



DEPARTMENT OF ILMUL ADVIA
FACULTY OF UNANI MEDICINE
AJMAL KHAN TIBBIYA COLLEGE & HOSPITAL
ALIGARH MUSLIM UNIVERSITY
ALIGARH-202002 (INDIA)

Continuing Medical Education (C.M.E.) Programme for Teachers
(04.12.2017 to 09.12.2017)

Sponsored by

Ministry of AYUSH, Govt. of India

Department of **Ilmul Advia**, Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh is going to organize a "Continuing Medical Education" (C.M.E.) programme for Teachers working in the Department of Ilmul Advia and its allied subject in different Unani Colleges.

Continuing Medical Education has been one of the principal activities of the AYUSH aimed at keeping the health professionals abreast of the latest developments in the field. CME is a specific form of education that helps those in the field of medical professions especially AYUSH system to maintain professional competence and learn about new and developing areas of their field and also to encompass the continuing educational activities that assist professionals in carrying out their responsibilities in the field effectively. There are many issues of the curriculum which cannot be covered through course curricula, hence needed augmentations and clarification through direct interaction with the resource persons and domain experts. The contents of the programme will be delivered by faculty who are experts in their individual professional areas.

Interested teachers of subject concern can download the registration form from the AMU website. The duly filled in application form along with necessary documents may be sent as Email attachment to the person concern. A hard copy of the same should also be sent by post.

Last date for submission of registration form is 30.10.2017

(Dr. Shamshad Alam)

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Co-ordinator

CME Programme

**Department of Ilmul Advia, A. K. Tibbiya College
Aligarh Muslim University, Aligarh**

Continuing Medical Education (CME)

Application Form

1. Name of the applicant :
2. Father / Husband's Name :
3. Date of Birth :
4. Educational Qualification :
5. Registration Number :
- (Enclose Xerox copy)
- a. State and Year of Registration :
6. Teaching / Clinical Experience :
7. Aadhaar Number :
- (Enclosed Xerox copy)
8. Present Designation & Address :
-
-
-
9. Address for Correspondence :
10. Contact Number :
11. Email ID :
12. Details of CME attended earlier :

Signature of the applicant

Recommendation of Controlling Office