

Gujarat Ayurved University, Jamnagar

(PROFORMA FOR INSPECTION OF AFFILIATED AYURVED COLLEGE BY LOCAL INQUIRY COMMITTEE, TO BE DULLY FILLED BY RECOGNISED/NEW APPLICANT INSTITUTE AUTHOURITIES, BEFORE VISIT OF LIC AND TO BE SUBMITTED THROUGH CHAIRMAN LIC TO UNIVERSITY WITHIN 7 DAYS.)

PART - I

DATE OF VISIT: - ----- DAY: - ----- COLLEGE CODE -----

YEAR OF: AFFILIATION:-

INTAKE CAPACITY:

Seats

TYPE OF AFFILIATION: CONTINUATION / EXTENSION /

CONT. & EXTENSION / FIRST AFFILIATION

NATURE OF AFFILIATION: - Temporary

Continuation of Affiliation Sought for:-

1. First B.A.M.S

☐

(Please mark concerned box)

2. Second B.A.M.S.

☐

3. Third B.A.M.S.

☐

4. Internship

☐

Extension of Affiliation Sought for:-

1. Second B.A.M.S.

☐

2. Third B.A.M.S.

☐

3. Internship

☐

First affiliation Sought for: -

1. First B.A.M.S

☐

FEES FOR INSPECTION DEPOSITED BY INSTITUTE Rs.: -----

ON DATE_ _ _ _ _ (Please attach Xerox copies of receipt)

1. **Name of the College** : -----
2. **Address** : -----
: -----

3. **Telephone Number with STD Code** : -----
4. **Fax Number with STD Code** : -----
5. **E-mail Address** : -----
6. **Name of Management\ Parent Body**:-----
 1. **Address** : -----

 2. **Telephone Number with STD Code**: -----
 3. **Fax Number with STD Code** : -----
 4. **E-mail Address** : -----
 5. **Year of Establishment** : -----
 6. **Whether registered under Society Act\ Public trust Act**: -----

(Please attach Xerox copy of registration cert.)(First Affiliation only)-----
7. **Status of College:-** Government\ Govt. Aided Private\ Private Non aided
Year of Establishment\Starting of College.: -----
8. **Permission of affiliated Local Authority to start College (Please attach copy for first Affiliation only)**:-----
9. **Date of No Objection Certificate** : -----

Issued by University (Please attach copy for first Affiliation only)
10. **Date of First permission given by CCIM (Only for first Affiliation)**:-----

11. Last Date of CCIM visit: -----

(Please attach copy of report)

12. Whether Compliance was made by College to Councils report? :-----

(Please attach copy of compliance report)

13. CCIM permission year (Only latest in for mation):-----

(Please attach copy)

14. Last Date of University LIC visit: -----

(Please attach copy of report)

15. Whether Compliance was made by College to University report? -----

(Please attach copy of compliance report)

16. Year of first admission / first batch (First Affiliation and Extension only):-----

17. Year of Passing out of 1st batch (First affiliation and Extension only):-----

18. Yearly intake as permitted by CCIM: -----

19. Yearly intake as permitted by University: -----

20. Category of seats: - Free-----Payment-----NRI-----Other State-----

TOTAL =-----SEATS.

21. Last admission details: - A. No of Seats filled : -----Students

B. Management : -----

C. NRI Quota : -----

D. CET : -----

E. ASSCET : -----

F. VACANT : -----

22. Number of students studying in the college (Current year):

1st Prof----- 2nd Prof-----3rd Prof ----- Interns-----Total-----

23. Results :(Only of the last TWO Examinations)

YEAR	MONTH OF EXAMINATION	NUMBER OF TOTAL STUDENTS APPEARED	NUMBER OF TOTAL STUDENTS PASSED EXAM.	PERCENTAGE OF PASSING
FIRST B.A.M.S.	1. APRIL \OCTO.			
	2. APRIL \OCTO.			
SECOND B.A.M.S.	1. APRIL \OCTO.			
	2. APRIL \OCTO.			
THIRD B.A.M.S.	1. APRIL \OCTO.			
	2. APRIL \OCTO.			

24. Financial Status (OF LAST FINANCIAL YEAR).

a. Total Income from all sources (College+ Hospital):-----

a. Fees----- b. Hospital income-----

c. Grants from Government & others-----

d. Donations----- e. Other-----.

b. Total Expenditure : Rs. -----

a. College Salary expenditure : Rs-----

b. College Non- Salary expenditure : Rs-----

c. Hospital Salary expenditure : Rs-----

d. Hospital Non- Salary expenditure : Rs-----

c. Movable assets : -----

d. Non movable assets : -----

e. Liabilities : -----

(Please attach audited statements of income & expenditure for last three financial years)

25. Details of fees levied from first year student at the time of admission

SR.NO	HEAD OF FEE STRUCTURE	AMOUNT FOR ONE CALENDER YEAR.(PER STUDENT)
1	Tuition Fee	
2	Caution Money	
3	Laboratory Fee	
4	Library Fee	
5	Gymkhana Fee	
6	Magazine fee	
7	Gathering fee	
8	Student welfare fee	
9	Hostel fee	
10	I-card fee	
11	Other fee	
	TOTAL	

26. BUDGET PROVISION (CURRENT YEAR): Figures in Rupees progressive (Cumulative) up to the end of the Visiting month.

A) College Budget

Budget Head	Allocation for current financial year	Total and actual Expenditure up to last months	
		In Rupees	%
Salary			
Travel Expenses			
Office Expenses			
Petrol, Oil, Lubricant			
Rent, Rates & Taxes			
Publications			
Advertising & Publicity			
Professional & special services			
Computer expenses			
Maintenance work			
Motor Vehicles			
Machinery & Equipment			
Material & Supplies			
Scholarship / Stipends			
Grants-in-aid			
Other Charges			
TOTAL			

B)

Hospital Budget.

