

Board of Ethics and Registration for Indian System of Medicine (BERISM)

Practitioner User Guide

Access Portal URL: <https://ayushedu.bisag-n.gov.in/BERISM/>

मैत्री कारुण्यमार्तेशु शक्ये प्रीतिरुपेक्षणम् ।

प्रकृतिस्थेषु भूतेषु वैद्यवृत्तिश्चतुर्विधा ॥

रोगी के प्रति मित्रता, रोगी के प्रति करुणा, उपचार के प्रति प्रतिबद्धता, प्रकृतिस्थित भूतेषु-अनन्तरम् उपेक्षणम् ।

slider image



मैत्री कारुण्यमार्तेषु शक्ये प्रीतिरुपेक्षणम् ।

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Click here



Student

Kindly click on login button for student login.

LOGIN →



Practitioner

Kindly click on login button for practitioner login.

LOGIN →

REGISTER →



State/Association

Kindly click on login button for State/Association login.

LOGIN →

ASSOCIATION SIGN UP →



College/University

Kindly click on login button for College/University login.

LOGIN →



BERISM

Kindly click on login button for BERISM login.

LOGIN →

Sign In Page

Click Here Practitioner Login

Sign In

Username

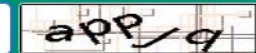
120120120120

Password

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Captcha

aPPJq



C

Keep me Signed in

Sign In

[Forgot Password?](#)

Student

Kindly click on login button for student login.

LOGIN →

Practitioner

Kindly click on login button for practitioner login.

LOGIN →

REGISTER →

College/University

Kindly click on login button for College/University login.

LOGIN →

BERISM

Kindly click on login button for BERISM login.

LOGIN →

ABOUT

In pursuance of the provisions of National Commission for Indian System of Medicine (NCISM) Act 2020 (14 of 2020), the Indian Medicine

Practitioner Apply Association CME

Practitioner Apply Association CME

Dashboard / Practitioner Apply Association CME

Name of Organization Email Id Mobile No.

Click Here to View Data

Show 10 entries Search:

Sr No.	Name of Organization	Mobile No.	Email Id	State	Start Duration	End Duration	Venue of CME	Type of Proposed CME Activity	Nature of Proposed CME Activity	CME Title	Proposed Fees	Credit Point	View Details
1	The Ayurveda Medical Association of India (AMAI)	6786789786	association@gmail.com		15-jan-2025	31-jan-2025	Bisag gandhinagar	Local	Seminar	New CME Title	500	5	
2	SME	8989744545	sme@gmail.com		25-jan-2025	31-jan-2025	bisag	Regional	Workshop	title of CME testing	500	5	
3	GUJARAT	9658745412	ncismgujarat@gmail.com		22-jan-2025	24-jan-2025	sarkhej	National Level	Orientation Program	yes	500	5	
4	GUJARAT	9658745412	ncismgujarat@gmail.com		29-jan-2025	31-jan-2025	sarkhej	Regional	Conference	yes	500	10	
5	BERISM	9874587845	berism@gmail.com		17-feb-2025	18-feb-2025	BIGAG GANDHINAGAR	Local	Seminar	title	1000	10	
6	BERISM	9874587845	berism@gmail.com		13-feb-2025	14-feb-2025	BISAG	Local	Workshop	DFG	600	10	

Showing 1 to 7 of 7 entries

Practitioner View CME Plan

DETAILS OF HOSTING INSTITUTION

Name Of Organization : Ayurveda Association Mobile No : 9998898998 Email Id : Aa@Gmail.Com
State : -

DETAILS OF PROGRAMME

Subject/Area In Which CME To Be Held : Subject For CME Title Of CME : Title CME Total Participants : 56
Year & Probable Dates : 15-Feb-2025 Starting Date : 23-Feb-2025 Ending Date : 24-Feb-2025
Venue Of CME Programme : Bisag Type Of Proposed CME Activity (Please Select Appropriate) : Local Nature Of Proposed CME Activity (Please Select The Appropriate) : Seminar
Specific Objective : No Oibj Proposed Fees : 500

RESOURCE PERSONS / TECHNICAL STAFF SUPPORT

Resource Person Name : Pooja Resource Person Designation : Software Resource Person Address : Gandhinagr
Resource Person Experience : 6 Resource Person Expertise : Language

Practitioner Basic Details

Fill All Details

Practitioner Name *	Father Name *	Date of Birth *
<input type="text" value="Practitioner Name"/>	<input type="text" value="Father Name"/>	<input type="text" value="Date of Birth DD/MM/YYYY"/>
Gender/Sex *	Qualification *	Speciality * Age :
<input type="text" value="--Select --"/>	<input type="text" value="Qualification Name"/>	<input type="text" value="Speciality Name"/>
System of Medicine *	Mobile No. *	Email Id *
<input type="text" value="--Select --"/>	<input type="text" value="Mobile No"/>	<input type="text" value="abc@example.com"/>
Name of State Council * *	State Council Registration No. *	National Registration Number (if available).
<input type="text" value="Name of State Council"/>	<input type="text" value="State Council Registration No"/>	<input type="text" value="National Registration Number"/>

Back Pay Fee Click the pay fee

CME Certificate

Dashboard / CME Certificate

Name of CME

subject area (CME)

Click here to download certificate

E-Certificate No: 1



National Commission For Indian System Of Medicine
Board Of Ethics and Registration
State ISM Council of **GUJARAT**

Certificate for Attending CME

Certified that Dr. **diya** Registered in **GUJARAT** State ISM Council with State Registration No. **AY/GJ/0000006** Address **bisag** has participated as delegate in CME Programme **subject area (CME)** held on **25-JAN-2025 to 31-JAN-2025** .

Board of Ethics and Registration, NCISM has granted **5** credit points for the delegate.



REGISTRAR
State ISM Council



SECRETARY
NCISM



PRESIDENT
Board of Ethics and Registration, NCISM

THANK YOU