Clinical Evaluation of Sunthi Guduchi Churna on Amavata Rheumatoid Arthritis.	Completed
10	-	Clinical Evaluation of Yograj Guggulu and Sameer Pannag Rasa for treatment of Amavata Rheumatoid arthritis.	Completed
11	-	Clinical Evaluation of Yograj Guggulu and Saindhvadi Taila for the treatment of Amavata Rheumatoid Arthritis.	Completed
12	-	Clinical Evaluation of Vardhman Pippali Ksheer Paka and Sameer Pannag Rasa on Amavata Rheumatoid Arthritis.	Completed
13	-	Clinical Evaluation of Saptaparna Ghanavati, Parijatapatra Ghanavati, and Ayush 64, Guduchi Satwa, Phatik Bhasm on Vishamjwar Malaria.	Completed
14	-	Clinical Evaluation of Kanchnar Guggulu, Gokshuradi Guggulu and Sleepdari Rasa, Punarnava, Triphala & Pippali Churna in Sleepada (Fillariasis)	Completed
15	-	Clinical Evaluation of Kankayan Vati, Triphala Churna, Kashishadi Tail and Karavyadi Rasa, Triphala Churna, Kashishadi Tail on Arsha.	Completed
16	-	Clinical trial of Hingutrigun Tail on Gridhrasi (Sciatica)	Completed
17	-	Clinical Trial of Bilvamajja Churna on Grahani Roga (Malabsorption Syndrome)	Completed
18	-	Clinical Trial of Dhatri Lauha in Iron Deficiency Anaemia.	Completed
19	ICL0035	Clinical Evaluation of Ashvagandhadyarishta, Jatamamsi Arka and Sarpagandha Vati in the Management of Essential Hypertension (Uccha Raktachapa)	Completed
20	ICL0028	Clinical Evaluation of Maha Triphaladya Ghrita in the Management of Allergic Conjunctivitis (Kaphaja Abhishyanda)	Completed
21	ICL0032	Clinical Evaluation of Maha Triphaladya Ghrita in the Management of Dry Eye Syndrome (Shushkakshipaka).	Completed

22	ICL0059	Clinical Evaluation of Vatari Guggulu, Hingvashtaka Churna and Brihat Saindhavadya Taila in the Management of Rheumatoid Arthritis	Completed
23	ICL0072	Clinical Evaluation of Parthadyarishtha (Arjunarishta) and Sarpagandha Vati in the management of Essential Hypertension (Uccha Raktachap).	Completed
Year : 2018 to 2021			
1	ICL0122	A Clinical Study on Efficacy and Safety of an Ayurvedic Formulation 'Kutajavaleha' in the Management of Grahani Roga	Completed
2	ICL0185	A prospective non-randomized open label controlled interventional study on the effect of Guduchi Ghanvati/ Sudarshan Ghanvati as a prophylactic measure among containment zone (Patna) population exposed to COVID- 19	Completed
3	ICL0185	A prospective non-randomized open label controlled interventional study on the effect of Guduchi Ghanvati/ Sudarshan Ghanvati as a prophylactic measure among containment zone (Gaya) population exposed to COVID- 19	Completed
4	IPH0001	A prospective open label controlled interventional study on the effect of Ayurvedic intervention (Ayurveda Raksha Kit) as a prophylactic measure in the Pandemic of COVID-19 - A community-based study.	Completed
5	ICL0193	Clinical Efficacy of Kaishor Guggulu and Balaguduchyadi Taila in the Management of Gout (Vatarakta)	Completed
6	IMR	A prospective open labeled observational study to document the potential safety issues and prescription trends in selected Rasaushdhies in CCRAS-OPD across India	Completed
Year : 2021-22			
1	IMR	"Profiling of Demographic, Health status and Non communicable Disease among Scheduled Caste population in selected states across India- A descriptive, Cross sectional, Epidemiological study" (Under AMHCP-SCSP)	Completed
2	IPH0007	"Effectiveness of Ayurveda based diet and Lifestyle advocacy on health-related Quality of life in Schedule Caste population in India (Under AMHCP-SCSP)	Completed
3	IPH0005	"A prospective community- based study for the evaluation of the Punarnavadi Mandura in Anaemia (Pandu)" (Under AMHCP-SCSP)	Completed
4	IPH0011	"Clinical evaluation of efficacy of Ashwagandha on Quality of Life in Geriatric population- Prospective Double-blind placebo-controlled study" (Under AMHCP-SCSP)	Completed
5	IMR	Profiling of Demographic, Health status and Non communicable Disease among Women and Child population of Scheduled Caste in selected states across India- A descriptive, Cross sectional, Epidemiological study. (Under WCH)	Completed
6	IPH0009	"Effectiveness of Ayurveda based Diet and Lifestyle advocacy on health-related Quality of life in Women's of	Completed

