



**Pt. Shivnath Shastri Government
Autonomous Ayurved College &
Hospital, Burhanpur (M.P.)**

We cordially invite you to

6 DAYS CME PROGRAM

for teachers of **Samhita Siddhant**



16 - 21 November 2026

SPONSORED BY

MINISTRY OF AYUSH,
GOVT. OF INDIA

&

CO-ORDINATED BY

Rashtriya Ayurveda Vidhyapeeth (RAV),
New Delhi



ORGANIZED BY

DEPARTMENT OF SAMHITA SIDDHANT AND SANSKRIT
Pt. Shivnath Shastri Government Autonomous Ayurved
College & Hospital, Burhanpur (M.P.)



**Shivnath. Shastri Govt. Auto. Ayurved
College & Hospital, Burhanpur M.P.**
College Website: - Email- ayurcollegeburhanpur58@gmail.com

No./CME Samhita Siddhant/2026/3614-3618

Burhanpur, Date: - 24/09/2026

To,

The Principal/Dean,
All Ayurveda Colleges of India.

**Subject: Inviting applications for 6 days CME programme for teachers of
Samhita Siddhant and Sanskrit.**

Ref: RAV letter No. F.No. S-11013/1/2026-SCHEME (CME), Date: 02/09/2026.

Dear Sir/Madam,

I am pleased to inform you that Department of Samhita Siddhant and Sanskrit, Pt. Shivnath. Shastri Govt. Auto. Ayurved College & Hospital, Burhanpur M.P. is organizing a six days CME for teachers of Samhita Siddhant and Sanskrit, sponsored by Ministry of AYUSH, Govt. of India, New Delhi and coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi from 16th November 2026 to 21 November 2026.

Applications are invited from teachers of Samhita Siddhant and Sanskrit of NCISM approved colleges through proper channel. You are requested to nominate suitable candidate from your Institute/college for this purpose. The selection of the candidates will be as per RAV guidelines. The last date for receiving applications for the CME is 12th October 2026 through email: - cmesamhitaburhanpur26@gmail.com. **For any further information you can contact at Dr. Aashwini kumar vidyarthi, I/C Professor & HOD Dept. of Samhita Siddhant and Sanskrit Mob. No. - 90390-94537 & Dr. Suraj Khodre I/C Reader Dept. of Samhita Siddhant and Sanskrit Mob. No. - 98270-40739.**

The details of CME and Application form are attached herewith.

Thanking You,

Principal & CEO
Pt. Shivnath. Shastri Govt. Auto. Ayurved
College & Hospital Burhanpur M.P.
College Code: AYU0127

Burhanpur, Date: - 24/09/2026

No./CME Samhita Siddhant/2026/3614-3618

Copy to,

- 1- Administrative Office, RAV, New Delhi
- 2- The Commissioner & Directorate of Ayush, Bhopal M.P.
- 3- Head of the Dept. of Samhita Siddhant and Sanskrit
- 4- The Accounts Department

Principal & CEO
Pt. Shivnath. Shastri Govt. Auto. Ayurved
College & Hospital Burhanpur M.P.
College Code: AYU012



**Principal Pt. Shivnath. Shastri Govt. Auto. Ayurved
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Name of the CME	6 days CME Programme for Teachers of Samhita Siddhant and Sanskrit
Duration	16th November 2026 to 21st November, 2026
Venue	Pt. Shivnath. Shastri Govt. Auto. Ayurved College & Hospital, Burhanpur M.P.
Eligibility of Trainee	1. Applicants must be teaching faculty members in the Department of Samhita Siddhant and Sanskrit at a recognized Ayurveda college. 2. Faculty members who have already attended two CME programmes during 2025-26 are not eligible to apply. 3. Preference will be given to trainees who have attended fewer CME programmes. 4. Among equally placed candidates, seniority in service will be used as the deciding factor.
Maximum no. of trainees	30
Procedure to apply	1. Interested candidates must apply using the prescribed Application Form (enclosed). 2. The application must be countersigned and duly certified by the Head of the Institution/Dean/Principal, confirming that the candidate is a regular teacher in the concerned department and has not attended more than two such programmes during 2025-26. 3. Applicants have to scan the filled, signed, recommended application form along with self-certified copies. a) Educational Qualification (UG, PG, PhD, Registration Certificate) b) Aadhar Card c) Pan Card d) Bank Passbook only first page 4. Also register using the given link https://forms.gle/QSjLD15WsRw5B2p9 5. An advance scanned copy of the duly signed application, along with PDF copies of all relevant documents, should be emailed to cmesamhitaburhanpur26@gmail.com 6. Incomplete applications, or those received after the due date i.e. 12th october 2026 via mail, will not be considered. 7. Short Listed Participants are Requested to Convey their non-Willingness to take part in CME 10 Days prior, so that organizers can select the Waitlisted Applicants.
Procedure of selection	1. Selection will be carried out in accordance with the guidelines of the RAV CME Scheme (available at: http://www.ravdelhi.nic.in/en/cme-scheme). 2. Selected participants will be notified via email on or before 16th October 2026.
Payment of TA	1. Participants must produce original tickets or receipts to claim reimbursement of TA and food bills. 2. Fare reimbursement will be processed only after completion of the programme, subject to eligibility, and limited to a maximum of AC 2-Tier rail fare, as per the applicable rules and conditions. 3. Tickets booked under Tatkal or Dynamic Pricing schemes will not be Considered. 4. Accommodation and food arrangements will be provided by the Institute during the CME period. 5. Payments will be made directly to the participant's bank account via electronic transfer. 6. Reimbursement for travel by road will be permitted only for places not connected by rail. 7. Road mileage reimbursement will be limited to AC 2-Tier rail fare or the actual amount claimed, whichever is lower.
Lodging and Boarding	The trainees will be provided the best possible lodging and boarding facility within the budget limits of the CME.



