

# DIRECTORATE OF AYURVEDA, MAHARASHTRA STATE, MUMBAI

**PART-I** 

# <u>VISITATION PROFORMA FOR ASSESSMENT OF AVAILABLE FACILITIES OF TEACHING AND PRACTICAL TRAINING OF AYURVED COLLEGE</u>

# **Section 'A'-General Information**

| Name of the College with Co  |                           |  |  |
|--|---------------------------|--|--|
| pin code (mentioning taluka,   | distt. and other details) |  |  |
| Information of communication   | Contact No. of College    |  |  |
|  | Contact No. of Hospital   |  |  |
|  | Fax                       |  |  |
|  | Email                     |  |  |
|  | Website                   |  |  |
| Information of Principal   | Name                      |  |  |
|  | Office Tel No.            |  |  |
|  | Residence Tel No.         |  |  |
|  | Mobile No.                |  |  |
| Information of President of<br>Society/Trust of College<br>(For private college)                             | Name & Address            |  |  |
|  | Office Tel No.            |  |  |
|  | Residence Tel No.         |  |  |
|  | Mobile No.                |  |  |
| Information of Secretary of<br>Society/Trust of College<br>(For private college)                             | Name & Address            |  |  |
|  | Office Tel No.            |  |  |
|  | Residence Tel No.         |  |  |
|  | Mobile No.                |  |  |
| Information of State Govt.<br>Heath Secretary / AYUSH<br>Secretary Dealing with the<br>education of Ayurved, | Name & Address            |  |  |
| Unani and Siddha   | Office Tel No.            |  |  |
|  | Residence Tel No.         |  |  |
|  | Mobile No.                |  |  |

| Name & Address                                |   |
|---|---|
| Office Tel No.                                |   |
|   |   |
|   |   |
| Name of Nearest<br>Airport &<br>Distance (km) |   |
| Name of Nearest                               | 1.  |
|   | 2.  |
| ,   | 3.  |
| For Management seats                          |   |
| For Government seats                          |   |
| Name of the fee fixation authority            |   |
| Name & Address                                |   |
| Telephone Number                              |   |
| Name & Address                                |   |
| Telephone Number                              |   |
| c Colleges within radius                      | 1.  |
|   | 2.  |
|   | 3.  |
| Name  |   |
| Year of 1 <sup>st</sup> affiliation           |   |
| e Govt.                                       |   |
|   | Office Tel No.  Residence Tel No.  Mobile No.  Name of Nearest Airport & Distance (km)  Name of Nearest Railway station & Distance (km)  For Management seats For Government seats Name of the fee fixation authority Name & Address  Telephone Number  Name & Address  Telephone Number  Colleges within radius  Name  Year of 1 <sup>st</sup> affiliation |

| DETAILS OF LAND  | To be filled up<br>by college | Verification of information by Visitors as Correct/Not |
|--|-------------------------------|--|
| Total area of land with Society/Trust (in acres)   |                               |  |
| Ownership of land (Own/Lease/Rented)   |                               |  |
| In the name of the Society/Trust   |                               |  |
| In the name of President/Secretary   |                               |  |
| Whether entire land is in one plot or more than one. If more than one, then size and distance between these plots  |                               |  |
| Whether the land available with the Society/Trust is entirely for Ayurvedic College and attached Hospital or for any other Institute also, if so, details thereof. |                               |  |
| Information regarding other institutions/colleges run by the same society/trust. Whether they are in same campus or anywhere else.                                 |                               |  |
| Total area of land allotted to the Ayurved college (in acres)  |                               |  |
| Total area of land allotted to the Ayurvedic hospital (in acres)   |                               |  |
| Total area of land allotted to the hostels (in acres)  |                               |  |
| Name of other institutions running in the campus of Ayurved College  |                               |  |
| TOTAL CONSTRUCTED AREA OF COLLEGE (Sq.ft.) Note: Please furnish details in Annexure-I  |                               |  |
| TOTAL CONSTRUCTED AREA OF HOSPITAL (Sq.ft.) Note: Please furnish details in Annexure-I   |                               |  |

Course

| Name of the       |   | To be filled                | l up by college  |                                       | Verification by            |  |  |  |  |  |
|-------------------|---|-----------------------------|------------------|---------------------------------------|----------------------------|--|--|--|--|--|
| Course            | Sanctioned Seats<br>by GOI /CCIM<br>vide order no<br>dated                                  | Number o<br>admitted in the |                  | Date of last admission of the student | Visitors as<br>correct/Not |  |  |  |  |  |
|                   |   | Govt. quota                 | Management quota |                                       |                            |  |  |  |  |  |
| UG                |   |                             |                  |                                       |                            |  |  |  |  |  |
| PG (Sub.<br>Wise) |   |                             |                  |                                       |                            |  |  |  |  |  |
|                   |   |                             |                  |                                       |                            |  |  |  |  |  |
| * If required     | * If required additional sheet be attached in prescribed format regarding information of PG |                             |                  |                                       |                            |  |  |  |  |  |

Note- List of Students in UG Course admitted in the Year 2010-11 be furnished as per Annexure-II

Detail Information of Total Number of Subject Wise Post Graduate Students Admitted in Academic Year 2010-2011 be furnished as per Annexure –III

# SECTION -B

## **FINANCIAL INFORMATION**

| Total income of college in                       |                                      | TOTAL EXPENDITURE IN THE YEAR JAN. TO DEC.2010 (To be filled up by college) |  |  |   |  |                                   |   |  |  |       | Verification of information by |
|--|--------------------------------------|---|--|--|---|--|-----------------------------------|---|--|--|-------|--------------------------------|
| the year 2010<br>(To be filled up<br>by college) | Total Salary<br>of teaching<br>staff | Total Salary<br>of non<br>teaching staff                                    | Total Salary<br>of<br>paramedical<br>& other<br>hospital staff | Total Expenditure on purchase of new books | Total Expenditure on furniture & fixtures | Total<br>Expenditure on<br>equipments &<br>instruments | Total<br>Purchase of<br>raw drugs | Total<br>Purchase of<br>prepared<br>medicines | Total<br>Purchase of<br>Lab<br>Chemicals | Building<br>construction<br>& other<br>expenditure | Total | Visitors as<br>correct / Not   |
|  |                                      |   |  |  |   |  |                                   |   |  |  |       |                                |

|          |                          |                                      | MONTH                                    | I WISE EXPENI                                      | DITURE IN TH                               | E VEAR Jan to                             | Dec. 2010 (To be fi                           | illed un by colle           | oge)                                 |                                 |   | Verification of                                |
|----------|--------------------------|--------------------------------------|--|--|--|---|---|-----------------------------|--------------------------------------|---------------------------------|---|--|
| S.<br>No | Month                    | Total Salary<br>of teaching<br>staff | Total Salary<br>of non<br>teaching staff | Total Salary of paramedical & other hospital staff | Total Expenditure on purchase of new books | Total Expenditure on furniture & fixtures | Total Expenditure on equipments & instruments | Total Purchase of raw drugs | Total Purchase of prepared medicines | Total Purchase of Lab Chemicals | Building construction & other expenditure | information by<br>Visitors as<br>correct / Not |
| 1        | January                  |                                      |  |  |  |   |   |                             |                                      |                                 | •   |  |
| 2        | February                 |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 3        | March                    |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 4        | April                    |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 5        | May                      |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 6        | June                     |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 7        | July                     |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 8        | August                   |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 9        | September                |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 10       | October                  |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 11       | November                 |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 12       | December                 |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 13       | Total                    |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |
| 14       | Grand Total of the year? | expenditure<br>2010                  |  |  |  |   |   |                             |                                      |                                 |   |  |
| 15       |                          |                                      |  |  |  |   |   |                             |                                      |                                 |   |  |