		Schedule caste population in India- A community based; cluster randomized controlled study”. (Under WCH)	
7	IPH0008	“A prospective community- based study for the evaluation of the Rajapravartani Vati in the management of Primary Dysmenorrhea” (Under WCH)	Completed
8	IMR	Profiling of Demographic, Health status and Non communicable Disease among Scheduled Tribe population in selected states across India- A descriptive, Cross sectional, Epidemiological study” (Under THCRP-TSP)	Completed
9	IPH0004	“Effectiveness of Ayurveda based diet and Lifestyle advocacy on health-related Quality of life in Schedule Tribe population in India- A community based; cluster randomized controlled study” (Under THCRP-TSP)	Completed
10	IPH0002	“A prospective community- based study for the evaluation of the Dhatri Lauh in Anaemia (Pandu)” (Under THCRP-TSP)	Completed
11	IPH0003	“A prospective community-based study for the evaluation of Yograj Guggulu, Ashwagandha Churna and Narayana Taila in Osteoarthritis Knee (JanugatSandhivata)” (Under THCRP-TSP)	Completed
12	IPH0013	“Impact of Ayuraksha Kit in Covid-19- Community Based Prophylactic Study”	Completed
Year : 2022-23			
1	ICL0210	Clinical Evaluation of Lohasava and Amalaki Churna in the management of Iron Deficiency Anemia (Pandu)	Completed
2	CCL 0075	CCRAS initiated 'Collaborative Clinical Research' through its clinical units in collaboration with various Ayurvedic educational institutions in India under the 'SMART PROJECT': Treatment adherence, tolerability and safety of Ayurveda therapeutic regimen in the management of Rheumatoid Arthritis: An open label, OPD-based, multi-center study- Under SMART Project.	Completed
3	IMR Literary Research Project	Documentation of Life Profiles of Eminent Personalities- : Information about life profile of eminent personality of Ayurveda is being compiled by CCRAS. RARI, Patna was assigned the task of compiling information on 'Vd. Ram Raksha Pathak'.	Completed
4	IPH0017	Cross-sectional survey to determine the prevalence of Non-communicable Diseases and their risk factor among Scheduled Tribes in selected states across India (Under THCRP-TSP)	Completed
5	IPH0016	Effect of Ayush-SR on Psychological status and quality of life of apparently healthy elderly population- A multicenter, double-blind placebo-controlled study. (Under THCRP-TSP)	Completed
6	IPH0018	Cross sectional survey to determine the prevalence of Non-communicable Diseases and their risk factors among scheduled castes in selected states across India. Under (AHMCP-SCSP)	Completed
7	IPH0020	A randomized placebo-controlled trial of Ayush-SR in Perceived stress. Under (AHMCP-SCSP)	Completed
8	IPH0021	Cross sectional survey to determine the prevalence of Non-Communicable Diseases and their risk factors among women	Completed

