

**7-DAYS NATUROPATHY AND YOGA  
TREATMENT – CUM – AWARENESS CAMP  
SPONSORED BY NIN, PUNE**

**APPLICATION FORM**

(USE CAPITAL LETTERS)

**[Hospital Covered under Grant in Aid Schemes (PCC, TCPC) of CCRYN are not eligible to apply under this scheme]**

1. Name & Full Address of the Naturopathy and Yoga Hospital with Pin Code

\_\_\_\_\_

\_\_\_\_\_

Phone numbers with STD Code \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

2. Name of the Doctor-In-Charge \_\_\_\_\_

Mobile Nos. \_\_\_\_\_

3. Name & Full Address of the Registered Trust/ Society / Association / Hospital with Registration or License; **Their Registration/License Number**, Name of the authority with which registered / licensed and Place of Registration/Licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Whether details of the Regd. Body are already submitted to NIN for any other programme? Yes / No (Tick One)

*(If not, submit a copy each of the Regn. / License Certificate, Bye-Laws, Accounts for the last 3 years duly certified by C.A. and 3 years working Report)*

5. Your 'Head of Account' for payment of Grant-in-aid (Title \_\_\_\_\_

\_\_\_\_\_

6. Details of the Hospital:

A) No. of Beds \_\_\_\_\_ B) Average Occupancy \_\_\_\_\_

C) Treatment facilities available \_\_\_\_\_

\_\_\_\_\_

(Photos of all departments, Wards, hospital building with board, Brouchers, Leaflets, is compulsory when you apply for the first time)

D) Other facilities available: \_\_\_\_\_

\_\_\_\_\_

E) Details of Clinical staff: (Attach seperate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

7. Whether one week (7 days) camp sponsored by NIN was conducted by you in last financial Year? **Yes / No** (tick one) if yes how many \_\_\_\_\_

8. a) Whether One Week (7 days) camp sponsored by NIN was conducted by you in this Financial Year? **Yes / No** (tick one)

b) If yes, Dates and Venue thereof: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

9. Dates of the next proposed programme: \_\_\_\_\_  
[The proposal should reach NIN minimum 2 months in advance]

10. Proposed Venue: \_\_\_\_\_

11. Details of Resource Persons

S.No.	Name	Naturopathy Qualifications	Experience	Mobile & land Phone numbers (with STD Code)

I hereby, declare that the hospital is not covered under the Grant in Aid Scheme (PCC, TCPC etc) of CCRYN and that all the informations given above are true.

Signature and Seal  
(With date)

# 7-DAYS NATUROPATHY AND YOGA TREATMENT – CUM – AWARENESS CAMP SPONSORED BY NIN, PUNE

## GUIDELINES

1. **About The Scheme:** The seven days Naturopathy and Yoga Treatment-cum-awareness camp is introduced w.e.f. March'08. Any Naturopathy hospital under this scheme has to conduct Yoga training classes every day and Naturopathy awareness classes daily or at least on the 1<sup>st</sup>, 6<sup>th</sup> and 7<sup>th</sup> day compulsorily by minimum 2 Naturopathy & Yoga qualified / experienced regular professional practitioners. Treatment for participants of the camp must be totally free. This does not include accommodation, but it is advisable to provide light refreshment to the participants.
2. **Objectives:** The main objective of this scheme is to create awareness among the general public about the true science of Naturopathy and yoga and to offer an opportunity to experience personally the effects of these most effective systems through its simple treatment methods.
3. **Eligibility:** This scheme is given only to Naturopathy and yoga functioning hospitals with minimum 10 beds, registered/Licensed with any Govt. Body or run in affiliation with a registered Trust, Society, or Association, who are not covered under the TCPC and PCC scheme of CCRYN. (False statement will cause black listing.)
4. **Financial Assistance :** An amount of Rs.40,000/- will be paid , out of which first instalment of Rs.20,000/- will be paid by cheque through the Co-ordinator on the last day of the camp on satisfactory conduct, and balance Rs.20,000/- will be paid only after getting all the relevant records mentioned below.
5. **Deduction:** Rs.400/- will be deducted from every camp payment, from the balance of Rs.20,000/- towards subscription for Two years of "Nisargopchar Varta" magazine published by NIN. If you are already a subscriber, you may use the additional copies for your Institution library or may issue free to your patients, camp participants or near and dear ones. You may suggest any address while sending the completion report so that we shall mail it directly to the party proposed by you.
6. **Application Fee:**
  - a) Any organization applying for Grant-in-aid for the 1<sup>st</sup> time should remit Rs.1, 000/- as the application fee to this scheme alone, by D.D. on any Nationalized Bank at Pune, in favor of "Director, National Institute of Naturopathy, Pune". This is a one time application fee towards this scheme. If the initial proposal is not acceptable, the D.D. will be returned.
  - b) No Hospital /NGO shall consider this as a registration with NIN and shall not misuse the name of NIN with your institute address such as Regd. with NIN, Recognized by NIN, Affiliated to NIN, etc. and in any case should not use the words "Govt. of India, Ministry of Health & Family Welfare, Dept. of AYUSH" in any of your documents / correspondences, banners, pamphlets etc. However it is compulsory to mention "Sponsored by National Institute of Naturopathy – Pune" in all publicity materials/banners of the Camp.

