

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

TH EASTERN INSTITUTE OF AYURVEDA & FOLK MEDICINE RESEARCH An Autonomous Institute under the Ministry of Ayush, Government of India)

F/No: FandA-12/4/2025-NEIAFMR-FIN/1087 Dated: Pasighat 14th August 2025

To,

The Director of Ayush /Director of Health Services /Mission Director (NAM))-Assam/Arunachal Pradesh/Meghalaya/Manipur/Mizoram/Nagaland/Sikkim & Tripura.

Subject: Inviting Application for Re-Orientation Training Program for Medical Officers (Ayurveda) of North Eastern States on Marma Chikitsa-Reg

Dear Sir/Madam,

With reference to the subject cited above, it is to inform that our Institute is going to organize Re-Orientation Training Program for Medical Officers (Ayurveda)

on Marma Chikitsa on following proposed days as below:

CME Name	Date	The second secon	of Co-Ordinator
Re-Orientation Program for Medical Officers (Ayurveda) of North Eastern States on Marma Chikitsa.	То	25/08/2025	Dr. Imlikumba Medical Officer NEIAFMR, Pasighat imlikumba@gmail.com +91-8414895879

Therefore, you are requested to kindly depute Medical Officer (Ayurveda) for this Re-Orientation Training Program. The selection of the candidate will be made by this Institute as per the numbers of applications received from the states as shown below:

SI No	States	No of Candidates
1	Assam	4
2	Arunachal Pradesh	8
3	Meghalaya	3
4	Manipur	3
5	Mizoram	3
6	Nagaland	3
7	Sikkim	3
8	Tripura	3
Total		30

### **Objectives:**

- To put a step towards making the Institute a center of excellence as desired by the Ministry of AYUSH.
- To generate awareness towards the developments, advancements, methodology etc.

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- To develop clarity and better understanding of certain concepts & principles of the subjects of the specialty based on objectivity and start easily available procedure.
- This Re-Orientation Program will help the MO to upgrade their existing knowledge.
- To impart good practical & experience to MO for getting adequate training to give
   their best to patient and to prepare properly trained Human Resources.

### Eligibility:

 Medical Officer (Ayurveda) working in any Govt. Hospitals of North Eastern States having Ayurvedacharya Degree registered under NCISM or State Councils.

Maximum Number of Participants: 30 Total (Participants from each state as given)

**Duration:** 03 days (exclusive of journey time)

Procedure of Application and Submission: Medical Officer (Ayurveda) working in any Govt. Hospitals North Eastern States having Ayurvedacharya Degree registered under NCISM or State Council/Board. Participants should apply in the enclosed application form duly certified by the Head of the Institution. Duly filled application forms along with a true copy (self-attested) of registration and UG, PG degree certificate & Aadhaar Card should reach the Co-ordinator on or before due date specified against the programe schedule. Application received after the due date or incompletely filled application forms will be rejected. The Applicants should clearly mention "Application for Re-Orientation Training Program for Medical Officer (Ayurveda) North Eastern States on Marma Chikitsa " on the top of the envelope while sending the Application form. Application can be sent through e-mail as advance copy on neifmpasighat@gmail.com

### Payment of TA:

- All Transaction will be made only by electronic transfer through Banks.
- No amount will be paid to trainees except the reimbursement of travelling expenses, that too on actual basis as per the rules subject to ceiling.
- Payment of TA should be made only at the end of the training program after obtaining full attendance as per admissibility or actual, whichever is less.
- Places were connected by rail, will be reimbursed with actual fare limited to AC 2 tier or actual claim, whichever is less. Tickets are to be done by IRCTC only.
- Road mileage is allowed only for places not connected by rail and that too by Government Transport and proper bills should be submitted. Claimant should mentioned distance between the places.
- The Payment of TA will be made on production of original Tickets by the trainees. The payment will be made as per CME guidelines of Ministry of Ayush.



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### **Boarding & Lodging Charge:**

- Descent Lodging & Boarding facilities will be arranged for all the outstation trainees.
- Trainees will be eligible for food expenses if travels made by train / bus on production of bills subject to a maximum of Rs 175/- during journey. No food expenses will be made for travels made by Rajdhani/ Shatabdi/ Duranto Trains.

<u>Participation Certificate:</u> Participation certificate will be issued at the end of the training program on full attendance only.

### For further information, if any, it is requested to contact-

• Dr. Imlikumba. Mob: 08414895879; Email: imlikumba@gmail.com

#### Note:

- 1. Participants are requested for early response.
- 2. For further information, it is requested to communicate the Coordinator of the program.
- 3. The selected Trainees will be communicated on/or after 28-08-2023 till 5 P.M so that the trainees can make necessary travel arrangement.

4. For more details, please visit www.neiafmr.org.in

Dr. Inya Lingu

Director (I/c)

NEIAFMR, Pasighat.



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To

The Coordinator, Re-Orientation Program for Medical Officer (Ayurveda)
North Eastern Institute of Ayurveda & Folk Medicine Research,
(An Autonomous Institute under Ministry of Ayush, Govt of India)
Opp. APST Bus Terminal, High Region
Pasighat, Arunachal Pradesh.

Sub: Application for attending Re-Orientation Training Program for Medical Officer (Ayurveda) of North Eastern States on Marma Chikitsa-Reg.

I hereby submit my application to participate in Re-Orientation Program being organized by your institute in the subject of Marma Chikitsa. My biodata is as follows Full Name (in BLOCK letters): Father's Name: Date of Birth: Age: Gender: Educational Qualification: Name of Degree Subject Specialization if any Registration Number: Designation: ..... Name of Institute: Experience: Years Months Full address for correspondence with Pin Code: 2. Residence: Mobile Number: +91-.... E-mail ID: Aadhaar No: .... Bank Details: Name of the Bank: Branch.... 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 the Instruction given by the organizer for smooth conduction of the program. Date: Signature of applicant

Recommendation of the Head of the Institute/Directorate:

Signature of the Head of the Institute/Directorate with seal

(Note: If the information given above is incomplete in any respect, the form will not be considered)