		belonging to scheduled castes across India. (Under WCH)	
9	IPH0022	Placebo controlled randomized trial of Ayush-SR in Post-Menopausal Syndrome. (Under WCH)	Completed
Year : 2023-24			
01	CEM 0003	General health screening with special focus on Tuberculosis, Anaemia, Hemoglobinopathies & Malnutrition and Ayurveda interventions for better health outcomes in the students of Ekalavya Model Residential Schools (EMRS) functioning under M/o Tribal Affairs (2023-26)	Completed
02	ILI0031	Ayurveda in Buddhist Literature (Tripitaka): A Medico-Historical Investigation	Completed
03	IPH0027	Effectiveness of Ayush Rasayana A & B on Quality of Life of elderly population- A cluster randomized study. (Under THCRP-TSP)	Completed
04	IPH0028	Effectiveness of Rajapravartani Vati and Saraswatarishta in Dysmenorrhoea- A prospective community-based study. (2023-25). (Under WCH)	Completed
Year : 2024-25			
01	IPH0029	Assessment of acceptability of the Comprehensive Ayurveda-based health care approach in the tribal community and effectiveness of individualized health care - Cluster randomized study. (Under THCRP-TSP)	Completed
02	IPH0031	Effect of Ayurveda-based Advocacy on Knowledge, Attitudes, and Practices related to menstruation among women of reproductive age- A Community-based Study. (Under WCH)	Completed
03	IPH0032	A cross-sectional community-based study on knowledge, attitudes, and practices (KAP) related to menstruation among women of reproductive age. (Under WCH)	Completed
Year : 2025-26			
01	IPH0033	Documentation of ethno-dietary practices indigenous to India (under THCRP & WCH 2025-26)	Completed
02	IPH0034	Documentation of plants, metals, minerals, animal products and other materials used in various indigenous religious practices and rituals across India (under THCRP & WCH 2025-26)	Completed
Year : 2026-27			
01	IPH0050	Assessment of Knowledge Attitude and practice on Maternal and Child Nutrition among Health Seekers attending Ayurveda Clinical Research facilities across Different States in India. (Under Rashtriya Poshan Pakhwada, 2026)	Completed
02	IPH0049	Assessment of Knowledge, Attitude and Practices (KAP) on Maternal and Child Nutrition among Anganwadi Workers and Supervisors across Different States in India. (Under Rashtriya Poshan Pakhwada, 2026)	Completed
03	ICL0262	Chronic Rhinosinusitis (CRS) entitled "Evaluation of efficacy and safety of Shadbindu Taila Marsha Nasya and Chitraka Haritaki Avaleha in Chronic Rhinosinusitis: A Randomized Controlled Multicenter Study.	Ongoing
04	ICL0271	Survey and Documentation on Netra Kriyakalpa practices	Ongoing

		among registered Ayurveda practitioners across India-Project Code-ICL0271.	
05	ICL0270	A Clinical Consensus study for developing Standard operative Procedure and Practice Guidelines of Seka and Aschyotana of Netra Kriyakalapa with a Feasibility study in Conjunctivitis.	Ongoing
06	ICL0276	Effectiveness of Drakshavaleha in Improving the Symptoms of Functional Gastrointestinal Disorders – A Multi-Centre Study.	Ongoing
07	CEM 0003	Samyoga (Feasibility of Integrating a Structured Yoga Regimen into Ayurveda Treatment-as-Usual for Selected Non-Communicable & Metabolic Diseases: A Multicentric Health Systems Implementation Study in CCRAS Institutes	Ongoing
08	IFM0006	i) A Cross-sectional Survey to study the distribution pattern of different prakriti types across India- A multi centric Study i) Association study between Prakriti and Inheritance pattern	Ongoing

Powers and Duties of Officers and Employees

Regional Ayurveda Research Institute, Patna is a peripheral institute under CCRAS. The Powers and Duties of Head of the Institute is as per the letter of the Council regarding Revised Delegation of Financial and administrative powers Heads of Peripheral Institute/Centers/Units of the Council dated 27 April 2015.

Duties of officers & employees are to completely follow all the direction received from CCRAS Hq. Apart from this the officers are providing OPD Services, Laboratory Services, Library Services etc.

