



## केंद्रीय आयुर्वेदीय विज्ञान अनुसन्धान परिषद्

आयुष मंत्रालय, भारत सरकार

जवाहर नाल नेहरू भारतीय चिकित्सा एवं होमोपैथी अनुसन्धान भवन  
61-65, मांस्थानिक क्षेत्र, नमस्त्र 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of Ayush, Govt. of India

Jawahar Lal Nehru Bhartiya Chikitsa Eavan Homoeopathy Anusandhan Bhawan  
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

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27 JAN 2026

23<sup>rd</sup> Jan 2026

HQ-EDC03/2/2025-EDC/ 7855

### EXPRESSION OF INTEREST FOR JOINING AS A REVIEWER IN ONGOING INITIATIVES NAMELY SPARK, PG STAR, PhD AND PDF

The Central Council for Research in Ayurvedic Sciences (CCRAS), an autonomous body under the Ministry of AYUSH, Govt. of India, is an apex body in India for undertaking, coordinating, formulating, developing and promoting research on scientific lines in Ayurvedic Sciences. The activities are carried out through its 30 Institutes/Centres/Units located all over India and through collaborative studies with various Universities, Hospitals and Institutes. CCRAS has recently taken concrete steps for encouraging and facilitating students in order to promote interest and aptitude for research among Ayurveda scholars.

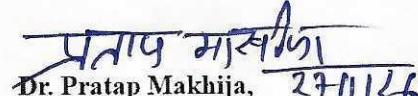
#### **CCRAS offers the following scholarships/ fellowships -**

- | For Under Graduate Students (Ayurveda) – Studentship Programme for Ayurveda Research Ken (SPARK)
- | For Post Graduate Scholars- Ayurveda (Pursuing)– Programme for support in Ayurveda Research for Ayurveda PG Scholars (PG-STAR)
- | For Post Graduates – Ayurveda (Completed) – Ayush Ph.D. Fellowship Programme
- | CCRAS Post-Doctoral Fellowship Programme (PDF)

These programmes are continuously being executed with overwhelming response since 2022 and council receive many applications for all these schemes from across various colleges of Ayush Fraternity. The entire review process for all the programmes is non-biased and executed through the respective web portals designed for the programmes. In this process, council are thrilled to receive responses from many faculties who have expressed their interest to contribute as a Reviewer in these

programmes. Owing to the growing responses, it gives council immense pleasure to hereby float an '**EXPRESSION OF INTEREST FOR JOINING AS A REVIEWER IN ONGOING INITIATIVES NAMELY SPARK, PG STAR, PHD AND PDF**'.

The academicians/scientists engaged in Ayush research who are interested in contributing as a reviewer may apply in the enclosed format (Annexure-I) along with a forwarding letter addressed to Director-General, CCRAS. Interested individuals should submit applications through email to the Email id: **ccrasreviewerpool@gmail.com** only.

  
Dr. Pratap Makhija, 27/11/26

Assistant Director (Ay.)

For Director General

**Annexure I****CCRAS – Reviewer Registration Form**

*(To be filled in BLOCK LETTERS and submitted along with self-attested supporting documents, wherever applicable)*

