



# पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान

North Eastern Institute of Ayurveda and Homoeopathy (NEIAH)

(भारत सरकार, आयुष मंत्रालय के अधीन एक स्वायत्त संस्थान)

(An Autonomous Institute under the Ministry of Ayush, Government of India)

माउडियांडियां, शिलांग, मेघालय- 793018

Mawdiangdiang, Shillong, Meghalaya-793018



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Email: [dir-neiah@nic.in](mailto:dir-neiah@nic.in), [neiahshillong@gmail.com](mailto:neiahshillong@gmail.com)

EST-15/1/2024-O/o Director /1075

Dated: .05./11/2024

## **NOTIFICATION FOR CME PROGRAM**

(Continuous Medical Education for teachers (6 days) on Dravyaguna)

North Eastern Institute of Ayurveda and Homoeopathy Shillong, an autonomous Institute under Ministry of Ayush, Government of India is going to hold the Continuous Medical Education for Teachers (6 days) on Dravyaguna, sponsored by the Ministry of Ayush and coordinated by Rashtriya Ayurveda Vidyapeeth (National Academy of Ayurveda), New Delhi.

CME will be held during 2<sup>nd</sup> December 2024 to 7<sup>th</sup> December 2024. The last date for receiving of application form is on 15.11.2024 by email.

Interested candidates may find the prescribed format enclosed herewith or may kindly download the format from the **website [www.neiah.nic.in](http://www.neiah.nic.in)** and send the dully filled and signed prescribed form through proper channel on or before the above mentioned last date to the undersigned by email to this address **Email: [cme.dgneiah@gmail.com](mailto:cme.dgneiah@gmail.com)**. Application received after the last date will not be entertained.

This issued with the approval of the Competent Authority.

श्री ए. वानशाई शिनरेट / Shri. A. Wanshai Shynret

उप-निदेशक (प्रशा.) / Deputy Director (Admn),

पू.आ.हो.सं., शिलांग. / NEIAH

## DETAILS OF CME

Name of the CME	6 DAYS CME PROGRAMME FOR TEACHERS OF DRAVYAGUNA WITH SPECIAL FOCUS ON NORTH-EAST FLORA
Duration	<b>2<sup>nd</sup> to 7<sup>th</sup> December 2024</b> (6 days)
Venue	North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), Shillong, Meghalaya - 793018
Eligibility of Trainees	<ul style="list-style-type: none"> <li>• Teaching faculty of Dravyaguna working in Recognized Ayurveda Colleges.</li> <li>• Teachers who have already attended 2 CME programs in the years 2023 – 24 will not be eligible.</li> </ul>
Maximum no. of trainees	30 (Thirty)
Procedure to Apply	<ul style="list-style-type: none"> <li>• Eligible teachers can apply by filling in the enclosed Application form, duly recommended by the Head of the Institute.</li> <li>• Application form along with self-certified copies of Educational Qualification, Aadhar Card and first page of Bank Passbook should be sent through the mail before <b>5:00 pm of 15-11-2024</b></li> <li>• An application that is incomplete and received after the due date will not be considered. The applicant can scan the entire application and send to <a href="mailto:cme.dgneiah@gmail.com">cme.dgneiah@gmail.com</a> as a single pdf.</li> </ul>
Procedure of Selection	<ul style="list-style-type: none"> <li>• Guidelines of RAV CME scheme will be applicable.</li> <li>• Selected participants will be informed by email on or before <b>18/11/2024</b></li> </ul>
Payment of TA	<ul style="list-style-type: none"> <li>• Actual fare or up to the fare of AC 2 tier class, whichever is less.</li> <li>• Payment of TA will be made only at the end of the program.</li> <li>• Payment will be made directly to the bank account by electronic transfer. Reimbursement of the journey performed by road is permissible for places that are not connected by rail.</li> <li>• The road mileage will be limited to 2 AC rail charges or actual claims, whichever is lower.</li> <li>• Please be noted that TATKAL or DYNAMIC PRICING Train Tickets will not be reimbursed.</li> <li>• The payment of TA shall be made only on the production of original tickets/bills.</li> </ul>

Lodging and Boarding	The trainees will be provided with the best possible lodging and boarding facility within the budget limits of the CME.
Attendance and participation Certificate	Full Attendance is mandatory for obtaining a participation certificate. The certificate will be issued at the end of the CME.
Contact person	1) Dr. Neelam Lecturer, Dept. of Dravyaguna, College of Ayurveda, NEIAH Contact No: 9451444024/ 8840016093 2) Dr. Iba Pohtam Lecturer, Dept. of Dravyaguna, College of Ayurveda, NEIAH Contact No: 7085138752 3) Dr. Pradeep S. Mohurle Assistant Professor (Sr. Scale), Dept. of Agadatantra, College of Ayurveda Contact No: 7005651547



**पूर्वोत्तर आयुर्वेद एवं होम्योपैथी संस्थान**  
**NORTH EASTERN INSTITUTE OF AYURVEDA & HOMOEOPATHY (NEIAH)**  
भारत सरकार आयुष मंत्रालय के अधीन एक स्वायत्त संस्थान,  
An Autonomous Institute under the Ministry of AYUSH, Government of India  
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**APPLICATION FORM**

**CME for Teachers of Dravyaguna**

**Date: 2<sup>nd</sup> – 7<sup>th</sup> December 2024**

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

Coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi

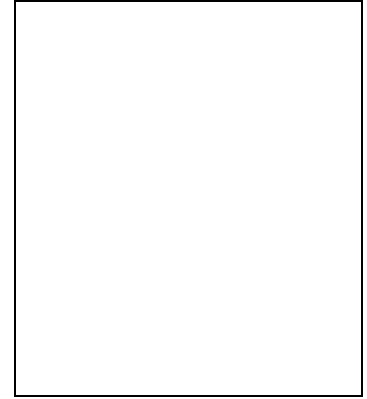
To

The Director

North Eastern Institute of Ayurveda & Homoeopathy (NEIAH),

Shillong, Meghalaya - 793018

Email: [cme.dgneiah@gmail.com](mailto:cme.dgneiah@gmail.com)



Sir,

I hereby submit my application to participate in 6 – days CME for teachers in Dravyaguna being organized by your institute. 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:-----

Designation :------Department:-----

Name of Institute with address: .....

.....

**Experience** as Dravyaguna Teacher.....Years.....Months

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

If yes, details of ROTP/CME should be provided by the candidate-

Sl.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& WhatsApp:
- 5) Email ID :
- 6) Aadhar No. (Attach a Copy) :
- 7) First Page of Bank Passbook (Attach a Copy)

Name of Bank :  
Branch :  
Account No. :  
IFSC

**Declaration:**

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 instruction given by the organizer for the smooth conduction of the program.

Date:

**(Recommendation of the Head of the Institute)**  
**(With Signature & Seal)**

**(Signature of Applicant)**

Note: Application will not be considered if

1. If the information given above is incomplete in any respect.
2. If not recommended by the Head of the Institute.