**CENTRAL COUNCIL OF INDIAN MEDICINE**

**NEW DELHI**

**APPLICATION FORM FOR EXPRESSION OF INTEREST TO BECOME A REGIONAL CENTRE FOR TRAINING TO TEACHERS (T T T) PROGRAMME OF THE AYURVEDA/ SIDDHA /UNANI MEDICAL COLLEGES.**

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| **Name of Applicant**  |  |
| **Designation** |  |
| **Address of Applicant***(Full address of Institution/ College with pin code)*  |  |
| **Chief Contact person with Designation, Phone number and Mail ID** |  |
| **TTT Co-ordinator with Designation, Phone Number and Mail ID****(College can appoint a co-ordinator to be contacted)** |  |
| **State**  |  |
| **Telephone** |  |
| **Mobile** |  |
| **Email** |  |

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| **AVAILABLE FACILITIES** |
| **Infrastructure**  | **Lecture Hall** | **Available/ Not Available. If available, mention accommodation strength**  |  |
| **Hostel**  | **Male** | **Available/ Not Available. If available, mention accommodation strength** |  |
| **Female** | **Available/ Not Available. If available, mention accommodation strength** |  |
| **Canteen** | **Available/ Not Available.** |  |
| **Human Resource** | **\*Teachers** | **Available/ Not Available.** **Mention the total number** |  |
| **\*Office Staff** | **Available/ Not Available.****Mention the total number** |  |
| **Peons/ attendant** | **Available/ Not Available.****Mention the total number** |  |
| **Transport** (Nearest Station with distance in KM) |  **Railway Station** |  |
| **Bus Station** |  |
| **Air port** |  |
| **TRANSPORT FACILITY FROM NEAREST RAILWAY STATION / AIRPORT / BUS STATION PROVIDED BY COLLEGE** | **Yes/ No**  |  |

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| --- | --- | --- | --- |
| **Training related facilities** | **Projector( LCD)** | **Available/ Not Available**  |  |
| **Audio video system** | **Available/ Not Available**  |  |
| **Computers/ Laptops** | **Available/ Not Available**  |  |
| **Internet with Skype facility** | **Available/ Not Available**  |  |
| **Photocopier** | **Available/ Not Available**  |  |

***Note: \* Details may be separately annexed in case of Teachers and Office Staffs.***

**Declaration of the Principal (Govt. / Private college)**

I, \_\_\_\_\_\_\_\_\_\_\_\_ \_ s/d/o Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal, \_\_\_\_\_\_\_\_\_\_\_\_ \_ (name of the College) had read and accept the terms and conditions and willing to serve as regional centre for TRAINING TO TEACHERS PROGRAMME for Ayurveda/Siddha/Unani Teaching staff. I solemnly affirm that if any information provided by me in Application and Annexure found false, I shall be held responsible in the matter. I shall have no objection if any legal action is taken by the CCIM against me.

 **Signature of Principal**

Dated\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_\_\_ **Name with Stamp**

**Declaration of the College management of Private College**

I, \_\_\_\_\_\_\_\_\_\_\_\_ \_ s/d/o Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secretary/ President of \_\_\_\_\_\_\_\_\_\_\_\_ \_ (name of the College) had read and accept the terms and conditions and willing to serve as regional centre for TRAINING TO TEACHERS PROGRAMME for Ayurveda/Siddha/Unani Teaching staff. I solemnly affirm that if any information provided by me in Application and Annexure found false, I shall be held responsible in the matter. I shall have no objection if any legal action is taken by the CCIM against me.

 **Signature of Secretary/ President**

Dated\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_\_\_ **Name with Stamp**

**Terms and Conditions**

1. The Institution should fulfil all the facilities as per the Minimum Standards and Requirements Regulations of the concerned system of medicine prescribed by CCIM.
2. The facilities including Lecture Hall, Hostel, Canteen, LCD Projector, Audio video system, Photocopier, man power should be provided exclusively for the training programme by the Institution at free of cost.
3. The subject experts/resource persons who conduct training will be nominated by CCIM and TA/DA for them will be given by CCIM.
4. TA for participant teachers attending the training will be given by their respective colleges.
5. Accommodation and food should be provided by regional centres to the participant teachers at free of cost.
6. The schedule for training programme will be decided by the Central Council of Indian Medicine, New Delhi, time to time.
7. If the institution does not want to serve as the regional centre due to any reason that should be intimated to the Council at least 3 months prior. But the schedule already accepted by the institution has to be completed by the institution.
8. Once the institution has accepted to become a regional centre, it shall provide the service as accepted.
9. The decision of CCIM is final in any matter related with this programme.
10. The CCIM reserves the right to cancel/ reschedule/ postpone / prepone the programme for any / all regional centres.
11. The CCIM reserves the right to modify terms and conditions from time to time.

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