#### **DETAILS OF MUSEUM**

|    | DETRIES OF WOSECH    |           |                  |               |  |               |           |  |  |  |  |
|----|----------------------|-----------|------------------|---------------|--|---------------|-----------|--|--|--|--|
| Na | me of the Department |           |                  | s & Specimens | Verification of information by Visitors as |               |           |  |  |  |  |
|    |                      | Available | (To be filled up | by college)   |  | correct / Not |           |  |  |  |  |
|    |                      | Charts    | Models           | Specimens     | Charts                                     | Models        | Specimens |  |  |  |  |
| 1. | Rachana Sharir       |           |                  |               |  |               |           |  |  |  |  |
| 2. | Kriya Sharir         |           |                  |               |  |               |           |  |  |  |  |
| 3. | Dravyaguna           |           |                  |               |  |               |           |  |  |  |  |
| 4. | Rasashastra          |           |                  |               |  |               |           |  |  |  |  |
| 5. | Swasthavritta        |           |                  |               |  |               |           |  |  |  |  |
| 6. | Agad Tantra          |           |                  |               |  |               |           |  |  |  |  |
| 7. | Roga Nidan           |           |                  |               |  |               |           |  |  |  |  |

| INFORMATION ABOUT VARIOUS SECTIONS IN COLLEGE                   | To be filled up by college | Verification of information by Visitors as correct / Not |
|---|----------------------------|--|
| DISSECTION HALL   |                            | as correct/110t  |
| No of dissection tables   |                            |  |
| Cadaver Preservative tank- Available/Not                        |                            |  |
| No of cadavers available at the time of visitation              |                            |  |
| No of cadavers dissected in the year 2010                       |                            |  |
| LIBRARY   |                            |  |
| 1. Number of books available                                    |                            |  |
| Ayurved -   |                            |  |
| Modern -  |                            |  |
| Others -  |                            |  |
| Total -   |                            |  |
| 2. Number of Seats available in reading room                    |                            |  |
| 3. Number of computers with internet facility                   |                            |  |
| HOSTEL  |                            |  |
| 1. Seats available for Boys                                     |                            |  |
| 2. Seats available for Girls                                    |                            |  |
| 3. Total number of rooms available for Boys                     |                            |  |
| 4. Total number of rooms available for Girls                    |                            |  |
| 5. Mess facility for Boys – available/not                       |                            |  |
| 6. Mess facility for Girls – available/not                      |                            |  |
| HERBAL GARDEN   |                            |  |
| Number of Plants  |                            |  |
| Number of species   |                            |  |
| Irrigation facility- Available/Not                              |                            |  |
| NAME & DETAILS OF SPORTS AND GAMES FACILITY                     |                            |  |
| TRANSPORT FACILITY – Available/Not [If, Yes Number of vehicles] |                            |  |
| PHARMACY- Functioning/Non Functioning                           |                            |  |
| *If, Yes Details of Pharmacy be furnished as per<br>Annexure-IV |                            |  |

# **SECTION C**

# INFORMATION OF TEACHING & PRACTICAL TRAINING (Jan. to Dec. 2010)

# FOR UG

| S.No | Subject  | Number of class | sses held (to | Verification of information  |            |  |
|------|--|-----------------|---------------|------------------------------|------------|--|
|      | -  | be filled up by | college)      | by Visitors as correct / Not |            |  |
|      |  | Theory          | Practicals    | Theory                       | Practicals |  |
| 1.   | Ayurved ka Itihas                                |                 |               |                              |            |  |
| 2.   | Sanskrit   |                 |               |                              |            |  |
| 3.   | Padarth Vigyan                                   |                 |               |                              |            |  |
| 4.   | Ashtang Hridayam                                 |                 |               |                              |            |  |
| 5.   | Rachana Sharir                                   |                 |               |                              |            |  |
| 6.   | Kriya Sharir                                     |                 |               |                              |            |  |
| 7.   | Swastha Vritta                                   |                 |               |                              |            |  |
| 8.   | Dravyaguna Vigyan                                |                 |               |                              |            |  |
| 9.   | Rasa Shastra Bhaishajya Kalpana                  |                 |               |                              |            |  |
| 10.  | Agad Tantra Vyavhar Ayurved evam Vidhi           |                 |               |                              |            |  |
|      | Vaidyak  |                 |               |                              |            |  |
| 11.  | Rog Vigyan evam Vikriti Vigyan                   |                 |               |                              |            |  |
| 12.  | Charak Samhita (Purvardh)                        |                 |               |                              |            |  |
| 13.  | Prasuti evam Striroga                            |                 |               |                              |            |  |
| 14.  | Kaumarbhrittya                                   |                 |               |                              |            |  |
| 15.  | Kayachikitsa                                     |                 |               |                              |            |  |
| 16.  | Panchkarma                                       |                 |               |                              |            |  |
| 17.  | Shalya   |                 |               |                              |            |  |
| 18.  | Shalakya   |                 |               |                              |            |  |
| 19.  | Charak Samhita (Uttarardh)                       |                 |               |                              |            |  |
| 20.  | Number of educational tours conducted for        |                 |               |                              |            |  |
|      | teaching & practical purpose in the year 2010-11 |                 |               |                              |            |  |

#### For PG

| S.No. | Subject  |        | classes & ld (to be filled | information by Visitors as correct / Not |            |  |
|-------|--|--------|----------------------------|--|------------|--|
|       |  | Theory | Practicals                 | Theory                                   | Practicals |  |
| 1.    | Ayurved Siddhanta                                |        |                            |  |            |  |
| 2.    | Ayurved Samhita                                  |        |                            |  |            |  |
| a)    | Charak Samhita                                   |        |                            |  |            |  |
| b)    | Sushruta Samhita                                 |        |                            |  |            |  |
| c)    | Vagbhat Samhita                                  |        |                            |  |            |  |
| 3.    | Rachana Sharira,                                 |        |                            |  |            |  |
| 4.    | Kriya Sharir                                     |        |                            |  |            |  |
| 5.    | Dravyaguna Vigyan                                |        |                            |  |            |  |
| 6.    | Rasa Shastra                                     |        |                            |  |            |  |
| 7.    | Bhaishajya Kalpana                               |        |                            |  |            |  |
| 8.    | Prasuti Tantra avum Stree Roga                   |        |                            |  |            |  |
| 9.    | Kaumar Bhritya                                   |        |                            |  |            |  |
| 10.   | Kayachikitsa                                     |        |                            |  |            |  |
| 11.   | Swasthavritta                                    |        |                            |  |            |  |
| 12.   | Rog Nidan avum Vikriti Vigyan                    |        |                            |  |            |  |
| 13.   | Manovigyana avum Manas Roga                      |        |                            |  |            |  |
| 14.   | Shalya - Samanya                                 |        |                            |  |            |  |
| 15.   | Shalya – Kshar Karma avum Anushastra Karma       |        |                            |  |            |  |
| 16.   | Shalakya – Netra Roga                            |        |                            |  |            |  |
| 17.   | Shalakya – Shiro-Nasa – Karna avum Kantha        |        |                            |  |            |  |
|       | Roga   |        |                            |  |            |  |
| 18.   | Shalakya– Danta avum Mukha Roga                  |        |                            |  |            |  |
| 19.   | Panchakarma                                      |        |                            |  |            |  |
| 20.   | Agad Tantra avum Vidhi Vaidyaka                  |        |                            |  |            |  |
| 21.   | Sangyaharana                                     |        |                            |  |            |  |
| 22.   | Chhaya avum Vikiran Vigyan                       |        |                            |  |            |  |
| 23.   | Number of educational tours conducted for        |        |                            |  |            |  |
|       | teaching & practical purpose in the year 2010-11 |        |                            |  |            |  |

## NUMBER OF EXISTING TEACHING STAFF

| S.<br>No. | Department         | Intake Capacity for<br>UG | Number of Tea<br>Norms | achers as p | er CCIM | No. of<br>Teache<br>by coll | Existing<br>ers (to be t | filled up | Verification of information by Visitors as Correct/Not |   |   |
|-----------|--------------------|---------------------------|------------------------|-------------|---------|-----------------------------|--------------------------|-----------|--|---|---|
|           |                    |                           | P                      | R           | L       | P                           | R                        | L         | P  | R | L |
| 1.        | Samhita, Sanskrit  | 50                        | 1                      | or 1        | 2       |                             |                          |           |  |   |   |
|           | & Siddhanta (one   | 60                        | 1                      | or 1        | 2       | 1                           |                          |           |  |   |   |
|           | should be a        | 80                        | 1                      | 1           | 2       | 1                           |                          |           |  |   |   |
|           | Sanskrit Lecturer) | 100                       | 1                      | 2           | 2       | 1 1                         |                          |           |  |   |   |
|           | Summin Dectar (1)  |                           |                        |             |         | - 1                         |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 2.        | Rachana Sharir     | 50                        | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           |                    | 60                        | 1                      | 1           | 2       |                             |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 2       | 1                           |                          |           |  |   |   |
|           |                    | 100                       | 1                      | 2           | 2       |                             |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       | 1 1                         |                          |           |  |   |   |
| 2         |                    |                           | _                      |             |         |                             |                          |           |  |   |   |
| 3.        | Kriya Sharir       | 50                        | 1                      | or 1        | 1       | 1                           |                          |           |  |   |   |
|           |                    | 60                        | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           |                    | 100                       | 1                      | 1           | 2       | 1                           |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       | 1 1                         |                          |           |  |   |   |
| 1         | D                  |                           |                        |             |         | _                           |                          |           |  |   |   |
| 4.        | Dravyaguna         | 50                        | 1                      | 1           | 1       | 4                           |                          |           |  |   |   |
|           |                    | 60                        | 1                      | 1           | 1       | <u> </u>                    |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 2       |                             |                          |           | I  |   |   |
|           |                    | 100                       | 1                      | 1           | 2       |                             |                          |           | I  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       | 1                           |                          |           | I  |   |   |
| 5         | Rasashastra &      | 50                        | 1                      |             | 1       |                             |                          |           |  |   |   |
| 5.        |                    |                           | 1                      | 1           |         | -                           |                          |           |  |   |   |
|           | Bhaishajyakalpan   | 60                        | 1                      | 1           | 1       |                             |                          |           | I  |   |   |
|           | a                  | 80                        | 1                      | 1           | 2       | ]                           |                          |           | I  |   |   |
|           |                    | 100                       | 1                      | 1           | 2       |                             |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       | 1                           |                          |           |  |   |   |
| 6.        | Dogwidono          | 50                        | 1                      |             | 1       |                             |                          |           |  |   |   |
| 0.        | Rognidana          |                           |                        | or 1        |         | - 1                         |                          |           |  |   |   |
|           |                    | 60                        | 1                      | 1           | 1       | 4                           |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           |                    | 100                       | 1                      | 1           | 2       |                             |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 7.        | Swastha Vritta     | 50                        | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 7.        | Swastna vritta     |                           |                        |             |         | 1 1                         |                          |           |  |   |   |
|           |                    | 60                        | 1                      | 1           | 1       | 4                           |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           |                    | 100                       | 1                      | 1           | 2       |                             |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 8.        | Agad Tantra        | 50                        | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 0.        | Vyavhar Ayurved    | 60                        | 1                      |             | 1       | 1                           |                          |           |  |   |   |
|           | evam Vidhi         |                           |                        | or 1        | _       | 1 1                         |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 1       | 1                           |                          |           |  |   |   |
|           | Vaidyak            | 100                       | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 9.        | Prasuti &          | 50                        | 1                      | 1           | 1       |                             |                          |           |  |   |   |
|           | Striroga           | 60                        | 1                      | 1           | 1       | 1                           |                          |           |  |   |   |
|           | Stilloga           |                           |                        |             | -       | 1                           |                          |           |  |   |   |
|           |                    | 80                        | 1                      | 1           | 1       | 4 1                         |                          |           |  |   |   |
|           |                    | 100                       | 1                      | 1           | 2       | 1                           |                          |           |  |   |   |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           | <u></u>  |   |   |
| 10.       | Kaumarbhritya      | 50                        | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
|           |                    | 60                        | 1                      | or 1        | 1       | 1 !                         |                          |           |  | 1 | 1 |
|           |                    | 80                        | 1                      | 1           | 1       | 1                           |                          |           |  | 1 | 1 |
|           |                    |                           |                        |             |         |                             |                          |           |  | 1 | 1 |
|           |                    | 100                       | 1                      | 1           | 1       |                             |                          |           |  | 1 | 1 |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 11.       | Kayachikitsa       | 50                        | 1                      | 1           | 1       |                             |                          |           |  |   | 1 |
|           | '                  | 60                        | 1                      | 1           | 2       |                             |                          |           |  | 1 | 1 |
|           |                    | 80                        | 1                      | 2           | 2       | 1                           |                          |           |  | 1 | 1 |
|           |                    |                           |                        |             |         | 1                           |                          |           |  | 1 | 1 |
|           |                    | 100                       | 1                      | 2           | 3       |                             |                          |           |  | 1 | 1 |
|           | <u> </u>           | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 12.       | Shalya             | 50                        | 1                      | 1           | 1       |                             |                          |           |  | ] | 1 |
|           |                    | 60                        | 1                      | 1           | 1       |                             |                          |           |  | 1 | 1 |
|           |                    | 80                        | 1                      | 1           | 2       | 1                           |                          |           |  |   | 1 |
|           |                    | 100                       | 1                      | 1           | 2       | 1                           |                          |           |  |   | 1 |
|           |                    |                           | -                      | -           |         |                             |                          |           |  |   | 1 |
|           | ļ                  | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 13.       | Shalakya           | 50                        | 1                      | or 1        | 1       | ]                           |                          |           |  |   | 1 |
|           |                    | 60                        | 1                      | 1           | 1       |                             |                          |           | I  |   |   |
|           |                    | 80                        | 1                      | 1           | 2       | 1                           |                          |           |  |   | 1 |
|           |                    | 100                       | 1                      | 1           | 2       | 1                           |                          |           |  |   | 1 |
|           |                    |                           |                        |             |         |                             |                          |           |  |   | 1 |
|           |                    | Additional for PG Dept.   | 1                      | or 1        | 1       |                             |                          |           |  |   |   |
| 14.       | Panchkarma         | 50                        | 1                      | or 1        | 1       |                             |                          |           |  |   | 1 |
|           |                    | 60                        | 1                      | 1           | 1       |                             |                          |           |  |   | 1 |
|           |                    | 80                        | 1                      | 1           | 1       | 1                           |                          |           |  |   | 1 |
|           |                    | 100                       | 1                      |             |         | 1                           |                          |           |  |   | 1 |
|           | i                  |                           | -                      | or 1        | 1       | 1                           |                          |           | Ī  | 1 | 1 |
|           |                    | Additional for PG Dept.   | 1                      |             |         |                             |                          |           |  |   |   |

| IN | FORMATION OF TEACHERS                            | To        | be filled u | p by college |       | Verification of         |
|----|--|-----------|-------------|--------------|-------|-------------------------|
|    |  | Professor | Reader      | Lecturer     | Total | information by Visitors |
|    |  |           |             |              |       | as correct / Not        |
| 1. | Total number of teachers <b>retired</b> from the |           |             |              |       |                         |
|    | college (Jan. to Dec. 2010)                      |           |             |              |       |                         |
| 2. | Total number of teachers transferred/left        |           |             |              |       |                         |
|    | from the college (Jan. to Dec. 2010)             |           |             |              |       |                         |
| 3. | Total number of teachers newly appointed         |           |             |              |       |                         |
|    | in the college (Jan. to Dec. 2010)               |           |             |              |       |                         |
| 4. | Total number of teachers reemployed after        |           |             |              |       |                         |
|    | retirement from Govt. or Grant In Aid            |           |             |              |       |                         |
|    | colleges (Jan. to Dec. 2010)                     |           |             |              |       |                         |

| SALARY IN                              | To be filled up by college                       | Verification of information<br>by Visitors as correct / Not |  |
|--|--|---|--|
| Pay Scale of teachers                  | As per State Govt./UGC                           |   |  |
|  | (If none of these please mention reason thereof) |   |  |
| 1. Mode of payment through Bank        | Yes/No (If no please mention reason thereof)     |   |  |
| 2.GPF & CPF is deducted from the       | Yes/No (If no please mention reason thereof)     |   |  |
| salary                                 |  |   |  |
| 3. Teachers' promotion policy as per   | Yes/No (If no please mention reason thereof)     |   |  |
| norms of CCIM                          |  |   |  |
| 4.Existing pay scale of teaching staff | Pay Scale of Professor                           |   |  |
| ( State Govt./UGC/others)              | Pay Scale of Reader                              |   |  |
| [Pl. tick whichever applicable]        | Pay Scale of Lecturer                            |   |  |

NOTE:- DETAIL INFORMATION OF TEACHING STAFF BE FURNISHED AS PER ANNEXURE-V

\*\*\*Note: To ascertain the availability of actual numbers of teachers in the College, visitors after verification of the following records should filled up correct information and should provide the certification:-

#### 1. Documents to be examined:

- Acquaintance Roll
- Attendance register
- Personal file
- Time table
- Other duties e.g. examinations. NSS etc.
- University approval
- Attendance of teaching staff through Biometric Machine
- Identity Card

#### 2. Observation of the visitors:

| S.No. | Document to be examined              | Available for number of teachers | Remarks |
|-------|--------------------------------------|----------------------------------|---------|
|       |                                      |                                  |         |
| 1.    | Attendance Register                  |                                  |         |
| 2.    | Acquaintance Roll                    |                                  |         |
| 3.    | Personal file                        |                                  |         |
| 4.    | Time Table                           |                                  |         |
| 5.    | University approval                  |                                  |         |
| 6.    | Attendance of teaching staff through |                                  |         |
|       | Biometric Machine                    |                                  |         |
| 7.    | Identity Card                        |                                  |         |

#### Certification by visitation team:

Above listed documents and registers are examined thoroughly in relation to list of available number of teachers submitted by the college. On examining all the above documents, the visitor certifies that the names of teachers mentioned in the list are/not correlating with other documents listed above. On the basis of all the above documents, the visitor certifies that college is having \_\_\_\_\_number of teachers.

#### INFORMATION OF NON-TEACHING STAFF OF VARIOUS DEPARTMENTS

| S.No. | Department                             | As per norms of the CCIM |                        |              |        |                | No. of Existing Non-Teaching Staff<br>( To be filled up by college) |              |              |              | Verification<br>of<br>information |      |         |                                 |
|-------|--|--------------------------|------------------------|--------------|--------|----------------|---|--------------|--------------|--------------|-----------------------------------|------|---------|---------------------------------|
|       |  | Lab.<br>Tech.            | Lab<br>Asstt.          | M.<br>Keeper | Typist | Peon           | Sweeper   | Lab<br>Tech. | Lab<br>Asstt | M.<br>Keeper | typist                            | Peon | sweeper | by Visitors as<br>correct / Not |
| 1.    | Samhita,<br>Sanskrit &<br>Siddhanta    |                          | 1                      | 1            |        | 1              |   |              |              |              |                                   |      |         |                                 |
| 2.    | Rachana Sharir                         | 1 Tec                    |                        |              |        | 1, 1<br>lifter | 2   |              |              |              |                                   |      |         |                                 |
| 3.    | Kriya Sharir                           | 1                        | 1 Lab<br>Asstt.        |              |        | 1              |   |              |              |              |                                   |      |         |                                 |
| 4.    | Dravyaguna                             | 1 lab<br>Attnd           |                        | 1            |        |                | 1   |              |              |              |                                   |      |         |                                 |
| 5.    | Rasashastra &<br>Bhaishajya<br>Kalpana | 2 lab<br>Attnd           | 1                      | 1            |        | 1              |   |              |              |              |                                   |      |         |                                 |
| 6.    | Rog Nidan                              | 2                        | 1 Lab<br>Asstt.        |              |        | 1              | 1   |              |              |              |                                   |      |         |                                 |
| 7.    | Swastha Vritta                         |                          |                        | 1            |        | 1              |   |              |              |              |                                   |      |         |                                 |
| 8.    | Agad Tantra &<br>Vidhi Ayurved         |                          |                        | 1            |        |                |   |              |              |              |                                   |      |         |                                 |
| 9.    | Prasuti &<br>Striroga                  | 1                        |                        | 1            |        |                |   |              |              |              |                                   |      |         |                                 |
| 10.   | Kaumar Bhrittya                        |                          |                        | 1            |        |                | 1   |              |              |              |                                   |      |         |                                 |
| 11.   | Kayachikitsa                           | 1                        | 1                      |              |        | 1              | 1   |              |              |              |                                   |      |         |                                 |
| 12.   | Shalya Tantra                          | 1                        |                        |              |        | 1              |   |              |              |              |                                   |      |         |                                 |
| 13.   | Shalakya Tantra                        | 1                        | 1 Lab<br>Associa<br>te |              |        | 1              | 1   |              |              |              |                                   |      |         |                                 |
| 14.   | Panchkarma                             | 1                        | 1                      |              |        | 1              | 1   |              |              |              |                                   |      |         |                                 |

#### OTHER NON-TEACHING STAFF IN THE COLLEGE

| LIBRARY STAFF                           |         |      |
|---|---------|------|
| Librarian                               | 1       |      |
| Asst. Librarian                         | 1       |      |
| Library Attendant/Peon                  | 2       |      |
| PHARMACY STAFF                          |         |      |
|   | <u></u> | <br> |
| Deputy Superintendent (M.D.             |         |      |
| Rasashastra /Bhaishajya kalpana/ Dravya |         |      |
| guna)                                   |         |      |
| Machine Operator                        |         |      |
| Labourer (Number)                       |         |      |
| HERBAL GARDEN STAFF                     | 1.      |      |
|   | 2.      |      |

NOTE:- DETAIL INFORMATION OF NON-TEACHING STAFF BE FURNISHED AS PER ANNEXURE-VI

\*\*\*Note: To ascertain the availability of actual numbers of non-teaching staff in the College, visitors after verification of the following records should filled up correct information and should provide the certification:-

#### 2. Documents to be examined:

- Acquaintance Roll
- Attendance register
- Attendance of non-teaching staff through Biometric Machine
- Identity Card

#### 2. Observation of the visitors:

| S.No. | Document to be examined          | Available for number of non- | Remarks |
|-------|----------------------------------|------------------------------|---------|
|       |                                  | teaching staff               |         |
| 1.    | Attendance Register              |                              |         |
| 2.    | Acquaintance Roll                |                              |         |
| 3.    | Attendance of non-teaching staff |                              |         |
|       | through Biometric Machine        |                              |         |
| 4.    | Identity Card                    |                              |         |

## Certification by visitation team:

| Above listed documents and registers are examined thoroughly in relation to list of available number of  |
|--|
| non-teaching staff submitted by the college. On examining all the above documents, the visitor certifies |
| that the names of non-teaching staff mentioned in the list are/not correlating with other                |
| documents listed above. On the basis of all the above documents, the visitor certifies that              |
| college is having number of non-teaching staff.  |

**Signature of Visitation Team** 

## STAFF REQUIRED FOR HOSPITAL

| Name of Post                         | Staff Required as Per<br>Norms of CCIM                | Department wise Number<br>of Existing Staff (To be<br>filled up by college) | Verification of information by Visitors as Correct /Not |  |
|--------------------------------------|---|---|---|--|
| Superintendent (Principal or Dean of |   |   |   |  |
| the college may also be ex-officio)  |   |   |   |  |
| Deputy Superintendent                |   |   |   |  |
| Vaidya (for OPD)                     | (6)   |   |   |  |
| Casualty Medical Officer             | (3)   |   |   |  |
| Medical Specialist (cardiologist)    | 1 Part time   |   |   |  |
| Surgeon                              | 1 Part time   |   |   |  |
| Gynaecologist                        | 1 Part time   |   |   |  |
| Radiologist                          | 1 Part time   |   |   |  |
| Pathologist                          | 1 Part time   |   |   |  |
| Anaesthetist                         | 1 Part time/on call                                   |   |   |  |
| X-ray technician                     | 1   |   |   |  |
| Clinical Registrar                   | 1 for each clinical deptt.                            |   |   |  |
| RMO                                  | 1   |   |   |  |
| House Officer/PG student             | 1 for 20 beds   |   |   |  |
| Matron/Nursing Superintendent        | 1   |   |   |  |
| Asstt. Matron                        | 1 for 100 beds  |   |   |  |
| Staff Nurse                          | 1 for 10 beds (and 2 for OPD                          |   |   |  |
|                                      | and 1 for Gynae OPD)                                  |   |   |  |
| Ward boy/Ayah/ANM                    | 1 for 10 beds ( and 2 for OPD)                        |   |   |  |
| Pharmacist                           | 2+2 (for OPD)   |   |   |  |
| Store Keeper                         | 1   |   |   |  |
| Head Clerk                           | 1 + 2( for OPD)                                       |   |   |  |
| Cook                                 | 1 for 50 beds   |   |   |  |
| Kitchen Attendant/ Cook              | 1 for 25 beds On contract basis                       |   |   |  |
| Plumber                              | 4 or on contract basis                                |   |   |  |
| Watch Men                            | 4 or on contract basis                                |   |   |  |
| Lift men for multi-storage Building  | 4 or on contract basis                                |   |   |  |
| Electrician                          | 1 (part time)   |   |   |  |
| Dark Room Attendant                  | 1   |   |   |  |
| Dressers(for OPD)                    | 2   |   |   |  |
| Operation Theatre                    | 2   |   |   |  |
| Attendant                            |   |   |   |  |
| Labour Room Attendant                | 2   |   |   |  |
| Safaiwala/ Scavengers                | 1 for 25 beds or on contract<br>basis (and 2 for OPD) |   |   |  |
| Statistician                         | part time   |   |   |  |
| Photographer                         | part time   |   |   |  |

| PANCHKARMA DEPARTMENT STAFF |          |  |  |  |  |  |
|-----------------------------|----------|--|--|--|--|--|
| Panchkarma Vaidya           | 1 Male   |  |  |  |  |  |
| -                           | 1 Female |  |  |  |  |  |
| Panchkarma Nurse            | 2        |  |  |  |  |  |
| Panchkarma Technician       | 2        |  |  |  |  |  |
| Panchkarma Assistant        | 2 Male   |  |  |  |  |  |
|                             | 2 Female |  |  |  |  |  |
| Physiotherapist             | 1        |  |  |  |  |  |
| Safaiwala/ Scavengers       | 2        |  |  |  |  |  |
|                             | 2.       |  |  |  |  |  |

NOTE:- DETAIL INFORMATION OF HOSPITAL STAFF BE FURNISHED AS PER ANNEXURE -VII

\*\*\*Note: To ascertain the availability of actual numbers of Hospital Staff in the College, visitors after verification of the following records should filled up correct information and should provide the certification:-

#### 1. Documents to be examined:

- Acquaintance Roll
- Attendance register
- Personal file
- Duty Roster
- Attendance of Hospital staff through Biometric Machine
- Identity Card

#### 2. Observation of the visitors:

| S.No. | Document to be examined              | Available for number of teachers | Remarks |
|-------|--------------------------------------|----------------------------------|---------|
|       |                                      |                                  |         |
| 1.    | Attendance Register                  |                                  |         |
| 2.    | Acquaintance Roll                    |                                  |         |
| 3.    | Personal file                        |                                  |         |
| 4.    | Duty Roster                          |                                  |         |
| 5.    | Attendance of hospital staff through |                                  |         |
|       | Biometric Machine                    |                                  |         |
| 6.    | Identity Card                        |                                  |         |

#### Certification by visitation team:

Above listed documents and registers are examined thoroughly in relation to list of available number of hospital staff submitted by the college. On examining all the above documents, the visitor certifies that the names of teachers mentioned in the list are/not correlating with other documents listed above. On the basis of all the above documents the visitor certifies that college is having \_\_\_\_\_number of hospital staff.