Budget Head	Allocation for current financial year	Total and actual Expenditure up to last months	
		In Rupees	%
Salary			
Travel Expenses			
Office Expenses			
Petrol, Oil, Lubricant			
Rent, Rates & Taxes			
Publications			
Advertising & Publicity			
Professional & special services			
Computer expenses			
Maintenance work			
Motor Vehicles			
Machinery & Equipment			
Material & Supplies			
Grants-in-aid			
Diet charges			
Other Charges			
TOTAL			

27. A. TOTAL NO. OF AVAILABLE TEACHERS : -----

(Please attach separate and detail list of Teachers as appendix-A, including Librarian and Sport teacher. Include names of only full-time University approved teachers. The approved experience should be counted up to 31 march of current year)

B. Attach common seniority list of the available Teachers. : Attached\ Not attached

C. Attach seniority list of the available Teachers Department wise: Attached\ Not attached

28. TOTAL NO. OF AVAILABLE TECHNICAL EMPLOYEE AT COLLEGE : -----

29. TOTAL NO. OF AVAILABLE OFFICE TECHNICAL EMPLOYEE AT COLLEGE OFFICE: -----

30. TOTAL NO. OF AVAILABLE PARAMEDICAL/ TECHNICAL EMPLOYEE AND
PARAMEDICAL STAFF AT HOSPITAL: -----

31. TOTAL NO. OF AVAILABLE OFFICE / ADMINSTRATIVE EMPLOYEE AT HOSPITAL
OFFICE: -----

32. TOTAL NO. OF AVAILABLE DOCTORS OTHER THAN TEACHERS AT HOSPITAL: -----

(Please attach separate list of college N.T. Employee, Hospital N.T.Empl. college Office staff, Nurses, Hospital office staff, and Prepare chart as Sr. No, Name of Employee, Designation, department, Date of Birth, Caste and category, Pay Scale, Present Basic Pay, Total experience up to 31 march. As appendix-B)

33. Whether the Pay scales applicable to Teachers and actual salary & wedges are drawn as per Pay scales and rules of Government\ University from time to time? -----

34. If No, then please justify: -----

35. Whether the Pay scales applicable to Technical/ Paramedical/ Administrative employees, Hospital Employees and actual salary & wedges are drawn as per pay scales and rules of Government\University from time to time?-----

36. If No, then please justify: -----

37. Whether Provident fund is deducted from the salary of employee? :-----

38. If No, then please Justify: -----

39. Whether the amount of P.F. Deducted is deposited within time, in the bank Account? -----

40. Whether Service Books of Teachers and Non teaching Employees are prepared and well maintained, from time to time as per Rules? :-----

41. MODE OF DISBURSMENT OF SALARY: - By cash \By Cheque \ through Nationalized bank by Pay order\ through Cooperative bank by Pay order\ No specific method followed. -----

42. Whether Local Managing Committee is constituted? :-----

a. Date of its constitution : -----

b. Date of expiry :-----

c. Whether Proceeding book of LMC meetings is maintained properly? :-----

d. Date of last four meetings of LMC: 1) ----- 2) -----

3) -----4) -----

43. Whether Student council is constituted as per university Direction? :-----

If No, then please Justify-----

Name of University Representative with class: -----
Please attach copy of student council)

44. Details regarding Grievances of Employees. :

a) No. of total cases appeared before Grievance Committee of University :-----

b) No. of Pending Cases :-----

c) No. of cases decided :-----

e) No. of cases decided in favor of Employee :-----

f) No. of cases decided in favor of management :-----

g) Whether decision of Grievance Committee is implemented
within prescribed period or not? :-----

45. Number of student participated in University sports (in previous year) :

a. at zonal level- -----, Place:- -----

b. at interzonal level -----, Place:- -----

c. at inter Univ.level-----Place : -----

46. . Number of student participated in University Cultural events\ competitions

(in previous year) :

a. at zonal level :----- Place:- -----

b. at interzonal level :----- Place:- -----

47. Number of students enrolled under N.S.S. for current year: -----

a. Name of Program Officer: -----

b. Sanctioned intake cap. For NSS :-----

48. Number of Teachers Participated in workshops organized by University in previous year:

1. Subject-----, Participants-----Place-----month:-----

2. Subject-----, Participants-----Place----- month:-----

3. Subject-----, Participants-----Place----- month:-----

4. Subject-----, Participants-----Place----- month:-----

49.Details of the University theory examinations conducted at college in last two years:-----

Name of Exam.-----Month-----Strength -----

Name of Exam.-----Month-----Strength -----

Name of Exam.-----Month-----Strength -----

Name of Exam. -----Month-----Strength -----

50. Total built up area available for college building: -----sq.ft.

Total Carpet area available for college building: -----sq.ft.

Nature of Construction: RCC\ Load bearing\ Temporary shed.\Other.

51. Whether Post graduate course is sanctioned by any other University? :-----

Subjects-----Intake capacity-----Total Current students registered,

For P.G. Course-----.(Please attach sanction letter of both Council &University)

52.. Name of Principal\Dean:-----

a. Qualification: -----

b. Nature of appointment : Full time\ officiating \Acting

c. whether Approved by University?:-----d. Approval No. with date-----

e. Total Experience as a Principal :-----

Total number of Depts. in the College:

Names of the Department:

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

Part – II

(Information regarding infrastructure available at college departments)

A) FIRST B.A.M.S.

1. DEPARTMENT OF MAULIK- SIDDHANTA -SAMHITA(INCLUDING SANSKRIT)

Name of H.O.D.	:-----
a. Space available for department	: -----sq.ft.
b. Whether w\c facility is attached?	:-----
c. Number of Professors	:-----
d. Number of Readers	:-----
e. 1. Number of Lecturers	:-----
2. Number of Sanskrit Lecturer	:-----
f. Total number of available Non teaching Staff	:-----
g. Whether Departmental Library is maintained	:-----
h. If yes, then number of available books	:-----
i. Whether Stock book registers are available?	:-----
Whether Certified and well maintained?	:-----
j. Whether students attendance record is available at Dep't?	:-----
K. Whether record of internal Assessment is available at Dep't?	
and well maintained?	:-----
L. Number of Charts available	: -----
m. Number of Models available	: -----
n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands.	----- ----- -----
o. Whether term wise distribution of syllabus \ A.T.P. is followed ?	:-----
p. Any other important thing to specify ?	:-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

2 .DEPARTMENT OF RACHANA SHARIR .

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't.? :-----

k. Whether record of internal Assessment is available at Dep't?
and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Number of available Dissection tables :-----

o. Number of available Cadaver : Male----- Female----- Total-----

p. Number of available boneset: Articulated----- Non articulated-----

q. Number of wet specimens (viscera) :-----

r. Cadaver storage Facility : Tank\ Electric Refrigerator

s. Whether Water, Drainage and Exhaust facility is proper? :-----

t. Name of costly equipments\ instruments\objects available at department, costing more
than ten thousands. -----

u. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

v. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

3.DEPARTMENT OF KRIYASHARIR

Name of H.O.D. :-----

a. Space available for department :-----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintaine :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't.? :-----

k. Whether record of internal Assessment is available at Dep't?
and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Whether Laboratory facility is available? :-----

o. Capacity of student to perform practical in a batch :----- students

p. Whether Water , Drainage and Exhaust facility is Proper? :-----

q. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

r. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

s. Any other important thing to specify:-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

B) SECOND B.A.M.S.

4. DEPARTMENT OF DRAVYAGUNA .

Name of H.O.D.:-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors : -----

d. Number of Readers : -----

e. Number of Lecturers : -----

f. Total number of available Non teaching Staff: -----

g. Whether Departmental Library is maintained: -----

h. If yes, then number of available books : -----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't?:-----

k. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available : -----

m. Number of Models available : -----

n. Number of dry specimens available :-----

o. Number of wet specimens available :-----

p. Number of available Microscopes :-----

q. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

r. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

s. Whether Educational tours\visits prescribed by University are organized? :-----

t. Any other important thing to specify:-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

HERBAL GARDEN:

: Available\ Not available

a. Area available for garden : ----- acres.

b. Whether Land for garden is owned by college ? :-----

(Please attach property papers for first affiliation and extension only)

c. (a) 1.Total number of species Planted : -----

2.Total number of Plants available :-----

1. Number of Trees : -----

2. Number of shrubs : -----

3. Number of Herbs : -----

(b) Dravyaguna Experts

Botanist : -----

Malis : -----

Labors : -----

No. of Watchmans : -----

(c) Type of Irrigation facility available:-----

(d) Whether Fencing is made properly?:-----

(e) Total available Manpower : -----

5 DEPARTMENT OF RASASHASTRA AND BHAISHAJYA KALPANA.

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors : -----

d. Number of Readers : -----

e. Number of Lecturers : -----

f. Total number of available Non teaching Staff : -----

g. Whether Departmental Library is maintained : -----

h. If yes, then number of available books : -----

i. Whether Stock book registers are available? : -----

Whether Certified and well maintained? : -----

j. Whether students attendance record is available at Dep't? : -----

k. Whether record of internal Assessment is available at Dep't?

and well maintained? : -----

L. Number of Charts available : -----

m. Number of Models available : -----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? : -----

p. Whether Educational tours\visits prescribed by University are organized?:-----

q. Any other important thing to specify : -----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

TEACHING PHARMACY (Other than department)

: Available\Not available

A. Space:

- a. Office - ----- sq.ft Available\Not available
- b. Machine room - -----sq.ft. Available\Not available
- c. Raw drug store - -----sq.ft. Available\Not available
- d. Furnished drug store- -----sq.ft. Available\Not available
- e. Furnance section - -----sq.ft. Available\Not available
- f. Aasavshala - -----sq.ft. Available\Not available

TOTAL AVAILABLE AREA - -----SQ.FT.

B. Equipments/ Machines(Specify only Numbers) :- -----

Mention below the details of only TEN which are costly:

SR.NO	NAME OF INSTRUMENT\EQUIPMENT	AVAILABLE NUMBER	COST IN RUPEES
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

C. Man power:

1.Managers / Pharmacy -Vaidyas: :-----

2.Number of workers: :-----

3. Yearly cost of material used in pharmacy for Drugs :-----

D. Out put :

1. Yearly numberof practicals done by the students in the pharmacy :-----

2. Number of Medicine prepared in the academic year:-----

<u>Categories:</u>	<u>Number of types prepared</u>
1.Churna	:-----
2. Vati/Gutika/Tablet	:-----
3. Bhasma	:-----
4.Avaleha	:-----
5. Paka/Khand	:-----
6. Rasoushadhi	:-----
7.Kupi pakva rasayana	:-----
8. Sidha taila/Ghrita	:-----
9.Aasavarishtha	:-----
10. Others.	:-----

(Please attach detail list of furniture, samples, dry specimens, wet specimens, instruments, equipments, medicines, raw material, available at Pharmacy.)

(Teaching pharmacy is compulsory for PG Dept. For UG Dept. institute may have MOU with reputed and approved Pharmacy for teaching and training purpose.)