C) No certificates shall be issued in any form in the name of this scheme to the participants. Breach of this clause and (b) above will be viewed very seriously and cause **Black Listing** of the Institute.

#### **7. The Completion Report**

The Completion Report should contain:

- a) Filled up completion format provided by NIN.
- b) Accounts of the camp duly audited.
- c) Audit Certificate (Utilization Certificate - U.C.) in the given format.
- d) Photos taken from the back side of the hall covering together, The participants of yoga classes and the audience of the awareness classes, faculty and dated banner, + one close up photo of each faculty and Co-Ordinator with dated banner and some photos of the treatments given. Photo of the Co-Ordinator attending the programme is compulsory. Paste all photos on white paper and give the comments to understand the event, compulsorily.
- e) Attendance of the participants with their signature in original.
- f) Schedule of the Programme.
- g) Publicity proof.

**\*Note:** *The completion report should be sent to NIN within One month from the last day of the camp. Report received late will not be accepted.*

#### **8. General Guidelines :**

- I. One Naturopathy hospital will be given only four such programmes in one financial year, between 1<sup>st</sup> April to 31<sup>st</sup> January only, @ one in a quarter. **No camps in Feb & March.**
- II. New organization who has not submitted the below given documents for any other purpose and applying 1<sup>st</sup> time for sponsorship with NIN, may submit the following documents:
  - a. Copy of the Registration Certificate.
  - b. Copy of the Bye-laws.
  - c. 3 years Audited Accounts.
  - d. 3 years Annual Report.
  - e. A brief description about the Hospital, Land, Building, No. of Beds, treatment facilities, Clinical Staff and other facilities available(Attach Brochures/ Pamphlets/Photographs).
  - f. D.D. for Rs. 1, 000/-.
- III. Second time onwards submit only filled in application forms with details of Resource persons, their consent letters including their phone numbers for NIN's verification.
- IV. Hospitals misusing names of the Resource Persons without taking their consent will be Black Listed by NIN.
- V. Proposal for each camp should be separate and it should reach NIN minimum 2 months in advance.

- VI. The hospital has to provide boarding & lodging facility to the Co-Ordinator and arrange his lectures.
- VII. The camp organized under this scheme should be exclusively of NIN and **NO** sharing or mixing of sponsorship or any other programme.
- VIII. Minimum number of patients to be given treatment in such camp must be thirty.
- IX. Out of four camps minimum one or more camps must be conducted at a place out of your hospital.
- X. Camp treatments and lecture classes must be only on basic Naturopathy and Yoga principles, and not on any other medicinal systems.
- XI. Make maximum subscribers for 'Nisargopchar Varta' magazine from the camp (One year - Rs. 200 /-; Two years - Rs. 400 /-; Three years - Rs.550 /-; Five years - Rs. 860 /-)
- XII. If you conduct the camp with maximum publicity and participation naturally your Hospital functioning will be upgraded. Experience of those who conducted camps with maximum effort has only success story in their profession. Hence the aim should not be to get Rs 40,000/- for this time but to achieve maximum popularity for your hospital and science of Naturopathy through it.

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