



DPU
Dr. D.Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)



Dr. D. Y. Patil College of Ayurved & Research Centre, Pimpri, Pune-18.

Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at A++ Grade

6 Days CME Program for Dravyaguna Vigyan Teachers

08 to 13 September 2025

THEME: INTERDISCIPLINARY ADVANCES IN DRUG RESEARCH



Organized by

Department of Dravyaguna Vigyan,
Dr. D. Y. Patil College of Ayurved & Research Centre,
Pimpri, Pune 18.

Venue

1st Floor auditorium, Dr. D. Y. Patil College of Ayurved & Research Centre,
Pimpri, Pune 18.

Sponsored by

Ministry of AYUSH, Govt. of India, New Delhi.

Coordinated by

Rashtriya Ayurved Vidyapeeth, New Delhi.

PATRONS



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Chancellor

Dr. D. Y. Patil Vidyapeeth, Pune



Hon'ble Dr. Bhagyashree P. Patil
Pro Chancellor

Dr. D. Y. Patil Vidyapeeth, Pune



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Dr. D. Y. Patil Vidyapeeth, Pune



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Dr. D. Y. Patil Vidyapeeth, Pune



Dr. Prashant Khade
Dean, Faculty of Ayurved
Principal and Medical Director

ORGANIZING COMMITTEE

Organizing Chairperson



Dr. Jayshree Changade

Organizing Secretaries



Dr. Abhijeet Shirkande



Dr. Swagata Tavhare

Organizing Member



Dr. Prachi Pandey



Dr. Sayali Shintre

Registration & other queries:

Dr. Sayali Shintre: 9920533156

Dr. Prachi Pandey: 9822221064

Travelling & Accommodation Queries:

Dr Abhijeet Shirkande: 9975253664

Ref. No. : DYPCARC / 1513 / 2025

Date : 17/07/2025

CIRCULAR**6-DAYS CME PROGRAM FOR DRAVYAGUNA TEACHERS (AYUSH)**

Date :-08/09/2025-13/09/2025

(Sponsored by:-Ministry of AYUSH, Govt of India, co-ordinated by:-RAV, New Delhi)

To,
The Principal/Director/ Dean
All Ayurved Colleges in India

Sub:- Inviting applications for 6-days CME program for Teachers (AYUSH) of Dravyaguna Vigyan (08 to 13 September 2025)

Ref no:-65-114/RAV/2017-18/ELC(11)

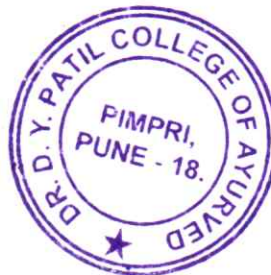
With reference to the subject cited above, it is our pleasure to inform you that Dr. D.Y. Patil College of Ayurved & Research Centre, Pimpri, Pune – 18 is organizing a **6-days CME program for Teachers (AYUSH) of Dravyaguna Vigyan** (Sponsored by:-Ministry of AYUSH, Govt of India, co-ordinated by:-RAV, New Delhi).

You are requested to recommend faculty from Department of Dravyaguna Vigyan of your Institution for this program. The selection of the participants will be made as per the guidelines proposed by RAV, New Delhi. The last date of submission of application is **31/07/2025**.

Since the maximum allowed number of participants is 30, we request you to send the applications at the earliest.

The detailed information regarding CME & application form are annexed herewith for your reference.

Thanking you,



Yours sincerely,

Dr. P. A. Khade
Principal & Medical Director.