6. DEPARTMENT OF ROG VIGYAN.

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors : -----

d. Number of Readers : -----

e. Number of Lecturers : -----

f. Total number of available Non teaching Staff. : -----

-Lab-technician :-----

g. Whether Departmental Library is maintained : -----

h. If yes, then number of available books : -----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't.? :-----

k. Whether record of internal Assessment is available at Dep't?
and well maintained? :-----

L. Number of Charts available : -----

m. Number of Models available : -----

n. Whether Laboratory facility is available? :-----

o. Capacity of student to perform practical in a batch :----- students

p. Number of available Microscopes :-----

q. Whether Water , Drainage and Exhaust facility is Proper? :-----

r. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

s. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

t. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

7. DEPARTMENT OF SWASTHA VRITTA .

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't? :-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Whether Educational tours\visits prescribed by University are organized?:-----

q. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

8. DEPARTMENT OF AGADA TANTRA.

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't.? :-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Whether Educational tours\visits prescribed by University are organized? :-----

q. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

C. THIRD B.A.M.S.

9. DEPARTMENT OF PRASUTITANTRA & STRIROGA.

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't? :-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

m. Any other important thing to specify:-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

10. DEPARTMENT OF KAUMAR BHRITRA (BAL ROGA)

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't?:-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Any other important thing to specify -----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

11. DEPARTMENT OF KAYACHIKITSA .

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't?:-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands-----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

12. DEPARTMENT OF SHALYA TANTRA .

Name of H.O.D.:-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't?:-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

13. DEPARTMENT OF SHALAKYA TANTRA .

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff :-----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't.? :-----

K. Whether record of internal Assessment is available at Dep't?

And well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

14. DEPARTMENT OF PANCHKARMA (IF EXIST)

Name of H.O.D. :-----

a. Space available for department : -----sq.ft.

b. Whether w\c facility is attached? :-----

c. Number of Professors :-----

d. Number of Readers :-----

e. Number of Lecturers :-----

f. Total number of available Non teaching Staff : -----

g. Whether Departmental Library is maintained :-----

h. If yes, then number of available books :-----

i. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

j. Whether students attendance record is available at Dep't.? :-----

K. Whether record of internal Assessment is available at Dep't?

and well maintained? :-----

L. Number of Charts available :-----

m. Number of Models available :-----

n. Name of costly equipments\ instruments\objects available at department, costing more than ten thousands. -----

o. Whether term wise distribution of syllabus \ A.T.P. is followed? :-----

p. Any other important thing to specify :-----

(Please attach detail list of available furniture, chart, models, samples, dry specimen, wet specimens, photographs, OHP transparencies, 35 mm transparencies, and instruments, equipments available at department for teaching and academic purposes.)

15.LIBRARY.:

System:-1. Open access\Card window\Others
 2. Stamp of library for identification of each book is placed on
 page number-----.

A) TOTAL SPACE AVAILABLE : ----- SQ.FT.

a) Reading Room (General) :-----Capacity :-----

b) Girls Reading Room : available\Not available.

Area-----sq.ft. Capacity :-----

c) Teachers Reading Room : available\Not available.

Area-----sq.ft. Capacity :-----

d) Stock\store Room :-----sq.ft.

e) Catalogue\Counter Room :-----sq.ft.

f) Librarian Room : -----sq.ft.

B. Available Books.:**EXISTING**

A.Total books as per central accession register :-----

B. Total books under scheme of Book bank from register :-----

C. Total all books available at Library :-----

a) Total number of books on Ayurved - -----

b) Total Number of books on western Medicine - -----

c) Number of other books- -----

D) Number of Medical& Ayurvedic

Journal / Magazines/ periodicals subscribed per month:-----

International-----National-----State-----

E) Number of available Newspaper :-----

Gujarati-----English-----Hindi-----

National-----State-----Local-----

F) Number of other magazines :-----

G. Total cost of available Books in Rupees :-----

C. STAFF:

- a. Name of Librarian :-----
- b. Qualification :-----
- c. Whether Approved by University? :-----
- d. Approval no. with date :-----
- e. Number of Assistant Librarian :-----
- f. Number of Peon\ attendant :-----

D. DETAILS OF PURCHASE IN LAST YEARS.

Sr.No	Year	Number of books purchased	Cost of books purchased in rupees.

E. OTHER INFORMATION.

- a. Whether Subject wise Catalogues of books, Reference book are well maintained? :-----
- b. Whether Use of Computer and Library software is made at library :-----
- c. Number of students attending library on an average :-----
- d. Number of books to be issued on one Library card- :-----
- e. Whether Photocopier facility is available at library? :-----
- f. Whether Book Bank Scheme is available? :-----

Details of last purchase under this scheme:

Month :-----

Year :-----

Number of books :-----

Cost of books :-----

16. CLASSROOMS.\SEMINAR ROOM\ AUDITORIUM DETAILS.

SR. NO	DETAILS	AREA IN SQUARE FOOT	AVAILABLE NOT AVAILABLE	SEATING CAPACITY	AVAILABLE TEACHING FACILITIES
1	Classroom-1				
2	Classroom-2				
3	Classroom-3				
4	Classroom-4				
5	Classroom-5				
6	Auditorium				
7	Ancillary Classroom				

Available all Teaching Aids at College.Number.

- a. Over Head Projector :-----
- b. Slide Projector :-----
- c. LCD Projector :-----
- d. Computers :-----
- e. Other :-----

17. SPORTS FACILITIES :

a. Name of the Sport in charge :-----

b. Facilities Available (Please mark appropriate box)

OUT DOOR GAMES

- | | | |
|-------------------------|-----------------------------|--------------------------|
| 1. Volley-ball | - | <input type="checkbox"/> |
| 2. Cricket | - | <input type="checkbox"/> |
| 3. Kabbadi | - | <input type="checkbox"/> |
| 4. Kho-Kho | - | <input type="checkbox"/> |
| 5. Hockey | - | <input type="checkbox"/> |
| 6. Basket ball | - | <input type="checkbox"/> |
| 7. Jogging\runing tract | - | <input type="checkbox"/> |
| 8. Football. | | <input type="checkbox"/> |
| 9. Any Other | | <input type="checkbox"/> |
| 10. Ground Area | - Available\ Not available. | Area:-----sq.meter. |

IN DOOR GAMES

- | | | |
|--------------------|---|--------------------------|
| 1. Chess | - | <input type="checkbox"/> |
| 2. Carom | - | <input type="checkbox"/> |
| 3. Badminton | - | <input type="checkbox"/> |
| 4. Table-tennis | - | <input type="checkbox"/> |
| 5. Lawn tennis | - | <input type="checkbox"/> |
| 6. Gymnasium hall- | | <input type="checkbox"/> |
| 7. Any other | - | <input type="checkbox"/> |

F. Whether Play ground and other equipments are adequate and well maintained :-----

18. HOSTEL**A. Boys Hostel-** Available\Not available

- a. Available rooms :-----
- b. Total Capacity :-----
- c. Present Occupancy :-----
- d. Mess\Canteen facility :-----
- e. Rector\ warden quarter :-----
- f. Owned by : College\ Management \other management\ Rented.

(Please attach Property card papers for first affiliation & Extension only)

B.Girls Hostel- Available\Not available

- a. Available rooms :-----
- b. Total Capacity :-----
- c. Present Occupancy :-----
- d. Mess\Canteen facility :-----
- e. Rector\ warden quarter :-----
- f. Owned by : College\ Management \other management\ Rented.

(Please attach Property card papers for first affiliation & Extension only)

19. OTHER FACILITIES.

- A. Whether Ladies common room with attached w\c is available:- -----
- Area - -----
- Capacity-----
- B. Whether Canteen facility is available for students and staff :-----
- C. Whether Water Coller is available for safe drinking water. :-----
- D. Whether Internet\Mediacentre\I.T.Beuro is available inside campus? :-----
- E. Whether Cycle \Scooter\car Stand for Parking is available :-----

20 Academic Time Table:-

A. Whether separate classes and separate time table is prepared and implemented for all batches?
:-----

B. Whether repeater students are allowed to seat in third term classes?-----

C. Whether names of the Teachers are reflected in timetable? :-----

D. Whether Clinical posting timetables are prepared as per University Norms?-----
:-----

SR. NO	SUBJECT	NUMBER OF LECTURES PER WEEK AS PER T.T.	NUMBER OF PRACTICAL PER BATCH PER WEEK AS PER TT	TOTAL NUMBER OF LECTURES COVERED IN 1 YEAR	TOTAL NUMBER OF PRACTICALS COVERED IN 1 YEAR/CLINICAL POSTING COVERED IN MONTHS
1	SANSKRIT				
2	ASHTANGSANGRAH				
3	PADARTHVIDNYAN				
4	AYURVED ITIHAS				
5	SHARIRRACHNA				
6	SHARIRKRIYA				
7	AGADTANTRA				
8	DRAVYAGUNA				
9	RASASHASTRA B.K.				
10	ROGNIDAN				
11	SWASTHVRITTA				
12	CHARAK-PURVA.				
13	KAYCHIKITSA				
14	SHALYATANTRA				
15	SHALAKYATANTRA				
16	STREEROGPRASUTI				
17	KAUMARBHRITYA				
18	CHARAK-UTTER.				

(Please attach all copies of timetables for each batch.)

21. Number of available working\Teaching days made available in last year :-----

22. Number of Holidays given in last year :-----

23. Details of the Research activities carried out in last three years (please don't include the activities of P.G. Students carried out under P.G. Course)-If any -----

PART- III.

HOSPITAL - INFORMATION

1.GENERAL INFORMATION.

1. Name of the Hospital - -----

2. Address - -----

3. Telephone No.:----- Fax No.-----

4. Whether the Hospital is owned by - -----

the College\Managment or Rented?

5. Total built up area of Hospital :----- sq.ft

6. Total Carpet area of Hospital :-----sq.ft.

Building type :- RCC/ LOAD BEARING/ TEMP.SHED.

(Please attach copy of approved plan of hospital building, for first affiliation & extension only)

7. Whether Hospital is registered under any act under Local authority such as Corporation,
Municipality, Grampanchayat, etc.: -----

(Please attach copy of registration certificate for first affiliation and extension only)

8. Whether the same Hospital is being used by any other academic Health sciences institutes :-----

Names of the other institutes using the same Hospital :- 1.-----

2.-----

3-----

ii) No. of Beds used by these institutes -----

9 Distance of Hospital from the College to which it is attached (In kms)-----

10. Population of the City\Village where the Hospital is situated-----

11. No. of other Educational Health Institutes -----

in the place where this hospital is situated

SR.NO	NAME OF THE INSTITUTE WITH ADDRESS	AFFILIATING UNIVERSITY	FACULTY
1			
2			
3			

12. Availability of the Clinical Material at the place where the Hospital is situated.--

excellent\good\poor.

(Taking into consideration all the Educational Health Institutes in the town and population.)

14.HOSPITAL INFRASTRUCTURE:

a. Intake capacity of College - -----

b. Total No of Beds available in the Hospital - -----

Distribution of Beds:

i. Kayachikitsa - -----

ii. Panchkarma - -----

iii. Shalyatantra - -----

iv. Shalakyatantra - -----

v. Striroga-prasuti - -----

vi. Kaumarbhritya - -----

vii. Whether same beds are used for P.G.Course ? :-----

c. Student Bed Ratio(Under graduate) - -----

d.. Average Bed Occupancy in% - -----

e. Type of Medicine which the patients are receiving –Ayurvedic\ Allopathic\Mixed \Other

15.HOSPITAL STAFF (specify only number)

- a. Dean/ Principal\ Superintendent :-----
- b. Deputy Superintendent :-----
- c. R.M.O :-----
- d. Medical Officers :-----
- e. Honorary Physicians\experts :-----
- f. Interns :-----
- g. Pharmacist :-----
- h. Qualified Nurses :-----
- i. Lab. Technicians :-----
- j. Ward boy :-----
- k. Boyas\ Aayas :-----
- l. Attendant\Peon :-----
- m. Store keeper :-----
- n. Sweepers :-----
- p. Panchkarma vaidya :-----
- q. Radiologist :-----
- r. Pathologist :-----

16. Whether Ambulance facility is available :-----

Nature of service : Free\ On Fair.

(If yes please attach copy of R\C book Xerox, for first affiliation & extension only)

17. Whether Quarters\Houses are made available for Hospital staff inside the campus? :-----

- a. Number of quarters/houses available - -----
- b. Quarter to R.M.O - -----
- c. Quarter to Dean\ Principal\ Superintendent - -----
- d. Quarters to other staff - -----

18. Whether Diet\Food is supplied to patient from Hospital :-----
19. Whether Milk/tea/fruits is supplied to patient from Hospital :-----
20. Space available for Hospital mess- ----- sq.ft.
 Number of cooks/ worker appointed:-----
21. Whether Water Cooler\ safe drinking water is available for OPD\IPD patients? :-----
22. Whether Public telephone is available for patients? :-----
23. Whether Canteen facility is available inside the campus of hospital :-Yes/No.
24. Whether 24 hour medical store is available inside the campus of hospital/ :- Yea/No
25. Whether 24 hour casualty is available and functional : Yes\No
 - Average number of patients attending daily at casualty - -----
26. . Whether separate Dressing room is available at OPD? :-----
 Space :----- Instrumental Equipments : Adequate/Inadequate.
27. Whether separate Registration room is available at OPD? :-----
 a. Number of total patients registered in last year :-----
 b. Number of New Patient registered on daily average :-----
 c. Number of Old patient registered on daily average :-----
 d. Average Number of patients attending OPD(current year) :-----
 e. Whether records of patient registration are well maintained :-----
28. Hospital Charges:
 a. OPD Registration new patient - -----
 b. OPD Registration old patient - -----
 c. Medicine charges - -----
 d. IPD-Bed charges - -----

(Please attach copy of rate chart.)

29.OUT PATIENT DEPARTMENTS

SR. NO	NAME OF OPD	UNITS	AVAILABLE SPACE IN SQ.FT	RECORDS- WELL MAINTAINED OR NOT	NO.OF NEW PATIENT ATTENDS OPD-(DAILY AVERAGE)	NO.OF OLD PATIENT ATTENDS OPD-(DAILY AVERAGE)	TOTAL NO OF PATIENT (DAILY AVERAGE)	MAN POWER AVILABLE PER DAY ON AVERAGE
1	KAYA CHIKITSA							
2	PANCH KARMA							
3	SHALYA TANTRA							
4	SHALAKYA TANTRA							
5	PRASITI &STIROGA							
6	KAUMAR BHRITYA							
7	ATYAYIK (CASUALTY)							
8	SWASTH YARAKSHAN.							
9	ANY OTHER (please specify)							

30.INDOOR WARDS

1.DISTRIBUTION OF BEDS& BED OCCUPANCY.

SR. NO	DEPART - MENT	NO.OF TOTAL BEDS	BEDS AT MALE WARD	BEDS AT FEMALE WARD	BEDS AT SPECIAL ROOMS	DAILY AVERAGE OF TOTAL NEW PATIENT ADMISSION	DAILY AVERAGE OF DISCHARGED PATIENTS INCLUDING DEATHS	AVERAGE BED OCCUP- ANCY IN % ♦
1	KAYA CHIKITSA							
2	PANCH KARMA							
3	SHALYA TANTRA							
4	SHALAKYAT ANTRA							
5	PRASUTI TANTRA							
6	KAUMAR BHRITYA							
7	ANY OTHER (please specify)							
	TOTAL							

♦ Average number of occupied beds per day= Total of No. of occupied beds per day

No. of days available for that month\year.

♦ Average bed occupancy =
$$\frac{\text{Average no. of occupied beds per day (in a month)}}{\text{Total no. of available beds}} \times 100 .$$

a.Total number of patients treated free of cost at IPD during last year::-----

Below poverty line-----Low income group-----Others-----

2. PANCHKARMA -SECTION

- a. Whether separate Panchkarma section is available at Hospital? :-----
- b. Total space available for panchkarma :-----sq.ft.
- c. Daily average number of patients from O.P.D. (attending panchkarma) : -----
- d. Daily average number of patients from I.P.D. (attending panchkarma) : -----
- e. Whether records at Panchkarma are well maintained and dully certified? :-----
- f. Beds available for Panchkarma patients(If separately) :-----
- g. Whether Full time Physiotherapiest is available? :-----
- Name of Physiotherapist :-----Qualification :-----
- h. Whether Instruments and Equipments of Physiotherapy are adequate? :-----
(Please attach list of available instrument and equipment)
- g. Total manpower available :1.Vaidya-----2.Nurse-----3.Panchkarma assistant-----
4.Sweeper-----5.Physiotherapist-----6. Others-----Total-----
- h. Instruments and equipments available for Panchkarma : Adequate\ inadequate.