Annexure-I

**Delegation of Financial and Administrative Powers to Dy.Director(Admn.) HQrs. Office,
CCRAS and In-charges of the Sub-ordinate Institutes/Centres/Units of the Council**

SNo	Items/ Powers	Extent of powers delegated				Remarks
		Dy.Director (Admn.)		In-charges		
		Existing	Enhanced	Existing	Revised	
1	2	3	4	5	6	7
1	Power to sanction taxes/surcharges, renewal of insurance, postal, telegraphic, water, electricity, telephone	Full	Full	Full	Full	Subject to budget provision
2	Reimbursement of local conveyance in respect of employees working under them.	Rs.150/- p.m. per person	As per orders of D/o Expenditure	Rs.150/- p.m. per person	As per orders of D/o Expenditure	As amended from time to time
3	Power to incur expenditure on non-recurring items.	Upto Rs.10,000/-	Upto Rs.1.00 lakh	Upto Rs.1,00,000/- in respect of CRIs and Rs.50,000/- in respect of other Units	Upto Rs.2.00 lakh to National Research Institutes, Cpt. Srinivasa Murthy Research Institute for Ayurveda and Siddha Drug development, Chennai, , Ayurveda Central Research Institute, Delhi, Ayurveda Research Institute for Mother and Child Health Care, Trivandrum, Advanced Centre for Ayurveda in Mental Health and Neuro-Sciences NIMHANS, Bangalore,Ayurveda Cancer Research Institute, Mumbai, Ayurveda Mental Health Research Institute, Nagpur & Ayurveda Regional Research Institute, Patna, NRISR, Amchi, leh and Rs.1,00,000/- for other Institutes.	Subject to budget provision and observations of codal formality. The accountability for justifiable expenditure fully lies with the officer sanctioning the amount. The Officer will also be responsible for compliance of all audit observations.

(Signature)

4	To incur expenditure on recurring contingency like petrol, diet, Diesel (Central heating), stationery, postage etc.	Upto Rs.2,000/-	Full	Full	Full	Subject to budget provision and rates of diet prescribed by the Council.
5	Purchase of books/ publications, periodicals, journals.	Full, on the recommendations of DD(Tech.) concerned Programme Officers	Full, on the recommendations of DD(Tech.) concerned Programme Officers	Full, except involving foreign currency.	Full	Subject to budget provision and requirement of allotted programme.
6	Power to sanction temporary advances from the imprest.	Full	Full	Full	Full	Not more than one advance is sanctioned to an individual, till the adjustment is submitted.
7	Power to sanction telephone rents, calls, phonograms, where telephone connections are sanctioned by the Council. Audit Fees and Advt. charges.	Full	Full	Full	Full	
8	Power to sanction expenditure on electricity and water charges.	Full	Full	Full	Full	
9	To sanction repair charges of vehicles, equipments, tools, stores etc.	Upto Rs.5000/-	Full	Upto Rs.5000/-	Full	Through authorized workshops only.
10	Purchase and supply of uniform for eligible staff.	Full in respect of employees working at HQrs. Office	Full	Full in respect of employees working under them.	Full	As per DOPT guidelines
11	a) Power to sanction advances of pay/TA/ DA to the employees in whose case	Full	Full	a) Full - provided the advance is sanctioned as per rules	Full	As per rules as amended from time to time

(11/11/2020)

	transfer orders have been issued by HQrs. Office. b) Advance of leave salary as per rules					
12	i) To sanction the write off of irrecoverable stores etc. provided that (i) the loss is not due to theft and (ii) it does not disclose a defect of system or serious negligence on the part of some individual employees of the Central Council, which might possibly call for disciplinary action and to sanction write off and sell by auction or otherwise, in the interest of the Council, (ii) Declaring Condemn unserviceable stores. (The amount of sale proceeds shall be credited to the Hqrs office of the Central Council).	Upto Rs.5000/-	Upto Rs.50,000/-	Upto Rs.5000/- in r/o CRIs and Rs.3000/- in r/o RRs/ RRCs and other major institutes in each case (Note: each case means each occasion not each article). The case of theft, negligence on the part of individual including cases involving relaxation will continue to be referred to the Council.	Rs.50,000/- to all Subordinate Institutes/Centres	On the recommendations of a Physical Verification Committee (Condemnation Committee) to be constituted according to Rules.
13	Power to sanction festival advance to entitled staff	Full in respect of employees working at HQrs. Office	Full	Full in respect of employees working under them.	Full	-do-
14	Power to reimburse medical examination fee on first appointment as per scales laid down.	Full	Full	Full	Full	

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15	Power to sanction LTC and LTC advance in respect of staff working under them except head of Institutes/Centres	Full in respect of employees working at Hqrs. Office.	Full	Full in respect of employees working at under them.	Full	
16	Power to sanction cycle/fan advance to staff.	Full	Full	One case in a year	Full	
17	Power to reimburse tuition fee/CEA in respect of employees working under him.	Full	Full	Full in respect of employees working at under them.	Full	
18	Power to purchase prepared medicines from IMPCL and IMPCOPS only.	Upto Rs.50,000/- on the recommendation of Deputy Director (Tech.)/ Programme Officers	Full on the recommendation of Dy.Dir. (Tech.)/ Programme Officers	Upto Rs.1,00,000/- in case of CRIs and Rs.30,000/- in case of other Units.	Rs.2,00,000/- where OPD and/or IPD are functioning	Subject to budget provision
19	Power to sanction medical reimbursement claim in respect of officers and staff working at Institutes/Centres /Units.	Upto the limit of Rs.10,000/- in each case.	Full	Upto the limit of Rs.500/- in each case in a year	Full	Claims for treatment taken from private hospitals in emergency to be sanctioned by Director General, CCRAS
20	Power to purchase raw drugs for preparation of medicine including trial drugs for use in hospital as well as for supply to other projects of the CCRAS.	Upto Rs.50,000/- on the recommendation of Deputy Director (Tech.)	Full on the recommendation of Deputy Director (Tech.)	Rs.50,000/- in case of CRIs and Rs.15,000/- in case of other Units.	Rs.1,00,000/- (subject to obtaining GMP certificate)	Subject to budget provision
21	Power to sanction annual maintenance contract charges in respect of typewriters,	Full for approved AMCs	Full	Upto Rs.5,000/- in each case with reference to the budget provision	Full	AMCs to be awarded to the manufacturers or their authorized dealers. In other cases after

(immm)

	computers, fax, photo copier, duplicating machines, scientific instruments/equipments, ACs, heaters etc.					observing codal formalities.
22	Power to sanction GPF/CPF advance/withdrawals.	Full	Full	Not applicable	Not applicable	
23	Power to sanction cash handling allowance	Full as per rules	Full as per rules	Not applicable	Full as per rules	Fidelity Bond to be kept in safe custody.
Administrative Powers		Deputy Director(Admn.)		In-charges		Remarks
		Existing	Enhanced	Existing	Revised	
24	To transfer an employee from one sanction to another	Full	Full	Full		
25	All kinds of leave except study leave	Upto Assistant Directors	Upto Assistant Directors	Full in respect of an employee working under him.	Full in respect of employees working under him.	
26	Power to sanction all kinds of tours within the State.	Full	Full upto Assistant Directors	Full, except in the case of IN-charge	Full, except in the case of In-charge	Tours to be sanctioned strictly for Institute's work
27	To order closure of the office on the basis of ad-hoc decision of the Central Govt. or respective State Govt.	Not applicable	Not applicable	Full	Full	As per decision of the local Co-ordination Committee
28	Power to maintain service book and leave account.	Full except DD(A)	Full except DD(A)	Full except In-charge	Full except In-charge	
29	Acceptance of Home Town declaration	Full	Full	Full in respect of employees working under them	Full in respect of employees working under them.	
30	Issue of Identity Card to group A,B,C & D staff as	Full	Full	Full in respect of employee	Full in respect of employees working under them	

