



# ISHAN AYURVEDIC MEDICAL COLLEGE AND RESEARCH CENTRE

(Recognised by NCISM, Ministry of AYUSH, Govt. of India) (Affiliated to MGG AYUSH University, U.P.)  
NABH Accredited | Campus: 1A/1, Knowledge Park-1, Gr Noida UP-201310 | Web: [www.ishanayurved.com](http://www.ishanayurved.com)

## APPLICATION FORM

**Six-Day CME Programme for Teachers of Agada Tantra evam Vidhi Vaidyaka**  
**26<sup>th</sup> to 31<sup>st</sup> October 2026**

|                       |                                                                                 |
|-----------------------|---------------------------------------------------------------------------------|
| <b>Organised by</b>   | Ishan Ayurvedic Medical College & Research Centre, Greater Noida, Uttar Pradesh |
| <b>Coordinated by</b> | Rashtriya Ayurveda Vidyapeeth, New Delhi                                        |
| <b>Sponsored by</b>   | Ministry of AYUSH, Government of India, New Delhi                               |

### IMPORTANT INSTRUCTIONS TO THE APPLICANT

1. Registration through the prescribed Microsoft Form link is **mandatory**. Link: <https://www.ishanayurved.com/agadcme>
2. The applicant must upload the scanned copy of this duly filled and attested application form through the same Google Form link, and additionally send it by e-mail to **cme-agadtantra@ishanayurved.com**.
3. Applications received by post or in hard copy, or in any format other than that prescribed above, will **NOT** be considered.
4. All entries must be filled in block letters, in the applicant's own hand or in type. Incomplete or unattested forms are liable to be rejected.

To,  
**The Organising Secretary**  
**Six-Day CME in Agada Tantra evam Vidhi Vaidyaka**  
**Ishan Ayurvedic Medical College & Research Centre,**  
**Greater Noida, Uttar Pradesh – 201310**

Affix recent  
passport-size  
photograph  
(self-attested)

Sir/Madam, I hereby submit my application to participate in the Six-Day CME Programme for Teachers of Agada Tantra evam Vidhi Vaidyaka being organised by Ishan Ayurvedic Medical College & Research Centre, Greater Noida. My particulars are as follows:

#### SECTION A | PARTICULARS OF THE APPLICANT

1. Full Name (in block letters)

2. Date of Birth

Age (in years)

3. Gender

Designation

4. Department

NCISM Teacher's Code

5. Registration Number

Registering Council

6. Name and Address of the  
Institute

7. Total Experience

PG Teaching

Research

(Please state the experience in completed years.)

#### SECTION B | EDUCATIONAL QUALIFICATIONS

| S. No. | Qualification / Degree | Subject | University / Institution | Year |
|--------|------------------------|---------|--------------------------|------|
| 1.     | BAMS                   |         |                          |      |
| 2.     | MD / MS (Ayurveda)     |         |                          |      |
| 3.     | Ph.D.                  |         |                          |      |
| 4.     | Any other              |         |                          |      |

**SECTION C | PREVIOUS ROTP / CME PROGRAMMES OF RAV**

8. Have you participated in any ROTP / CME programme of Rashtriya Ayurveda Vidyapeeth during the past years? Yes [ ] No [ ]

If yes, please furnish the details below:

| S. No. | ROTP / CME | Organising Institute | Schedule — From | Schedule — To |
|--------|------------|----------------------|-----------------|---------------|
| 1.     |            |                      |                 |               |
| 2.     |            |                      |                 |               |
| 3.     |            |                      |                 |               |
| 4.     |            |                      |                 |               |
| 5.     |            |                      |                 |               |

**SECTION D | ADDRESS FOR CORRESPONDENCE AND CONTACT DETAILS**

9. Full postal address

.....  
.....  
.....

10. Mobile Number

E-mail ID

.....

11. Aadhaar Number

Alternate Contact No.

.....

**SECTION E | UNDERTAKING BY THE APPLICANT**

I, Dr. \_\_\_\_\_, do hereby undertake that the information furnished by me in this application is true and correct to the best of my knowledge and belief, and that I have not concealed any relevant information. If any information furnished by me is found to be false or inaccurate at any stage, I shall be liable for disciplinary action, as the case may be, and for recovery of the funds, if any, spent on my account.

Station: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

**SECTION F | RECOMMENDATION OF THE HEAD OF THE INSTITUTION**

The application of Dr. \_\_\_\_\_,  
\_\_\_\_\_ (designation), Department of \_\_\_\_\_,  
is forwarded for consideration for the Six-Day CME Programme for Teachers of Agada Tantra evam Vidhi Vaidyaka to be held at Ishan Ayurvedic Medical College & Research Centre, Greater Noida, Uttar Pradesh, from 26th to 31st October 2026. The particulars furnished by the applicant have been verified from the institutional records and are found to be correct. He/She will be relieved of duties to attend the programme, if selected.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of the Head of the Institution**  
(with official seal)

**SECTION G | CHECKLIST OF DOCUMENTS TO BE ENCLOSED**

The following documents, duly self-attested by the applicant, must be scanned and uploaded along with this application form. Applications received without these enclosures are liable to be rejected.

| S. No. | Document to be enclosed (self-attested copy)              | Enclosed (tick) |
|--------|-----------------------------------------------------------|-----------------|
| 1.     | BAMS (UG) Degree Certificate                              | [ ]             |
| 2.     | PG Degree Certificate — MD / MS (Ayurveda)                | [ ]             |
| 3.     | State Board / NCISM Registration Certificate              | [ ]             |
| 4.     | Experience Certificate issued by the present institution  | [ ]             |
| 5.     | Aadhaar Card                                              | [ ]             |
| 6.     | PAN Card                                                  | [ ]             |
| 7.     | Bank details — front page of passbook or cancelled cheque | [ ]             |
| 8.     | Identity Card issued by the Institute                     | [ ]             |

**Applicants are requested to scan the duly filled and attested application form and upload it using the prescribed Microsoft Form link.**

**HARD COPIES AND POSTAL SUBMISSIONS WILL NOT BE CONSIDERED.**