

**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.**

Name of Applicant	
Designation	
Address of Applicant <i>(Full address of Institution/ College with pin code)</i>	
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	

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	

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.