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	per instructions regarding issue of identity card and conditions of issue as may be communicated by Hqrs. from time to time.			s working under them		
31	Power to sanction special increment for promoting small family norms in respect of all group working under him	Full	Full	Full	Full	Subject to observance of Rules.
32	Power to forward applications for outside employment in respect of staff working under them.	Full in respect of non-technical employees	Full in respect of non-technical employees	Full in respect of employees working under them under intimation to Hqrs. Office.	Withdrawal of power to forward applications for outside employment in r/o staff working under them vide Council's letter No.F.32-33/88-CCRAS/Admn./2534 dated 16/1/2013.	The deputation cases are subject to approval of Hqrs. Office
33	Power to sanction stagnation increment in respect of staff working under them.	Full	Full	Full in respect of employees working under them	Full in respect of employees working under them	As per rules.
34	Power to grant ACP/ Promotion to group C & D employees working under them.	Not applicable	Not applicable	Full in respect of Group C&D employees of maximum scale of pay of Rs.5000-8000/-	Full in respect of Group C&D employees in PB-1 upto Grade pay of Rs.2800/-	
35	Power to fill up the vacancies by promotion in respect of Group C&D arisen due to death/retirement and resignation as per approved RRs.	Not applicable	Not applicable	Full in respect of Group C&D employees	Full in respect of Group C&D employees	Direct recruitment to be made with prior approval of Hqrs. Office.

(Signature)

	Detention of staff in Hqrs. Office/Institutes beyond normal office hours on working days and holidays and payment of Compensation/Conveyance allowance as per rules.	Full	Full	Full in respect of employees working under them.	Full in respect of employees working under them.	Detention of female staff should be with their consent
37	Permission for purchase of movable/immovable properties under CCS (Conduct) Rules.	Full upto the level of Assistant Directors	Full upto the level of Assistant Directors	Full in respect of employees working under them.	Full in respect of employees working under them.	In case of Group 'A' and Incharges, information to be sent to Hqrs. Office.
38	NOC for Indian Passport.	Full in respect of employees working at Hqrs. Office	Full in respect of employees working at Hqrs. Office	Full in respect of employees working under them.	Full in respect of employees working under them.	In case of Group 'A' and Incharges, information to be sent to Hqrs. Office
39	To grant permission for attending of local Seminars by the Scientists/Research Officers without TA/DA	Not applicable	Not applicable	Two occasions in a year and not more than 2 Scientists at a time.	Two occasions in a year and not more than 2 Scientists at a time.	Total absence including journey period not to exceed 7 days at a time and 15 days in a year for all Seminars
40	Power to engagement of contractual/ temp. staff against the vacant post for a period of maximum one year.	Not applicable	Not applicable	Not applicable	full	Subject to availability of vacant posts in respect of group -B,C,D and Research Projects. For Group 'A' with approval of Hqrs.

(mym)

The procedure followed in the decision-making process, including channels of supervision and accountability

Regional Ayurveda Research Institute (RARI), Patna, is a functioning Peripheral Research Unit of CCRAS, New Delhi, and working as per the Directions of CCRAS, Head Quarters.

The norms set by it for the discharge of its functions

Regional Ayurveda Research Institute (RARI), Patna, is a functioning Peripheral Research Unit of CCRAS, New Delhi, and working as per the Directions of CCRAS, Head Quarters.

Section 4(1)(b)(v)

The rules, regulations, instructions, manuals and records, held by it or under its control or used by its employees for discharging its functions

1. Manual of Office Procedure
2. Fundamental Rules and Supplementary Rules (FRSR)
3. CCS(Classification, Control and Appeal) Rules 1965
4. CCS(Conduct) Rules 1964
5. General Financial Rules(GFR) .
6. Delegation of Financial Power Rule
7. CCS (Pension) rules in line with CCS (Pension) Rules
8. Central Services (Medical Attendance) Rules
9. Central Civil Service Leave Rules
10. Central Civil Services Leave Travel Concession Rules
11. Central Vigilance Commission (CVC) Manual