(Please attach separate list of equipments and instruments)

i. Last year data of patients.

Sr. no	PATIENTS	SNEHAN	SWEDAN	VAMAN	VIRECHAN	BASTI	NASYA	RAKTMO KSHAN	JALOU KAVCH ARAN	SHIRO DHARA	SHIRO BASTI	OTHERS
1	FROM O.P.D.											
2	FROM I.P.D.											
3	TOTAL :-											

3. KSHAR SUTRA SECTION .

- a. Whether separate Ksharsutra section is available at Hospital? :-----
- b. Total space available for Ksharsutra section :-----sq.ft.
- c. Daily average number of patients from O.P.D. (Using Ksharsutra treatment): -----
- d. Daily average number of patients from I.P.D. (Using Ksharsutra treatment) : -----
- e. Whether records at Ksharsutra section are well maintained? :-----
- f. Beds available for Ksharsutra patients :-----
- g. Instruments and equipments available for Ksharsutra : Adequate\ inadequate.
- h. Whether Ksharsutra is prepared at institute or Purchased? :-----

4. OPERATION THEATRE .

Number of available operation theaters			:-----
a. Total space available for Operation Theatre			:-----sq.ft.
1.	Main OT	- Available\Not avail. Area	:-----
	Minor OT.	- Available\Not avail. Area	:-----
2.	Sterlization Room	- Available\Not avail. Area	:-----
3.	Preparation Room	- Available\Not avail. Area	:-----
4.	Instrument Room	-- Available\Not avail. Area	:-----
5.	Doctor's Room	- Available\Not avail. Area	:-----
6.	Recovery Room	-- Available\Not avail. Area	:-----
7.	Anaesthetist Room	-- Available\Not avail. Area	:-----
8.	OT Incharge Room	-- Available\Not avail. Area	:-----
9	Changing Room	- Available\Not avail. Area	:-----
10.	Surgeons Room	-- Available\Not avail. Area	:-----
b. Whether Air Conditioners are available ? -			:-----
c. Whether swab test is carried out regularly? -			:-----
d. Whether Instruments and equipments are Adequate?			:-----
e. Whether Central Oxygen system is available			:-----
f. Name <u>only ten</u> -costly available instruments			1.-----2-----

3-----4-----5-----6-----			
7-----8-----9-----10-----.			
(Please attach detail list of available instruments and equipments)			
g. Total cost of all available instruments and equipments:-----			
h. Surgical Data:			

A) Operations carried out during the LAST YEAR

Sr. No.	Department	Unit no. with name of Unit head	Unit Head Designation Honorary /Full Timer	No. of major surgeries	No. of minor surgeries
1	SHALYATANTRA				
2	SHALAKYA - NETRA				
3	SHALAKYA - ENT				
4	STRIROG PRASUTI TANTRA				
	TOTAL:-				

B) Operations carried out during the LAST MONTH

Sr. No.	Department	Unit no. with name of Unit head	Unit Head Designation Honorary /Full Timer	No. of major surgeries	No. of minor surgeries
1	SHALYATANTRA				
2	SHALAKYA - NETRA				
3	SHALAKYA-ENT				
4	STRIROG PRASUTI TANTRA				
	TOTAL:-				

5. LABOUR ROOM.

a. Total space available for Labour room :-----sq.ft.

b. Number of available labour table. :-----

c. Number of deliveries conducted in last year :-----

d. Number of deliveries conducted in last month :-----

e.. Whether Instruments and equipments are Adequate?-----

f. Name only five costly available instruments -1.-----2-----
3-----4-----5-----.

(Please attach detail list of available instruments and equipments)

g. Total cost of all available instruments and equipments:-----

6.RADIOLOGY SECTION.

a. Total space available for Radiology :-----sq.ft.

b. Facilities available under radiology section:

1. X-ray

-

Type-----Power-----Make-----Cost-----

2. U.S.G

-

Type-----Power-----Make-----Cost-----

3.C.T.SCAN

-

Type-----Power-----Make-----Cost-----

4.M.R.I.

-

Type-----Power-----Make-----Cost-----

5.OTHERS

-

6. DARK ROOM-

7. SCREENING -

c. Number of total radiological investigations carried out during last year :-----

d. Number of total radiological investigations carried out during last month :-----

e. Name of available technicians with qualification: -----

f. Name and qualification of Radiologist:-----

g. Total cost of all available instruments and equipments:-----

7.PATHOLOGY.

a. Whether separate pathology laboratory other than rognidan departmental lab. Is available at hospital ? -----

b. Total space available for Pathology labortary :-----sq.ft.

c. Number of total pathological investigations(Ayurvedic) carried out during last year :-----

d. Number of total pathological investigations (Ayurvedic) carried out during last month :-----

e. Number of total pathological investigations carried out during last year :-----

f. Number of total pathological investigations carried out during last month :-----

g .Name of available technitian with qualification: -----

h. Name only five costly available instruments -1.-----2-----

3-----4-----5-----.

(Please attach detail list of available instruments and equipments)

i. Total cost of all available instruments and equipments at pathology :-----

8.STORE ROOM

a. Total space available for Storeroom :-----sq.ft.

b. Whether records, stock books are prepared and well maintained at store :-----

c. Whether Full time Storekeeper is appointed ? :-----

d. Material stored at storeroom :Ayurvedic medicine\ allopathic medicine\ linen\ instruments\
equipment \sanitary wears\food material\surgicals\others.