DETAILS OF CME

| | |
|-----------------------------|--|
| Name of CME | 6-days CME program for Teachers(AYUSH) of Dravyaguna Vigyan |
| Duration | 08/09/2025 to 13/09/2025 |
| Venue | First floor Auditorium, Dr. D. Y. Patil College of Ayurved & Research Centre, Pimpri Pune 18 |
| Eligibility of trainees | Teaching faculty of Dravyaguna working in NCISM recognized college Those who have attended less number CME. Those who have attended two and more CME in 2025-26 are not eligible for apply. |
| Maximum no. of trainees | 30(Thirty) |
| Procedure to apply | <ul style="list-style-type: none"> • Eligible teachers can apply by filling in the enclosed Application Form along with countersigned and duly recommended by Head of the Institute. • Applicant should enclose self-certified copies of Educational Qualification (PG Degree, State/NCISM Registration Certificate, Institute Identity Card and Aadhar Card along with the application. • The application should reach by post at the following address:- Department of Dravyaguna Vigyan, Dr. D. Y. Patil college of Ayurved & Research Centre, Pimpri, Pune-18 On/before 5 PM of 31/07/2025. • The applicant before sending the application should super scribe the envelope containing the application with “Application for CME in Dravyaguna Vigyan”. • Incomplete applications and applications received after due date will not be considered. • The applicant must scan the entire application along with relevant documents and send it as an advance copy through • Email for CME- dravyagunacmedpu@gmail.com |
| Procedure of Selection | Guidelines of RAV CME scheme will be applicable. |
| Payment of TA | <ul style="list-style-type: none"> • Actual fare or up to the rail fare of AC 2 tier class, whichever is less. • Payment of TA will be made only at the end of the program • Participants should produce the original tickets or receipts for TA charges. • Payments will be made directly to the bank account by electronic transfer. • Reimbursement of the journey performed by road is permissible for the places which are not connected by rail. The road mileage will be limited to 2 AC rail charges or actual claim, whichever is lower. • Please be noted that tatkal, premium tatkal (dynamic pricing) Train Tickets will not be reimbursed. • Participants are requested to convey the non-willingness to take part in CME one week prior so that organizer can make possible alternate arrangements. • In case of any epidemic outbreak and lock down situation the train ticket and its cancellation charges will be borne by the participant him/herself. |
| Lodging and Boarding | The trainees will be provided the best possible lodging and boarding facility within the budget limits of the CME. |
| Attendance and Certificates | Full attendance is mandatory for obtaining participation certificate. The certificate will be issued at the end of the CME. |

**APPLICATION FORM CME PROGRAMME FOR TEACHERS OF
DRAVYAGUNAVIGYAN**

(Sponsored by the Ministry of AYUSH, Govt. of India & Coordinated by RAV, New Delhi)

To,
The Head of Department
Department of Dravyaguna Vigyan
Dr. D. Y. Patil College of Ayurved
& Research Centre, Pimpri, Pune 18.

I hereby submit my application to participate in CME for Dravyaguna Vigyan teachers being organized by your Institute. My details are as follows:-

| | |
|---|--|
| Full Name (in Block Letters) | |
| Father's/Husband Name | |
| Date of Birth & Age | |
| Gender | |
| Post Graduation Completion Year | |
| State/Central Registration No. | |
| NCISM Teacher Code | |
| Current Working Institute with Address | |
| Current Designation | |
| Teaching Experience (In Years/Month/Days) | |
| Number of previous CME/ROTP Participated | |

Details of ROTP/CME attended:-

| Sr no | ROTP/CME | Organizing Institute | Date |
|-------|----------|----------------------|------|
| | | | |
| | | | |

Full address for Correspondence with Pin code: 1.

1. Office.....
2. Residence.....
3. Mobile Numbr.....
4. Email ID
5. Aadhar No: (Attach Copy).....
6. Bank Details: Name of the Bank.....
- Branch-

Account No-

.....

IFSC Code-

.....

7. Head of Institute Contact Number:

.....

8. Institute Email ID:

.....

Undertaking

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

Date:

Signature of Applicant

Recommendation of Head of the Institute

The application of Dr.

For 6-days CME is forwarded for consideration.

Signature of the Head of the Institute

Office Seal

Note- Application will not be considered-

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