**Signature of Visitation Team** 

# SECTION D DETAILS OF HOSPITAL

#### OPD FACILITIES

|          | OPD FACILITI          |  |   | T  |
|----------|-----------------------|--|---|--|
| S. no.   | Name of<br>Department | Equipment, Instrument, Furniture etc required as per norms of CCIM | Departmental Equipment,<br>Instrument, Furniture Available or<br>Not (To be filled up by college) | Verification of information by Visitors as correct / Not |
| 1        | Kayachikitsa          | X-Ray Viewing Box  |   |  |
|          |                       | BP Apparatus   |   |  |
|          |                       | Stethoscope  |   |  |
|          |                       | Sitting arrangement for internees/students                         |   |  |
|          |                       | Examination Table  |   |  |
|          |                       | Thermometer  |   |  |
|          |                       | Tongue depressor   |   |  |
|          |                       | Cotton balls   |   |  |
|          |                       | • Torch  |   |  |
|          |                       | Measuring tape   |   |  |
|          |                       | Weight and height measuring stand                                  |   |  |
|          |                       | Knee Hammer  |   |  |
|          |                       | Washbasin  |   |  |
| 2        | Shalya                | Hand washing facility  |   |  |
|          |                       | Drainage facility  |   |  |
|          |                       | Minor OT   |   |  |
|          |                       | Instruments for anorectal examination                              |   |  |
|          |                       | Examination Table  |   |  |
|          |                       | BP Apparatus   |   |  |
|          |                       | Surgical Blades  |   |  |
|          |                       | Cotton balls   |   |  |
|          |                       | Gauze pieces   |   |  |
|          |                       | X-Ray Viewing Box  |   |  |
|          |                       | Stethoscope  |   |  |
|          |                       | Sitting arrangement for internees/students                         |   |  |
|          |                       | Cheetle's forceps  |   |  |
|          |                       | Torch  |   |  |
| 3        | Shalakya              | Tuning forks   |   |  |
|          |                       | Ophthalmoscope/ fundoscope   |   |  |
|          |                       | Auroscope  |   |  |
|          |                       | Examination Table  |   |  |
|          |                       | X-Ray Viewing Box  |   |  |
|          |                       | BP Apparatus   |   |  |
|          |                       | Stethoscope  |   |  |
|          |                       | Sitting arrangement for internees/students                         |   |  |
|          |                       | ENT kit  |   |  |
|          |                       | Torch  |   |  |
|          |                       | Bull`s lamp  |   |  |
| 4        | Prasuti & Stri Roga   | Weighing machine   |   |  |
|          |                       | Sim's speculum   |   |  |
|          |                       | Cusco's speculum   |   |  |
|          |                       | Examination Table  |   |  |
|          |                       | Lamp stand   |   |  |
|          |                       | Torch  |   |  |
|          |                       | X-Ray Viewing Box  |   |  |
|          |                       | BP Apparatus   |   |  |
|          |                       | Stethoscope  |   |  |
|          |                       | Sitting arrangement for internees/students                         |   |  |
|          |                       | Measuring tape   |   |  |
|          |                       | Washbasin  |   |  |
| 5        | Bal Roga              | Scale  |   |  |
| -        | <i>G.</i>             | Weighing machine   |   |  |
|          |                       | Torch  |   |  |
|          |                       | View Box   |   |  |
|          |                       | BP Apparatus   |   |  |
|          |                       | Stethoscope  |   |  |
|          |                       | Examination Table  |   |  |
|          |                       | Sitting arrangement for internees/students                         |   |  |
| 6        | Panchkarma            | As per kayachikitsa  |   |  |
| 7        | Emergency             | Facilities available (Equipment, Instrument,                       | <u> </u>  |  |
| <b>'</b> |                       | Furniture etc)   |   |  |
| 8        | Yoga Section          | Facilities available (Equipment, Instrument,                       |   |  |
| -        | (Swasth Rakhshan)     | Furniture etc)   |   |  |
| 9        | Minor OT              | Facilities available (Equipment, Instrument, etc.)                 |   |  |
|          | •                     |  | •   | •  |

## NUMBER OF PATIENTS ATTENDED OPD (Jan. to Dec. 2010)

(Note:- Patients of Medical Camp OPD should not be included)

| S.No. | Month Information to be filled up by college |              |        |          |                        |             |            |                     | Verification of                             |
|-------|--|--------------|--------|----------|------------------------|-------------|------------|---------------------|---|
|       |  | Kayachikitsa | Shalya | Shalakya | Prasuti &<br>Stri Roga | Bal<br>Roga | Panchkarma | Swasthya<br>Rakshan | information by Visitors<br>as correct / Not |
| 1.    | Jan.   |              |        |          |                        |             |            |                     |   |
| 2.    | Feb.   |              |        |          |                        |             |            |                     |   |
| 3.    | March.                                       |              |        |          |                        |             |            |                     |   |
| 4.    | April  |              |        |          |                        |             |            |                     |   |
| 5.    | May  |              |        |          |                        |             |            |                     |   |
| 6.    | June   |              |        |          |                        |             |            |                     |   |
| 7.    | July   |              |        |          |                        |             |            |                     |   |
| 8.    | August                                       |              |        |          |                        |             |            |                     |   |
| 9.    | Sept.  |              |        |          |                        |             |            |                     |   |
| 10.   | Oct.   |              |        |          |                        |             |            |                     |   |
| 11.   | Nov.   |              |        |          |                        |             |            |                     |   |
| 12.   | Dec  |              |        |          |                        |             |            |                     |   |
| Total | •  |              |        |          |                        |             |            |                     |   |
| Grand | total  |              | •      | •        | •                      | •           | •          | •                   |   |

#### **DETAILS OF IPD PATIENTS (Jan. to Dec. 2010)**

| 1. Tot   | al Numbe | er of Patients | Admitt | ed in the                      | Year 2010              |             |            |                           |
|----------|----------|----------------|--------|--------------------------------|------------------------|-------------|------------|---------------------------|
| S .No. M | Month    |                |        | Verification of information by |                        |             |            |                           |
|          |          | Kayachikitsa   | Shalya | Shalakya                       | Prasuti & Stri<br>Roga | Bal<br>Roga | Panchkarma | Visitors as correct / Not |
| 1.       | Jan.     |                |        |                                |                        |             |            |                           |
| 2.       | Feb.     |                |        |                                |                        |             |            |                           |
| 3.       | March.   |                |        |                                |                        |             |            |                           |
| 4.       | April    |                |        |                                |                        |             |            |                           |
| 5.       | May      |                |        |                                |                        |             |            |                           |
| 6.       | June     |                |        |                                |                        |             |            |                           |
| 7.       | July     |                |        |                                |                        |             |            |                           |
| 8.       | August   |                |        |                                |                        |             |            |                           |
| 9.       | Sept.    |                |        |                                |                        |             |            |                           |
| 10.      | Oct.     |                |        |                                |                        |             |            |                           |
| 11.      | Nov.     |                |        |                                |                        |             |            |                           |
| 12.      | Dec      |                |        |                                |                        |             |            |                           |
| Total    |          |                |        |                                |                        |             |            |                           |
| Grand    | total    |                |        |                                |                        |             |            |                           |

| S.No. | Month   | Information to be filled up by college |        |          |                     |          |            | Verification of information  |
|-------|---------|--|--------|----------|---------------------|----------|------------|------------------------------|
|       |         | Kayachikitsa                           | Shalya | Shalakya | Prasuti & Stri Roga | Bal Roga | Panchkarma | by Visitors as correct / Not |
| 1.    | Jan.    |  |        |          |                     |          |            |                              |
| 2.    | Feb.    |  |        |          |                     |          |            |                              |
| 3.    | March.  |  |        |          |                     |          |            |                              |
| 4.    | April   |  |        |          |                     |          |            |                              |
| 5.    | May     |  |        |          |                     |          |            |                              |
| 6.    | June    |  |        |          |                     |          |            |                              |
| 7.    | July    |  |        |          |                     |          |            |                              |
| 8.    | August  |  |        |          |                     |          |            |                              |
| 9.    | Sept.   |  |        |          |                     |          |            |                              |
| 10.   | Oct.    |  |        |          |                     |          |            |                              |
| 11.   | Nov.    |  |        |          |                     |          |            |                              |
| 12.   | Dec     |  |        |          |                     |          |            |                              |
| Total |         |  |        |          |                     |          |            |                              |
| Grand | l total |  |        |          |                     |          |            |                              |

