

## Institute for Post Graduate Teaching & Research in Ayurveda

WHO Collaborative Centre of Traditional Medicine (Ayurveda)

### GUJARAT AYURVED UNIVERSITY, JAMNAGAR (361008)

ACCREDIATED GRADE "A" BY NAAC (CGPA 3.28)

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No. PGT/7 WHOCC/TOR-5/DG/2016-17/668

Date: 25.1.17

To

The Principals of all Ayurveda Colleges

Sub: Applications for Capacity Building programme for Teachers in Pharmacovigilance

Dear Sir/Madam
Greetings from IPGT&RA, Gujarat Ayurved University

As you know department of AYUSH, Govt. of India, in September 2008, launched the National Pharmacovigilance Programme for ASU Drugs (NPP ASU) and Institute for Post Graduate teaching and Research in Ayurveda (IPGT&RA), Gujarat Ayurved University was identified as National Pharmacovigilance Resource Centre for ASU drugs. Institute for Post Graduate Teaching and Research in Ayurveda has also been recognized as the WHO Collaborative Centre (CC) for Traditional Medicine (Ayurveda). With the initiation from the NPPASU drugs pharmacovigilance has been included as a part of Dravyaguna/ Rasshastra in UG/PG syllabus of BAMS/MD(Ayu) courses.

Human resource development is a key feature for the success of this enterprise. It is necessary to train Ayurveda experts in the science of Pharmacovigilance and include them not only in reporting but also assessment of the adverse reactions. More direct involvement of Ayurveda academic Institutions in the NPPASU after appropriate training would be an appropriate step in this direction.

In this regards, few steps such as training of the certain ASU teachers, physicians have taken place and to make the system sustainable these all the Ayurveda physicians and teachers, patients and paramedical staff needs extensive awareness about the concept of pharmacovigilance and how to report ADR etc. Further, to keep the system alive the reporting system should be active through conduction of different activities related to pharmacovigilance.

As part of WHO CC activities, IPGT&RA is going to organize 3 days Capacity Building programme during 16<sup>th</sup> to 18<sup>th</sup> February 2017 for 30 teachers ( Dravyaguna/RS&BK/Agadatantra) of state of Gujarat and during 2<sup>nd</sup> to 4<sup>th</sup> March, 2017 for 30 teachers ( Dravyaguna/ RS&BK /Agadatantra) of other states.

You are requested to nominate one teacher from your college to participate in the programme before 31<sup>st</sup> January, 2017. The application should reach Prof. Rabinarayan Acharya, HOD, Department of Dravyaguna, coordinator TOR-5, WHO CC, through email (rnacharya @ ayurveduniversity.com).

The application form is attached for reference. It can be downloaded from university/institute website. It must be forwarded by the Head of the institute. The participants will be entitled for TA ( up to II AC) and free Local hospitality(lodging and boarding).

Wishing you a very happy New Year 2017 Yours sincerely

> Prof K S Patel Dean and I/C Director

# **APPLICATION FORM**

# CAPACITY BUILDING PROGRAMME IN PHARMACOVIGILANCE IPGT&RA, GUJARAT AYURVED UNIVERSITY, JAMNAGAR

WHO Collaborative Centre of Traditional Medicine (Ayurveda)

| 1.  | Name of the applicant:         |   |
|---|--------------------------------|---|
|   | Designation:                   |   |
| 3.  | Teaching Experience: UG- / PG- |   |
| 4.  | Department:                    |   |
| 5.  | Institution/Organization       |   |
| 6.  | Sex:                           |   |
| 7.  | Corresponding address:         |   |
| 8.  | State:                         |   |
| 9.  | Mobile no. :                   |   |
| 10.   | . E-mail:                      | 9   |
|   |                                |   |
| Signature of the applicant                                      |                                |   |
| Recommendation of the Head of the Institute:                    |                                |   |
|   |                                | Signature of the Head of the institute with seals |
|   |                                | seals of the field of the institute with seals    |
| For Office use: Application Form receiving date with signature: |                                |   |

Signature of the Director/ chairperson selection committee: