काशी हिन्दू विश्वविद्यालय
BANARAS HINDU UNIVERSITY
An Institution of National Importance established by an Act of Parliament

रसशास्त्रएवंभैषज्यकल्पनाविभाग,आयुर्वेदसंकाय
चिकित्साविज्ञानसंस्थान
Dept of Rasa Shastra&Bhaishjya Kalpana
Faculty of Ayurveda
Institute of Medical Sciences

Ref. No.RS & BK/ 2026-27/२१५

Date: 10.09.2026

CIRCULAR

6 DAYS CME PROGRAMME FOR TEACHERS OF RASA SHASTRA EVUM BHAISHAJYA KALPANA
(16thNovember 2026 to 21st November 2026)
SPONSORED BY- **MINISTRY OF AYUSH, NEW DELHI**
CO-ORDINATED BY- **RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI**

To,
The Principal/Dean,
All Ayurveda Colleges of India.

Subject: Inviting applications for 6 days CME programme for teachers of Rasa Shastra evum Bhaishajya Kalpana

Ref: RAV letter No. F.No. S-11013/1/2026-SCHEME (CME) -SCHEME (CME), Date:11/08/2026.

Dear Sir/Madam,

I am pleased to inform you that Department of Rasa Shastra evum Bhaishajya Kalpana, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University is organizing a six days CME for teachers of Rasa Shastra evum Bhaishajya Kalpana, sponsored by Ministry of AYUSH, Govt. of India, New Delhi and coordinated by Rashtriya Ayurveda Vidyapeeth, New Delhi from 16th November 2026 to 21st November 2026.

Applications are invited from teachers of Rasa Shastra evum Bhaishajya Kalpana 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 25th September 2026 through email cmersbk2026@gmail.com.

The details of CME and Application form are attached herewith.

Thanking You.

10/09/2026

Dean
Faculty of Ayurveda, IMS
Banaras Hindu University

10/9/2026

Head
Department of Rasa Shastra
evum Bhaishajya Kalpana

Copy to:
1. The Director, IMS, BHU
2. Administrative office, RAV, New Delhi
3. Head, Dept. of Rasa Shastra evum Bhaishajya Kalpana
4. The Deputy Registrar, Development, Banaras Hindu University

BHU
Varanasi 221005, UP, INDIA
E: officerasashastra@gmail.com
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No. Ref. No. RS & BK/ 2026-27/214 **Date:** 10/09/2026

DETAILS OF CME

Name of the CME	Duration	Venue
6 days CME programme for Rasa Shastra evum Bhaishajya Kalpana	**16th November 2026 to 21st November, 2026**	Department of Rasa Shastra evum Bhaishajya Kalpana, Faculty of Ayurveda, IMS, Banaras Hindu University

Eligibility of Trainee	1. Applicants must be teaching faculty members in the Department of Rasa Shastra evum Bhaishajya Kalpana 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 the current financial year. 3. Applicants must attach self-attested copies of their PG Degree Certificate, State/NCISM Registration Certificate, and Aadhaar Card, along with Identity Card of their Institute. 4. Incomplete applications, or those received after the due date i.e. 25th September 2026 via mail, will not be considered. 5. An advance scanned copy of the duly signed application, along with PDF copies of all relevant documents, should be emailed to cmersbk2026@gmail.com by 25th September 2026 followed by hard copy by post on or before 1st October 2026, 5:00 PM, to The Head, Department of Rasa Shastra, Faculty of Ayurveda, IMS, Banaras Hindu University, Varanasi, Uttar Pradesh – 221005 6. The envelope must be clearly marked "Application for CME in Rasa Shastra evum Bhaishajya Kalpana" on top.
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 8th 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

	reimbursed. 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.
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.

Organizing Committee:

Chief Patron	**Prof. Ajit Kumar Chaturvedi**, Hon'ble Vice-Chancellor of Banaras Hindu University, Varanasi, Uttar Pradesh
Patron	**Prof. S.N. Sankhwar**, Director, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh
Chairperson	**Prof. K. H. H. V. S. S. Narasimha Murthy**, Dean, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh
Organizing secretary	**Prof. Namrata Joshi**, Head and Professor, Department of Rasa Shastra evum Bhaishajya Kalpana, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh
Coordinator	**Dr. Laxmi Narayan Gupta, Assistant Professor,** Department of Rasa Shastra evum Bhaishajya Kalpana, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh
Co-coordinator	**Dr. Rohit Sharma, Assistant Professor,** Department of Rasa Shastra evum Bhaishajya Kalpana, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh
Event Liaison & Contact person	1. Dr. Shiwakshi Sharma, Senior Resident- 9418264026/9015093911 **2.** Dr. Anuja Rana, Senior Resident- 9536474807

Key Dates at a Glance

Milestone	**Date / Deadline**
Last date to submit application	Advance scanned copy via e-mail - 25/09/2026 Followed by post- 01/10/2026, before 5:00 PM
Selected candidates notified	On or before 05/10/2026

Postal Address: Head, Department of Rasa Shastra, Faculty of Ayurveda, IMS, Banaras Hindu University, Varanasi, Uttar Pradesh – 221005
E-mail: cmersbk2026@gmail.com

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Dept of Rasa Shastra&Bhaishjya Kalpana
Faculty of Ayurveda
Institute of Medical Sciences

No. **Date:**

APPLICATION FORM

6 DAYS CME PROGRAMME FOR TEACHERS OF RASA SHASTRA EVUM BHAISHAJYA KALPANA
(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 Secretory & HOD
Department of Rasa Shastra evum Bhaishajya Kalpana
Faculty of Ayurveda, IMS, Banaras Hindu University
Varanasi, Uttar Pradesh- 221005

Photo

Sir,

I hereby submit my application to participate in 6 days CME for RASA SHASTRA EVUM BHAISHAJYA KALPANA 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

(Enclose the copy of experience certificate)

BHU
Varanasi 221005, UP, INDIA
E: officerasashastra@gmail.com
W: www.bhu.ac.in/ims

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/cancelled cheque)
   a. Name of bank.....
   b. Branch.....
   c. Account number…….
   d. IFSC code.....

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Dept of Rasa Shastra&Bhaishjya Kalpana
Faculty of Ayurveda
Institute of Medical Sciences

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 provided by me is found false/inaccurate at any stage, I will be liable for disciplinary actions (as the case may be) and recovery of fund spent against me if any. I shall abide the instruction given by the organizer for the smooth conduction of program".

Date: ……. Place: …….

(Signature of Applicant) **(Recommendation of the Head of Institute with seal)**

Note:

1. **Application will not be considered -**
   - I. If the information given above is incomplete in any respect.
   - II. If not recommended by the Head of the Institute.
2. Fully filled hard copy should be submitted through register post up to 01/10/2026.
3. One extra passport size photo should be stapled with the hard copy.

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विदित हो कि भारत सरकार के निर्देशानुसार अब समस्त भुगतान जो **PFMS** से अनुदानित 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	
मोबाइल नम्बर	
ईमेल	
बैंक का नाम	
आई एफ एस कोड	
खाता संख्या	

आपका सहयोग सादर अपेक्षित है।

T: 91-542-6701737
F: 91-542-2368415, 2368174