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Attendance and Participation certificate	1. Full attendance in all sessions is mandatory for obtaining participation certificate. 2. Certificates will be issued at the end of the CME.
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DETAILS OF CME

APPLICATION FORM

6 DAYS CME PROGRAMME FOR TEACHERS OF SAMHITA SIDDHANT AND SANSKRIT

(16th November 2026 to 21st November 2026)

SPONSORED BY- MINISTRY OF AYUSH, NEW DELHI

CO-ORDINATED BY- RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

To

The Organizing Secretary & HOD
Department of Samhita Siddhant and Sanskrit
Pt. Shivnath. Shastri Govt. Auto. Ayurved College
& Hospital, Burhanpur M.P.

Photo

Sir,

I hereby submit my application to participate in 6 days CME for SAMHITA SIDDHANT AND SANSKRIT teachers being organized by your Institute. My details are as follows,

1. Full name (in Block letters)
2. Father/Husband's name.....
3. Date of birth.....Age.....Gender.....

Educational qualification:

Name of Qualification/Degree	Year	Institution	Subject	University
BAMS				
Postgraduate				
Ph.D.				
Any other				

Registration number.....NCISM teacher code.....

Designation.....Department.....

Name of Institute..... Email ID (Institute).....

Teaching Experience..... Years... ..Months



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

- **If yes, details of previously attended ROTP/CME should be furnished by candidate-**

Sr. No.	ROTP/CME	Organizing Institute	Dates (From-To)

Full address for correspondence with pin code:

1. Office.....
.....
2. Residence.....
.....
3. Mobile number (WhatsApp).....
4. Alternate Mobile Number.....
5. Email ID.....
6. Aadhar No. (Attach a copy)
7. PAN card no. (Attach a copy)
8. Bank details (Attach a copy- passbook front page)
 - a. Name of bank.....
 - b. Branch.....
 - c. Account number.....
 - d. IFSC code.....



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Undertaking

"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 found false/inaccurate at any stage, I will be liable for disciplinary action (as the case may be) and recovery of fund spent against me if any."

Date:

Signature of applicant

Recommendation by the head of the institute

This application of Dr..... For the 6 days CME program for Teachers of Samhita Siddhanta and Sanskrit at Pt. Shivnath. Shastri Govt. Auto. Ayurved College & Hospital, Burhanpur M.P.is forwarded for consideration.

(Signature & Seal of Head of the Institute)



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विदित हो कि भारत सरकार के निर्देशानुसार अब समस्त भुगतान जो PFMS से अनदानित है का भुगतान PFMS पोर्टल से ही सुनिश्चित करना है। अतः इसके सुचारु रूप से कार्यान्वयन हेतु अब समस्त लाभार्थियों से निवेदन है कि अपने बिलों के साथ निम्न विवरण को अनिवार्य रूप से संलग्न करने की कृपा करें। ताकि उनका भुगतान नियमानुसार समय से सुनिश्चित किया जा सके।

लाभार्थी का नाम	
पिता/पति का नाम	
जन्मतिथि	
आधार नम्बर	
पैन नम्बर	
पूरा पता	
पिन कोड	
मोबाईल नंबर	
ईमेल	
बैंक का नाम	
आई.एफ.एस.सी. कोड	
खाता संख्या	
आपका सहयोग सादर अपेक्षित है।	