Section 4(1)(b)(vi)

A statement of the categories of documents that are held by it or under its control

No such documents are held in Vigilance Section that needs to be disclosed under

Section 4(1)(b)(vii)

The particulars of any arrangement that exists for consultation with or representation by the members of the public in relation to the formulation of its policy or implementation thereof;

Nil

Section 4(1)(b)(viii)

A statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part or for the purpose of its advice and as to whether meetings of those boards, councils, committees and other bodies are open to the public or the minutes of such meetings are accessible for public

The following Boards / Committees are constituted:

1. Public Grievance Redressal Committees: –

- Dr. Kumari Archana, Research Officer (Ay.) – Chairman
- Dr. Ritika Mishra, Research Officer (Ay.) – Member
- Sh. Vijay Shankar Sharma – Member
- Smt. Meera Kushwaha, MTS – Member
- Sh. Prem Diwakar, MTS – Member
- Ms. Jyoti Singh, Pharmacist – Member Secretary

2. Chief Vigilance Officer : Dr. Banamali Das, Research Officer, In-charge, RARI, Patna

**DIRECTORY OF OFFICERS AND EMPLOYEES OF
RARI, PATNA (BIHAR)**

Sl. No.	Name of the Post	Name of Officer/Official	Phone No.	E-mail ID
1	Research Officer, Incharge	Dr. Banamali Das	9439956684	banamali@ccras.nic.in
2	Research Officer (Ayu.)	Dr. Balaji Potbhare	9404201352	balaji.potbhare@gov.in
3	Research Officer (Ayu.)	Dr. Ashok Kumar Sinha	9466448410	drashok.sinha@gov.in
4	Research Officer (Ayu.)	Dr. Ritika Mishra	9106511317	ritika@ccras.nic.in
5	Research Officer (Ayu.)	Dr. Kumari Archana	7046074206	archana.06@gov.in
6	Assistant	Sh. Subhransu Sekhar Sahoo	9437062257	subhransu@ccras.nic.in
7	Upper Division Clerk	Sh. Vijay Shankar Sharma	9934407808	vijayshankar@ccras.nic.in
8	Upper Division Clerk	Sh. Abhishek Kumar Sharma	9415448964	abhishek.sh@gov.in
9	Pharmacist	Sh. Murali Manohar Das	9647411281	muralimanohar@ccras.nic.in
10	Pharmacist	Smt. Jyoti Singh	7388409683	jyoti.singh@ccras.nic.in
11	Laboratory Technician	Sh. Prahlad Mahto	9631721688	prahald@ccras.nic.in
12	Ward Aya (MTS)	Smt. Meera Kushwaha	8981868149	meera.kushwaha@ccras.nic.in
13	Ward Boy (MTS)	Sh. Rajendra Rajak	7764055941	rajendra.rajak@ccras.nic.in
14	Peon (MTS)	Sh. Prem Diwakar	9060269059	prem.d@ccras.nic.in
15	Peon (MTS)	Sh. Vikash Kumar	7004873113	vikash.k@ccras.nic.in
16	Cook (MTS)	Sh. Dhanesh Kumar	7643060813	dhanesh.kumar@ccras.nic.in

Section 4(1)(b)(x)**The monthly remuneration received by each of its officer and employees, including the system of compensation as provided in its regulations.**

Sl. No.	NAME OF OFFICER/OFFICIAL	Designation	Pay Level	Gross Monthly Remuneration
1	Dr. Banamali Das	Research Officer, In-charge	13	314044
2	Dr. Balaji Potbhare	Research Officer (Ay.)	13	288392
3	Dr. Ashok Kumar Sinha	Research Officer (Ay.)	11	177940
4	Dr. Ritika Mishra	Research Officer (Ay.)	11	155044
5	Dr. Kumari Archana	Research Officer (Ay.)	11	155044
6	Sh. Subhransu Sekhar Sahoo	Assistant	07	108180
7	Sh. Murali Manohar Das	Pharmacist (Ay.)	06	83840
8	Smt. Jyoti Singh	Pharmacist (Ay.)	06	75560
9	Sh. Prahlad Mahto	Lab. Technician	04	68000
10	Sh. Vijay Shankar Sharma	UDC	04	57420
11	Sh. Abhishek Kumar Sharma	UDC	04	56680
12	Sh. Dhanesh Kumar	MTS Cook	01	42800
13	Smt. Meera Kushwaha	MTS (Aya)	03	87440
14	Sh. Rajendra Rajak	MTS (Ward Boy)	04	88160
15	Sh. Prem Diwakar	MTS (Peon)	02	52560
16	Sh. Vikash Kumar	MTS (Peon)	01	43200

The budget allocation to each of its agency, including the particulars of all plans, proposed expenditures and reports on disbursements made**Budget allocation /Budget receive for the last five years including current year**

S. No	Years	Name of the Component	Budget Receipt	Total Fund Received	Total Fund Expenditure
1	2021-22	GIA General	9334000	4694000	4571800
		GIA- SAP	150000		
		WCH(SCSP)	6542000		
		THCRP(TSP)	6596000		
		Other (Project & Ayurveda day)	848000		
2	2022-23	GIA General	12280000	4946180	4912282
		GIA- SAP	150000		
		WCH(SCSP)	6720000		
		THCRP(TSP)	4700000		
		Other (Project & Ayurveda day)	880900		
3	2023-24	GIA General	12715000	4625157	4593196
		GIA- SAP	150000		
		WCH(SCSP)	3586000		
		THCRP(TSP)	5176422		
		Other (Project & Ayurveda day)	1498367		
4	2024-25	GIA General	12843000	5369432	5354798
		GIA- SAP	150000		
		WCH(SCSP)	3879079		
		THCRP(TSP)	5526000		
		Other (Project & Ayurveda day)	4449084		
5	2025-26	GIA General	14669654	52211472	51,923,533
		GIA- SAP	200000		
		WCH(SCSP)	4333437		
		THCRP(TSP)	4795136		
		Other (Project & Ayurveda day)	4,036,109		

Section 4(1)(b)(xii)

The manner of execution of subsidy programmes, including the amounts allocated and the details of beneficiaries of such programmes

As such, Subsidy programmes are not undertaken by the council.

Particulars of recipients of concessions, permits or authorization granted by it.

Not applicable

Section 4(1)(b)(xiv)

Details in respect of the information available to or held by it, reduced in an electronic form

(Available at CCRAS's Website i.e. www.ccras.nic.in, <https://raripatna.ccras.res.in/>)

Section 4(1)(b)(xv)

The particulars of facilities available to citizens for obtaining information, including the working hours of a library or reading room, if maintained for public use

Information can be obtained from the RARI, Patna of the council situated at the following address:-

REGIONAL AYURVEDA RESEARCH INSTITUTE, PATNA
(C.C.R.A.S., Ministry of AYUSH, Govt. of India)
'D' Block, RMRIMS Campus, Agamkuan, Patna – 800 007 (Bihar)
Phone: 0612-2999903 (O)
E-mail: arri.patna@gmail.com & arri-patna@gov.in

LIBRARY

The institute is maintaining a library where publication on various subject for preserving and promoting research and knowledge in the field of ayurvedic science.

WEBSITE

CCRAS's website i.e. www.ccras.nic.in & <https://raripatna.ccras.res.in> can be assessed for details of all the schemes and programmes of the council.

Section 4(1)(b)(xvi)

The names, designation and others particulars of the public information officer / FAA

Sl. No.	Name	Designation	Contact number	Email ID
01.	Prof. (Vaidya) Rabinarayan Acharya	Director General / First appellate Authority	011- 255524457/ 28520748	dg-ccras@nic.in
02.	Dr. Ajay Kumar Meena	Chief Vigilance Officer	011-28524810	ajay.meena@gov.in cvo-ccras@gov.in
04.	Dr. Banamali Das	Research Officer, In-charge	9439956684	banamali@ccras.nic.in