**Note:** All fields marked with an asterisk (\*) are mandatory.

**A. PERSONAL DETAILS**

1. Name of the Reviewer\* (Prefix: Mr./Ms./Mrs./Dr.):

\_\_\_\_\_

- o First Name: \_\_\_\_\_
- o Middle Name: \_\_\_\_\_
- o Last Name: \_\_\_\_\_

Recent passport-size photograph to be affixed

2. Date of Birth (DD/MM/YYYY): \_\_\_\_\_

3. Age\*: \_\_\_\_\_ years

4. Gender\*:  Male  Female  Others

5. Nationality\*: Indian

6. Permanent Address\*:

- o Address Line 1: \_\_\_\_\_
- o Address Line 2: \_\_\_\_\_

7. State\*: \_\_\_\_\_

8. District\*: \_\_\_\_\_

9. City\*: \_\_\_\_\_

10. Pin Code\*: \_\_\_\_\_

11. Contact Number\*: \_\_\_\_\_

12. Alternate Contact Number: \_\_\_\_\_

13. Email ID\*: \_\_\_\_\_

14. Alternate Email ID: \_\_\_\_\_

**B. PROFESSIONAL DETAILS\***

1. Name of Institute / Organization: \_\_\_\_\_

2. Designation: \_\_\_\_\_

3. Department / Division: \_\_\_\_\_

4. Employee ID / NCISM Code (if applicable): \_\_\_\_\_

5. Accreditations / Recognitions of the Institute (if any): \_\_\_\_\_

6. Office Address for Correspondence:

o Address Line 1: \_\_\_\_\_

o Address Line 2: \_\_\_\_\_

7. State: \_\_\_\_\_

8. District: \_\_\_\_\_

9. City: \_\_\_\_\_

10. Pin Code: \_\_\_\_\_

**C. EDUCATIONAL QUALIFICATIONS\***

*(Please list qualifications in chronological order – Highest to Lowest)*

**Degree Subject / Specialization University / Institute Year of Award**

**If Ph.D. awarded:**

- Recognized Ph.D. Guide:  Yes  No  
*(Supporting document to be enclosed, if Yes)*

**D. PROFESSIONAL EXPERIENCE\***

*(Chronological order)*

Name of Institute / Organization Designation Department Period (From – To)

**E. SPECIALIZATION & RESEARCH INTERESTS\***

1. Primary Specialization / Field of Expertise:

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**2. Research Interests (Tick all applicable and provide brief details):**

- o  Clinical Research \_\_\_\_\_
- o  Pharmacological Research:
  - In-vitro  In-vivo  In-silico
- o  Pharmaceutical Research / Drug Standardization / Techno-Innovation:
  - Botany  Pharmacognosy  Microbiology  Phytochemistry
- o  Literary Research \_\_\_\_\_
- o  Fundamental Research \_\_\_\_\_

**3. ORCID ID (if available):** \_\_\_\_\_**4. h-index (if available):** \_\_\_\_\_**F. PUBLICATIONS / IPR DETAILS\*****1. Total Indexed Publications:**

- o Scopus: \_\_\_\_\_ Web of Science: \_\_\_\_\_ PubMed: \_\_\_\_\_

**2. Break-up:**

- o Review Articles: \_\_\_\_\_
- o Original Research Articles: \_\_\_\_\_

**3. Books / Book Chapters Published:**  Yes  No

- o If Yes, Number: \_\_\_\_\_

**4. Book Editing / Chapter Editing:**  Yes  No

- o If Yes, Number: \_\_\_\_\_

**5. IPR Details:**  Yes  No

- o Patents Filed: \_\_\_\_\_
- o Patents Granted: \_\_\_\_\_

**G. REVIEWER & MENTORSHIP EXPERIENCE\***

## 1. Experience as Reviewer

(Tick applicable)

- CCRAS – SPARK Programme
- CCRAS – PG-STAR Programme
- CCRAS – Post-Doctoral Fellowship (PDF)
- CCRAS – Ph.D. Programme
- Other CCRAS Research Schemes (Specify): \_\_\_\_\_
- Research Projects funded by Government / R&D Agencies
- Journals Reviewed For: \_\_\_\_\_
- Years of Reviewing Experience: \_\_\_\_\_ years

## 2. Experience as Guide / Mentor

- Years of Guiding Experience:
  - UG: \_\_\_\_\_ years PG: \_\_\_\_\_ years Ph.D.: \_\_\_\_\_ years
- Number of Scholars Guided Till Date:
  - UG: \_\_\_\_\_ PG: \_\_\_\_\_ Ph.D.: \_\_\_\_\_
  - Research students / Fellows: \_\_\_\_\_

(Copy of recognition letter / order as PG/Ph.D. guide to be enclosed, if applicable)

## H. COMMITTEE / JOURNAL MEMBERSHIP PROFICIENCY\*

1. Committee / Scientific Advisory Board Membership:  Yes  No
  - If Yes, details: \_\_\_\_\_
2. Editorial Board Membership in Journals:  Yes  No
  - If Yes, details: \_\_\_\_\_
3. Reviewer for Journals Indexed in:
  - Scopus  PubMed  UGC-CARE  Elsevier  Embase  Web of Science

## I. RESEARCH PROJECTS / PROGRAMMES\*

- **Total Research Projects Handled / Supervised:** \_\_\_\_\_
- **Number of Research Initiatives in Area of Expertise:** \_\_\_\_\_
- **Mode of Funding:**  Self-funded  Institution-funded  Government / R&D Agency-funded

**J. ANY OTHER RELEVANT INFORMATION**

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**K. ENCLOSURES\* (Tick applicable)**

- Resume / CV (PDF – Hard copy enclosed)
- Proof of Publications
- Guide Recognition Letter / Order
- Any other supporting documents (Specify): \_\_\_\_\_

**DECLARATION\***

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that any incorrect information may lead to rejection of my application.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_