Note:- To calculate total number of bed days occupied of the months please calculate the date wise total number of patients, remained on bed at midnight.

| IPD SECT        | IPD SECTIONS WITH BED STRENGTH |   |  |   |  |  |  |
|-----------------|--------------------------------|---|--|---|--|--|--|
| Name of t       | he Department                  | % of Bed Distribution as per CCIM norms | Number of Existing<br>Bed strength (To be<br>filled up by college) | Verification of information by<br>Visitors as correct / Not |  |  |  |
| (i)             | Kayachikitsa & Panchkarma      | 40%                                     |  |   |  |  |  |
| (ii)            | Shalya                         | 10%                                     |  |   |  |  |  |
| (iii)           | Shalakya                       | 10%                                     |  |   |  |  |  |
| (iv)            | Prasuti & Striroga             | 10%                                     |  |   |  |  |  |
| (v)             | Bal Roga                       | 10%                                     |  |   |  |  |  |
| (vi) Others 20% |                                |   |  |   |  |  |  |
| Total Nun       | nber of Beds                   | •                                       |  |   |  |  |  |

Note: Visitors while verifying the information of fully functional hospital along with the genuineness of the working of the hospital should verify following documents and should provide following certification.

#### \*\*\* A. For IPD Status:

- IPD & OPD registers
- Case Sheet of IPD patients
- Discharge cards of IPD patients
- Cash receipts of each collected for Lab and other investigations of IPD patients.
- Bank document of depositing the daily cash collected from IPD and lab investigation etc. are not available at the time of hearing.
- Lab register
- Nursing register
- IPD medicine, Indent register is not maintained because all the medicines prescribed are to be bought from outside.
- Duty roster of nursing staff
- Duty roster of Doctors
- Diet register
- Any other relevant document/record

| S.No | Records/documents to be examined                               | Available / NA | Correlation with IPD register | Remarks<br>(Separate sheet may attached<br>for recording the observations) |
|------|--|----------------|-------------------------------|--|
| 1    | Number and name of the IPD wards along with the number of beds |                |                               |  |
| 2    | Original IPD Case sheets                                       |                |                               |  |
| 3    | Discharge Cards  |                |                               |  |
| 4    | IP Medicine indent register                                    |                |                               |  |
| 5    | Nursing staff duty roster                                      |                |                               |  |
| 6    | Doctors duty roster  |                |                               |  |
| 7    | IP diet register   |                |                               |  |
| 8    | Cash receipts for IPD charges/lab charges                      |                |                               |  |

#### **B. For OPD Status:**

- OPD Register
- Dispensing Register
- Investigations register-Lab/X-ray
- Cash Receipts

#### Doctors attendance

The OPD & IPD register should be examined alongwith other registers to find a co-relation in the entries in all the registers and relation with the original case papers.

| S.No | Records/documents to be examined | Available / NA | Correlation<br>with OPD<br>register | Remarks<br>(Separate sheet may<br>attached for recording<br>the observations) |
|------|----------------------------------|----------------|-------------------------------------|---|
| 1.   | Number and name of the           |                |                                     |   |
|      | OPD departments                  |                |                                     |   |
| 2.   | Original OPD Case Register       |                |                                     |   |
| 3.   | OPD Medicine Dispensing          |                |                                     |   |
|      | Register                         |                |                                     |   |
| 4.   | Nursing staff duty roster        |                |                                     |   |
| 5.   | Doctors duty roster              |                |                                     |   |
| 6.   | OPD Investigation Register       |                |                                     |   |
| 7.   | Cash receipts for OPD            |                |                                     |   |
|      | charges/lab charges              |                |                                     |   |

#### **Certification by Visitation team:**

The IPD registers are/not properly printed with hospital name, are maintained/not maintained properly. IPD registers have entry of – patients name/OPD registration number/IPD registration number/IPD registration number/IPD registration number/IPD registration number/IPD registration number/IPD register are certified, signed and authenticated by superintendent/ Dy. superintendent/ Principal. Above listed registers/ documents examined in relation with entries in IPD register and found/not found correlating and are/ not satisfactory. In view of the above observations I am of the opinion that the college hospital is/not genuinely functional hospital and figures of IPD bed occupancy of \_% during last one year as reported by the college hospital appears to be acceptable/not acceptable.

#### Signature of visitation team

| DETAILS OF DRUG DISTRIBUTION IN OPD & IPD | Note:-Detail Information be furnished as per |
|---|--|
| (Jan. to Dec.2010)                        | Annexure-VIII                                |
|   |  |

| INFORMATION ABOUT VARIOUS SECTIONS IN THE HOSPITAL                           | To be filled up by college | Verification of information by<br>Visitors as correct / Not |
|--|----------------------------|---|
| LABOUR ROOM- Functional/Non Functional                                       |                            |   |
| Antenatal Room with attached Toilet-Functional/Non Functional                |                            |   |
| Facilities for Neonatal care - Available/Not Available                       |                            |   |
| Other Available Facilities, Equipments, Instruments                          |                            |   |
| Note:- Details be furnished as per annexure-XIII                             |                            |   |
| Number of Deliveries performed during the year 2010                          |                            |   |
| <b>OPERATION THEATRE-</b> Functional/Non Functional                          |                            |   |
| Air conditioning- Exist/Not  |                            |   |
| Pre Operative Room with attached toilet - Exist/Not                          |                            |   |
| Sterilization room – Exist/Not   |                            |   |
| Changing and wash room with attached toilet - Exist/Not                      |                            |   |
| Total Number of operations done during the year 2010                         |                            |   |
| Total Number of patients treated by Kshar Sutra application in the year 2010 |                            |   |
| Details of Available equipments, Instruments and other facilities            |                            |   |
| in Operation theatre   |                            |   |
| Note:- Details be furnished as per annexure-XIV                              |                            |   |
| Fumigation facility- Available/Not Available                                 |                            |   |
| AMBULANCE - Available/Not Available  |                            |   |

| OTHER | FACILITIES AVAILABLE IN THE HOSPITAL         | To be filled up by college | Verification of information by<br>Visitors as correct / Not |
|-------|--|----------------------------|---|
| X-Ray | Total number of X-rays done in the year 2010 |                            |   |
| ECG   | Total number of ECG done in the year 2010    |                            |   |
| USG   | Total number of USG done in the year 2010    |                            |   |

## INFORMATION OF PANCHKARMA DEPARTMENT

| Name of the Instrument | Number of Instruments<br>Available | Verification of information by Visitors as correct / Not |
|------------------------|------------------------------------|--|
| Droni                  |                                    |  |
| Vastiyantra            |                                    |  |
| Hot Plates             |                                    |  |
| Gyser                  |                                    |  |
| Avgahan Yantra         |                                    |  |
| Swedan Yantra          |                                    |  |
| Shirodhara Yantra      |                                    |  |

| KARMA'S BEING CARRIED<br>OUT | TOTAL NUMBER OF KARMA'S<br>CARRIED OUT IN THE YEAR<br>2010 (To be filled up by college) | VERIFICATION OF<br>INFORMATION BY VISITORS AS<br>CORRECT/NOT |
|------------------------------|---|--|
| POORVA KARMA                 |   |  |
| Snehan                       |   |  |
| Swedan                       |   |  |
| PRADHAN KARMA                |   |  |
| Vaman                        |   |  |
| Virechana                    |   |  |
| Vasti                        |   |  |
| Nasya                        |   |  |
| Rakta Mokshana               |   |  |
| Jalaukavacharan              |   |  |
| Agni Karma                   |   |  |
| Ksharkarma                   |   |  |
| Others Karmas if any         |   |  |
|                              |   |  |
|                              |   |  |

## DETAILS OF MEDICAL CAMPS CONDUCTED BY COLLEGE IN THE YEAR 2010

| S.No.    | TO BE FILLED U   | VERIFICATION OF INFORMATION |       |                              |  |  |  |
|----------|--|-----------------------------|-------|------------------------------|--|--|--|
|          | NATURE OF THE CAMP   | DATE                        | PLACE | BY VISITORS AS CORRECT / NOT |  |  |  |
|          |  |                             |       |                              |  |  |  |
|          |  |                             |       |                              |  |  |  |
|          |  |                             |       |                              |  |  |  |
|          |  |                             |       |                              |  |  |  |
|          |  |                             |       |                              |  |  |  |
| * If rea | * If required additional sheet be attached in the prescribed format. |                             |       |                              |  |  |  |

# **ANNEXURE -I**

# **DETAILS OF AREA OF COLLEGE AND HOSPITAL**

## **DETAILS OF AREA OF COLLEGE**

| TOTAL CONSTRUCTED AREA OF COLLEGE                 |                      |                               |  |
|---|----------------------|-------------------------------|--|
| NAME OF DEPARTMENT & SECTION                      | As per CCIM<br>norms | To be filled up<br>by college | Verification of information by Visitors as correct / Not |
| 1. Administrative wing                            | 2000 Sq.ft.          |                               |  |
| 2. Sanskrit, Samhita, Siddhant                    | 500 Sq.ft.           |                               |  |
| 3. Rachana Sharir                                 | 500 Sq.ft.           |                               |  |
| 4. Kriya Sharir                                   | 500 Sq.ft.           |                               |  |
| 5. Dravyaguna                                     | 500 Sq.ft.           |                               |  |
| 6. Rasashastra & Bhaishajya Kalpana               | 500 Sq.ft.           |                               |  |
| 7. Rog Vigyan                                     | 500 Sq.ft.           |                               |  |
| 8. Swasthavritta                                  | 500 Sq.ft.           |                               |  |
| 9. Agad Tantra Vyavhar Ayurved evam Vidhi Vaidyak | 500 Sq.ft.           |                               |  |
| 10. Prasuti & Striroga                            | 500 Sq.ft.           |                               |  |
| 11. Kaumartbhritya                                | 500 Sq.ft.           |                               |  |
| 12. Kayachikitsa                                  | 500 Sq.ft.           |                               |  |
| 13. Shalyatantra + (Ksharsutra Lab.)              | 1000 Sq.ft.          |                               |  |
| 14. Shalakya Tantra                               | 500 Sq.ft.           |                               |  |
| 15. Panchkarma                                    | 500 Sq.ft            |                               |  |
| 16. Library                                       | 2000 Sq.ft.          |                               |  |
| 17. Pharmacy                                      | 1500 Sq.ft.          |                               |  |
| 18. Auditorium                                    | 2000 Sq.ft.          |                               |  |
| 19. Staff Room                                    | 400 Sq.ft.           |                               |  |
| 20. Boys Common Room                              | 400 Sq.ft.           |                               |  |
| 21. Girls Common Room                             | 400 Sq.ft.           |                               |  |
| 22. Canteen                                       | 400 Sq.ft.           |                               |  |
| 23. Class Rooms                                   | 750 Sq.ft.X4         |                               |  |
| 24. Tutorial room for PG                          | -                    |                               |  |
| 25. Area Of Dissection Hall                       | 1500 Sq.ft.          |                               |  |
| 26. Physiology Lab.                               | 400 Sq.ft.           |                               |  |
| 27. Rasashastra & Bhaishajyakalpana Lab.          | 400 Sq.ft.           |                               |  |
| 28. Pharmacognosy Lab. (Dravyaguna)               | 400 Sq.ft.           |                               |  |
| 29. Roganidan Lab.                                | 400 Sq.ft.           |                               |  |
| AREA OF MUSEUMS                                   | -                    |                               |  |
| 1. Rachana Sharir                                 | 500 Sq.ft.           |                               |  |
| 2. Kriya Sharir                                   | 500 Sq.ft.           |                               |  |
| 3. Dravyaguna                                     | 500 Sq.ft.           |                               |  |
| 4. Rasashastra                                    | 500 Sq.ft.           |                               |  |
| 5. Swasthavritta                                  | 500 Sq.ft.           |                               |  |
| 6. Agad Tantra                                    | 500 Sq.ft.           |                               |  |
| 7. Roga Nidan                                     | 500 Sq.ft.           |                               |  |
| OTHERS  |                      |                               |  |
| 1.  |                      |                               |  |
| 2.  |                      |                               |  |
| 3.  |                      |                               |  |

## AREA OF VARIOUS SECTIONS AVAILABLE IN THE HOSPITAL

| VARIOUS SECTIONS IN THE HOSPITAL             | Sections If Exist please<br>mention Area (To be filled<br>up by college) in Sq.ft. | Verification of information by<br>Visitors as correct / Not |
|--|--|---|
| ADMINISTRATIVE BLOCK-                        | -  | -   |
| 1. Reception                                 |  |   |
| 2. Registration counter                      |  |   |
| 3. Office of Medical Superintendent/ Medical |  |   |
| Deputy Superintendent                        |  |   |
| 4. RMO Room                                  |  |   |
| 5. Store Room                                |  |   |
| OPD SECTIONS -                               | -  | -   |
| 1. Kayachikitsa                              |  |   |
| 2. Shalya                                    |  |   |
| 3. Shalakya                                  |  |   |
| 4. Prasuti & Stree Roga                      |  |   |
| 5. Bal Roga                                  |  |   |
| 6. Panchkarma                                |  |   |
| 7. Emergency                                 |  |   |
| 8. Swastharakshan                            |  |   |
| 9. Minor OT                                  |  |   |
| Total area of IPD wards                      |  |   |
| Clinical Pathology & Biochemistry Lab        |  |   |
| Area of store room of Drugs                  |  |   |
| Dispensary                                   |  |   |
| Record Room                                  |  |   |
| Labour room                                  |  |   |
| Operation Theater                            |  |   |
| Recovery Room                                |  |   |
| OTHERS                                       | -  | -   |
| 1.   |  |   |
| 2.   |  |   |
| 3.   |  |   |
| 4.   |  |   |
| 5.   |  |   |

| TOTAL CONSTRUCTED AREA OF HOSTEL (Sq.ft.) |  |
|---|--|
| Area for Girls Hostel                     |  |
| Area for Boys Hostel                      |  |
| Total Land for Herbal Garden              |  |
| Number of Staff Quarters available        |  |

# **ANNEXURE-II**

## LIST OF UG STUDENTS ADMITTED IN THE YEAR 2010-11

| S.<br>No. |                           | Verification of information by |                  |                                       |                        |                                     |                                 |   |                              |
|-----------|---------------------------|--------------------------------|------------------|---------------------------------------|------------------------|-------------------------------------|---------------------------------|---|------------------------------|
|           | Name of<br>the<br>Student | Father's<br>Name               | Date of<br>Birth | Date &<br>Number<br>of fee<br>receipt | Residential<br>Address | Govt. