



RASHTRIYA AYURVEDA VIDYAPEETH

(NATIONAL ACADEMY OF AYURVEDA)

(An autonomous organization under Ministry of Ayush, Govt. of India)
Dhanwantari Bhawan, Road No.66, Punjabi Bagh (West), New Delhi-110 026
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APPOINTMENT OF GURUS UNDER GURU SHISHYA PARAMPARA-2022-23

Rashtriya Ayurveda Vidyapeeth is an autonomous body under Ministry of Ayush, Govt. of India. It runs courses under '**Guru Shishya Parampara**' for training the institutionally qualified Ayurveda doctors.

COURSE: -

Certificate of Rashtriya Ayurveda Vidyapeeth (CRAV): This is a one year training program for Ayurvedic graduates. The training is given by eminent practitioners / institutions of Ayurveda having an excellence in the Ayurvedic clinical practice / Ayurvedic Pharmacy.

RAV is inviting applications from eminent Ayurvedic practitioners/ reputed ayurvedic hospitals/ Pharmacies for their empanelment as the prospective Gurus/ training centres for CRAV training. The empanelment will be purely on temporary basis for a period of one year. The selected scholars / institutions will be paid an honorarium on the basis of actual period of training imparted by them to CRAV students.

Eligibility criteria for empanelment as Gurus (CRAV)

There are two categories of the Gurus having separate criteria for selection as mentioned below:

1. **Criteria for Individuals**
2. **Criteria for Institutions**

1. Criterion for Individuals

- i. Ayurveda practitioners enrolled in any State Register of Indian Medicine under Section 17 of IMCC Act, 1970.
- ii. Age not below 50 years.
- iii. Having a minimum standing of 20 years of Ayurvedic general or specialized clinical practice in any clinical branch of Ayurveda.
- iv. Shall not be employed at any place and in any position on regular basis. This condition is not barring the hounorary positions other than employment.

- v. Ayurveda practitioners' aspirant to be a RAV Guru should have minimum OPD of 40 patients per day.
- vi. In case of surgical practice besides OPD of 25 patients per day, the Vaidya must be performing at least 15 surgical/ para-surgical/ Ksharsutra/ Agni Karma procedures daily.
- vii. In case of Ayurvedic Pharmacy, the vaidya should have his own pharmacy with a minimum standing of 20 years.
- viii. Willingness to train the young ayurvedic doctors through a hands-on training method and to share their clinical knowledge and skills without any reservation.
- ix. Gurus with or without IPD can be given upto 02 students and with occupancy of IPD of 20 beds and above can be given upto 04 students.

2. Criteria for Institutions

- i. Declared as Centre of Excellence by Ministry of Ayush.
- ii. Ayurvedic hospital with at least 50 IPD beds and 200 OPD patients per day.
- iii. The centre should have a minimum 10 years of standing.
- iv. The centre should be of good repute and should be well known for its Ayurvedic management of various specialized conditions.
- v. In case of a pharmacy, it should have a GMP certification, facility for drug quality monitoring and an R&D department.
- vi. The institution authorities should be ready to give every access to CRAV students to all the places which are related to their clinical/ pharmacy training.

Institution may be required to identify a senior faculty from the institute as the incharge of the training in reference to CRAV training and his name should be indicated in the application form.

Individuals / Institutions empanelled as Gurus to CRAV training and imparting training will be paid a monthly honorarium as decided by Governing Body of RAV and amended time to time.

Applications are invited from eminent Ayurveda clinical experts (Vaidyas) and Ayurvedic health care institutions/Ayurvedic Pharmacies on a plain paper in Hindi or English as per the format given below. The applications must be sent in **PDF format only through e-mail on above mail on or before 20th December, 2022.** The crucial date of eligibility will be **20.12.2022.**

Director, RAV

Application for empanelment as CRAV individual Guru

1.	Name	
2.	Father's Name	
3.	Date of Birth	
4.	Age (as on 20.12.2022)	
5.	Qualification: (Name of the awarding institution, year of passing)	
6.	Medical Registration: (Name of Board, Registration Number and year of registration)	
7.	Any service done under Central/State government:	
8.	Present Mailing Address (with Pincode)	
9.	Permanent Address (with Pincode)	
10.	Aadhaar and PAN No.	
11.	Mobile No. & E-mail	
12.	Name of Clinic: Working Days: Clinic Timing- Morning Shift: Evening Shift: Weekend Off:	

13.	Address of practice place (with Pincode)	
14.	Experience in Ayurvedic clinical practice	
15.	Any Teaching Experience (if yes, details)	
16.	Area of Specialization in practice: (Details may be furnished in a separate sheet)	
17.	Average number of patients seen in OPD per day	
18.	Whether maintaining any IPD, if yes, number of beds	
19.	Average bed occupancy ratio (Annually):	
20.	Other units available in the clinic / hospital: i) Medicine manufacturing section ii) Panchakarma iii) Ksharsutra iv) Any other	
21.	Infrastructural details of the Clinic/hospital: (Total area, Number of rooms, Number of wards and beds, facilities available)	
22.	Conditions / Diseases where the specialized treatment is available:	
23.	Publications: (No. of case reports / research papers/books published (List of papers/books to be attached))	

24.	No. of Seminars/ Conference/ Workshops attended	
25.	Fluency in Languages (please write the name of languages:) i) Reading- ii) Writing - iii) Speaking -	
26.	Honouraray attachments to any college/hospital on regular/part-time basis	
27.	Any recognition/ award / honouraray position offered in recognition of your clinical expertise	
28.	Any other specialty that supports you / your empanelment listing (in 100-150 words)	

Enclosures:

Photocopies of certificates of Ayurvedic qualifications, Medical registration, Aadhar Card, PAN Card, Colour passport size photo, recent bio-data etc.

DECLARATION

I do hereby declare that the particulars furnished by me above are correct to the best of my knowledge and belief. If given any opportunity, I also assure of my full commitment towards the CRAV training to the full of my ayurvedic knowledge and clinical skills. I assure to abide by the rules and regulations of CRAV course as may be specified from time to time.

Date:

Signature of applicant

**Application for empanelment as CRAV Institutional Training Centre
(Institutional Guru)**

1.	Name of the Institution	
2.	Managing authority of the institution	
3.	Full address of the institution (with Pincode) along with E-mail, Mobile No., Fax, Website etc.	
4.	PAN No. of Institution	
5.	Registration No. (Registration as a hospital/ pharmacy etc.)	
6.	Whether declared as a Center of Excellence by the Ministry of Ayush	
7.	Date of start of functioning	
8.	Total years of existence of the institution	
9.	Average number of patients in OPD per day	
10.	Number of beds in IPD	
11.	Speciality of the institution (specify the conditions where the specialized treatment is available)	
12.	Infrastructural details <ul style="list-style-type: none"> • Total Area • Number of Wards • Number of Consultants 	
13.	Other units of the hospital <ul style="list-style-type: none"> i) Medicine manufacturing section ii) Panchakarma iii) Ksharasutra iv) Any other 	
14.	Credentials of the hospital related with training of students	

15.	Any research paper/ case report/ case series published from hospital	
16.	Name & Designation of in-charge trainer (who will train CRAV students)	
17.	Details of the In-charge person identified as the 'Training Incharge' (relevant details may be given using the format given for individual gurus)	
18.	In case of pharmacy, give details of <ul style="list-style-type: none"> • Medicines commonly prepared • GMP certification number • Drug manufacturing licence number • Facilities for quality check of raw material and finished products (If required add additional paper to give details)	

Enclosures: Photocopies of hospital/ pharmacy registration, GMP Certificate, Center of Excellence certifications, Ayurvedic qualifications and registration of the training incharge, PAN card of institution etc.

DECLARATION

I do hereby declare that the particulars furnished by me above are correct to the best of my knowledge and belief.

Date:

**Signature of head of the institution
and office seal.**