



# केन्द्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद्

(आयुष मंत्रालय, भारत सरकार)

61 -65 , संस्थागत क्षेत्र, जनकपुरी, नई दिल्ली – 110058

## Central Council for Research in Yoga & Naturopathy

(Ministry of AYUSH, Govt. of India)

61-65, Institutional Area, Janakpuri, NEW DELHI -110058

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Website: www.ccryn.org

### Central Council for Research in Yoga & Naturopathy (CCRYN), Janakpuri, New Delhi

#### **Sub : NATUROPATHY RECIPE COMPETITION -2020.**

The CCRYN, New Delhi is celebrating “3<sup>rd</sup> Naturopathy Day” on 18<sup>th</sup> November every year & completed 1<sup>st</sup> and 2<sup>nd</sup> Naturopathy Day successfully since 2018 onwards. In these years Council had conducted various live programmes. However, keeping in view of Covid-19 pandemic conditions, now the Council intends to celebrate 3<sup>rd</sup> ‘Naturopathy Day’ from 16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup> November, 2020 through virtual mode. Further, after emergence of covid-19 pandemic conditions, the nutritious diet plays a major role in maintenance of good health which is the main concern of the Naturopathy system of medicine. Hence, the Council desires to conduct the ‘Naturopathy Recipe Contest’ to create importance of Naturopathy diet as well as maintaining good health which is also very useful during Covid-19 conditions.

The participant organization shall apply online for the ‘Recipe Competition’. Also, they have to prepare 07 (Seven) videos of 20-30 minutes duration of each Recipe for scrutiny and uploading on [www.ccryn.org](http://www.ccryn.org) on or before 24.11.2020PM.

#### **Competition Theme : “Food as a medicine”**

#### **Rules & Regulations :**

- 1) All Reputed Naturopathy Colleges and Hospitals in India
- 2) Participant organizations shall prepare 07 health recipes video of 20-30 minutes duration of each recipe for various medical conditions and send them to Council at Email ID: [naturopathyday2020@gmail.com](mailto:naturopathyday2020@gmail.com)
- 3) Participants shall have to explain the benefits of each Naturopathy Recipes in health conditions, nutritive values & calories of each Recipe
- 4) The following 07 Naturopathy Recipe Videos are to be prepared :

S.No.	Recipe	Total No. of Videos to be prepared & submitted to the Council
1.	Cooked vegetables recipe	03
2.	Salad (Boiled/Raw)	01
3.	Naturopathy Juices/Tea	01
4.	Naturopathy Soup	01
5.	Naturopathy Desert	01

5) On the recommendations of the Council’s Scrutiny Committee, the Competent Authority will select the videos and only 10 (Ten) best Videos as submitted by the Colleges/Hospitals will be reimbursed a sum of Rs.20,000/- (Rupees Twenty thousand Only) each.

6) Last date of sending Videos: on or before **24.11.2020 at 2.00 pm.**

7) Click here for Application Form :

8) **For any clarifications:** Please Contact :

Dr A. Mohana Rao, Research Officer (N), Delhi @7982425510

Ms. Akanksha, Consultant (IT)-9811439639

Dr Vikas-9354224876, Dr Preeti Bendore-9958214317

Dr Rashmi Pandey-9818193053, Sh. Vishal Sharma-9871265483

**Note** : This supersedes earlier notice dated 6.11.2020 on the subject.

**COME & JOIN US IN THIS KNOWLEDGE FESTIVAL**



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### Application Form for participating in Recipe Competition 3rd Naturopathy Day, 2020-21 at Naturopathy Hospital, Rohini, 19

Affix your  
passport size  
photo

Full Name with Initials:

.....

Age: in years

Gender: Male  Female

Affiliation to Institution if any : Yes  No  , if Yes

Name of Institute: \_\_\_\_\_

Address for Correspondence:

.....

.....

City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_

E mail..... Mobile No: \_\_\_\_\_

Check this box and fill in the contents if you are participating for **Recipe Competition**. The theme of **Recipe Competition** is purely on Naturopathy.

#### **Declaration**

I hereby affirm that the above information is a result of my work /my teams work and I have the permission of the institution for the competition. I may be deemed to be disqualified and agree to return the prize money in case on any unforeseen dispute regarding permission.

**Name and Signature of the participant**

Date:

Place: