



## केंद्रीय आयुर्वेदीय विज्ञान अनुसन्धान परिषद्

आयुष संस्थान, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसन्धान भवन  
61-65, साम्प्रदायिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Ministry of Ayush, Govt. of India

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

EPBX

28525852  
28520501  
28522524  
28525831  
28525862  
28525883  
28525897  
28525488  
28525991

HQ-EDC03/2/2025-EDC/7855

27 JAN 2026

23<sup>rd</sup> Jan 2026

### **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 -**

- 1 For Under Graduate Students (Ayurveda) – Studentship Programme for Ayurveda Research Ken (SPARK)
- 1 For Post Graduate Scholars- Ayurveda (Pursuing)– Programme for support in Ayurveda Research for Ayurveda PG Scholars (PG-STAR)
- 1 For Post Graduates – Ayurveda (Completed) – Ayush Ph.D. Fellowship Programme
- 1 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](mailto: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.):

\_\_\_\_\_

○ First Name: \_\_\_\_\_

○ Middle Name: \_\_\_\_\_

○ Last Name: \_\_\_\_\_

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

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

4. Gender\*: ☐ Male ☐ Female ☐ Others

5. Nationality\*: Indian

6. Permanent Address\*:

○ Address Line 1: \_\_\_\_\_

○ Address Line 2: \_\_\_\_\_

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

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

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

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

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

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

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

Recent passport-  
size photograph to  
be affixed

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:

---

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

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

**3. ORCID ID (if available):** \_\_\_\_\_

**4. h-index (if available):** \_\_\_\_\_

**F. PUBLICATIONS / IPR DETAILS\***

**1. Total Indexed Publications:**

○ Scopus: \_\_\_\_\_ Web of Science: \_\_\_\_\_ PubMed: \_\_\_\_\_

**2. Break-up:**

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

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

○ If Yes, Number: \_\_\_\_\_

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

○ If Yes, Number: \_\_\_\_\_

**5. IPR Details:** ☐ Yes ☐ No

- Patents Filed: \_\_\_\_\_
- 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**

---

---

---

**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: \_\_\_\_\_