

**PROPOSAL FOR USING CCRAS STANDARDIZED PRAKRITI ASSESSMENT SCALE
(CCRAS-PAS) AND AYUR PRAKRITI WEB PORTAL IN ACADEMICS/ RESEARCH
WORK/CLINICAL PRACTICE BY AYURVEDA FACULTY/SCIENTISTISTS/
PRACTITIONERS**

1. Name:
2. Age:
3. Address:
4. Contact Number:
5. Email:
6. Registration Number (Enclose State/Central Registration Certificate)
7. Name of Affiliated Institution:
8. Contact Details of Institution:
 - a. Address:
 - b. Contact Number:
 - c. Email:
9. Are you trained on CCRAS-PAS and AYUR Prakriti Web Portal: Yes/No
10. If yes, details of the Training Programme in which you are trained on CCRAS-PAS and AYUR Prakriti Web Portal
 - a. Name of Training:
 - b. Date:
 - c. Venue:
 - d. Name of Organizing Institution:
 - e. Contact Address:
 - f. Contact Number of Institution:
11. Will you assess Prakriti through your account on CCRAS-PAS and AYUR Prakriti Web Portal: Yes/No
12. If No, details of the stakeholder whose Account will be accessed for Prakriti Assessment through CCRAS-PAS and AYUR Prakriti Web Portal
 - a) Name
 - b) Complete Address
 - c) Contact Details
 - d) Name of Affiliated Institution
 - e) Name of Department
 - f) Contact Details of Institution
 - i. Address:
 - ii. Contact Number:
 - iii. Email:
 - g) Name of Training
 - h) Date
 - i) Venue
13. Purpose of the Proposal (Please tick mark the appropriate field)
 - a. PG Work
 - b. PhD Work
 - c. Post-Doctoral Work
 - d. Research Project
 - e. Sponsored Research Project
 - f. Clinical Practice

- At Own Clinical Setting
 - ❖ Name of Own Clinic
 - ❖ Contact Details of Own Clinic
- At Other Hospital/Institution
 - ❖ Name of Hospital/Institution
 - ❖ Contact Details of Hospital/Institution

14. Title of the Work/ Project (as applicable)

15. Name of the Institution(s) sponsoring the Work/ Project

16. Contact Details of Institution(s) sponsoring the Work/ Project

- a. Address:
- b. Contact Number:

17. Name of Institution(s) where the Prakriti Assessment by CCRAS-PAS and AYUR Prakriti Web Portal will be undertaken

18. Contact Details of the Institution(s) where the Prakriti Assessment by CCRAS-PAS and AYUR Prakriti Web Portal will be undertaken

- a. Address:
- b. Contact Number:

19. Name of Supervisor(s)/ Co-Supervisor(s) (As applicable)

20. Contact Details of Supervisor(s)/ Co-Supervisor(s) (As applicable):

- a. Address:
- b. Contact Number:

21. Name of Investigator(s)/Co-Investigator(s) (As applicable):

22. Contact Details of Investigator(s)/Co-Investigator(s) (As applicable):

- a. Address:
- b. Contact Number:

23. Will you assess prakriti free of cost Yes/ No

24. If No, then mention the amount (in INR) to be charged for Prakriti Assessment from each participant

Signature

Date:

Station:

Signature of Supervisor/Co-Supervisor/Investigator/Co-Investigator
(As applicable)

Signature of the Head of the Institute/Sponsoring Institution (As applicable) along with seal

**UNDERTAKING FOR USE OF CCRAS PRAKRITI ASSESSMENT SCALE AND AYUR
PRAKRITI WEB PORTAL**

I, Dr./Vaidya.....PG/Ph.D./Post Doc Scholar/
Faculty/Researcher/ Ayurveda Practitioner
hereby declare that I have read, understood and agree to abide by the following terms and conditions of
CCRAS, New Delhi for using the CCRAS Standardized Prakriti Assessment scale and AYUR Prakriti
Web Portal.

- The Prakriti Assessment scale and AYUR Prakriti Web Portal is to be used only for the purpose as stated in the form. Use other than the as mentioned in the form will be considered as violation of the terms for providing access to the Application. For using Application for any other purpose prior approval from the DG CCRAS has to be taken.
- No part of the CCRAS Prakriti Assessment Scale and AYUR Prakriti Web Portal shall be used for any commercial or sale purposes nor shall be transmitted, retrieved, reproduced, republished, uploaded, shared or posted by any means.
- The Central Council for Research in Ayurvedic Sciences, Ministry of Ayush, Government of India; New Delhi shall be duly acknowledged in all works.

Signature

Date:

Station:

Name of the Supervisor/Investigator
(As applicable)

Signature of Supervisor/Investigator
(As applicable)

Name of the Head of the Institute/Hospital/Sponsoring Institution (As applicable)

Signature of the Head of the Institute/Hospital/Sponsoring Institution (As applicable)
along with seal

(Note: Undertaking to be given on letter head of Institution/ Practitioner)