9.DISPENSING SECTION:

- a. Total space available for Dispensing section :-----sq.ft.
- b. number of available Pharmacist :-----
- c. Qualifications :-----
- d. Number of total Ayurvedic drugs available for dispensing :-----
- e. Number of total Allopathic drugs available for dispensing :-----
- f. Whether interns are deputed for dispensing? :-----
- g.. Whether Instruments and equipments available are Adequate?-----
- h. Whether Drug measuring balance is available and actually used for dispensing? :-----
- i. Whether aseptic precautions are taken while dispensing the medicines ? :-----
- h. Whether records, Indane book, Demand slip, stock books are prepared , well maintained and certified?. :-----
-

(Please attach detail list of available instruments , equipments and medicines available for dispensing.)

10.OVERALL CONDITION OF HOSPITAL : **hygienic and good\ Unhygienic and bad \ very bad.**

CERTIFICATE OF DEAN\PRINCIPAL.

This is to certify that the information furnished in above proforma is actually based on facts and as per available record of the College and Hospital is very true. It is further certified that, nothing has been neither hidden nor exaggerated while providing information.

Seal

Signature -----

Name of Principal\Dean.:-----

College name:-----

Place:-----

Date:-----.

CERTIFICATE\ REMARKS OF THE LOCAL INQUIRY COMMITTEE

We the Local Inquiry Committee member here by certifies that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma. We hereby agree with the information supplied by the authorities of the institute. / We do not agree with the information supplied by the authorities of the institutes. The statements\data\ figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

(Scratch which ever is not applicable.)

Place -----

Date -----

Names

Signatures.

1.Chairman: Vd.-----.

2.Member : Vd.-----.

3.Member: Dr.-----.

INDEX OF ENCLOSURES.

SR.NO	NAME OF ENCLOSURE	ENCLOSED? YES\ NO	PAGE NO.
1 #	Receipt of affiliation fees		
2	Copy of registration certificate of management		
3	Copy of N.O.C. from University		
4	Copy of state govt. permission letter		
5	Copy of University first affiliation		
6 #	Copy of permission by C.C.I.M. for U.G. Course		
7 #	Copy of permission by CCIM for P.G. Course		
8	Copy of permission by Government\Other University For P.G. Course.		
9 #	Copy of C.C.I.M. Inspection report –latest.		
10 #	Copy of compliance report to CCIM		
11 #	Copy of previous L.I.C. report of University		
12 #	Copy of compliance report to University		
13 #	Copy of last 2 financial years Audit reports.		
14 #	List of teachers as prescribed in appendix –A		
15 #	Common seniority list of teachers		
16 #	Seniority list of teachers – Department wise.		
17 #	List of College office Non teaching staff		
18 #	List of college departmental Non teaching staff		
19 #	List of Hospital office Non teaching staff		
20 #	List of Hospital non teaching and Paramedical staff		
21 #	List of available Doctors\Honorary at hospital other than teachers.		
22 #	List of Management\Governing body members		
23 #	Copy of LMC member		
24 #	Copy of Student council		
25 #	Copy of NSS unit and intake sanctioned letter		
26	Copy of College building approved plan		
27 #	List of instrument\equipment\charts\models etc. at department of Maulik- sidhanta including Sanskrit.		
28 #	List of instrument\equipment\charts\models etc. at department of Rachana sharir.		
29 #	List of instrument\equipment\charts\models etc. at department of Kriya sharir		
30 #	List of instrument\equipment\charts\models etc. at department of Dravyaguna		
31 #	Copy of property papers of land used for Herbal garden		
32 #	List of species available at herbal garden		
33 #	List of instrument\equipment\charts\models etc. at department of Rasashastra and Bhaishajyakalpana		

34 #	List of instrument\equipment\medicines etc. at Pharmacy.		
35 #	List of instrument\equipment\charts\models etc. at department of Rogvigyan		
36 #	List of instrument\equipment\charts\models etc. at department of Swasthavritta		
37 #	List of instrument\equipment\charts\models etc. at department of Agadtantra		
38 #	List of instrument\equipment\charts\models etc. at department of prasutitantra and striroga		
39 #	List of instrument\equipment\charts\models etc. at department of Kaumarbhritya		
40 #	List of instrument\equipment\charts\models etc. at department of Kaychikitsa		
41 #	List of instrument\equipment\charts\models etc. at department of Shalyatantra		
42 #	List of instrument\equipment\charts\models etc. at department of Shalakyatantra		
43 #	List of instrument\equipment\charts\models etc. at department of Panchkarma		
44	Copy of building plan\property papers\rent contract of Boys Hostel		
45	Copy of building plan\property papers\rent contract of Girls Hostel		
46 #	Copy of timetables of all classes		
47 #	Copy of timetable of Clinical Posting		
48	Copy of approved building plan of Hospital building		
49	Copy of Hospital registration certificate		
50	Copy of Casualty permission letter		
51	Copy of registration\permission of dissection hall under Bombay anatomy act.		
52 #	Copy of Rate chart for hospital services		
53 #	List of instruments\equip\objects available at panchkarma		
54 #	List of equipments,instruments,machines,etc.availableat O.T.		
55 #	List of equipments, instruments,machines,etc.available at Labour room.		
56 #	List of equipments, instruments etc. available at Pathology.		
57 #	List of ayurvedic medicines available for Dispensing		
58 #	List of modern medicines available for Dispensing		
59 #	Copy of salary register for last salary paid month		
60	Copy of R/C book of ambulance		
61 #	Copies of certificates of eligible but not approved teachers appointed at College(alongwith appointment letter and joining report.)		
62 #	Any other(Please specify)		

- (1) Above “#” marked details should be furnished for Continuation/Extension of Affiliation only.
 (2) All details mentioned above should be submitted for First Affiliation.

Place :-----

Date :-----

Seal.

Signature Of Principal\Dean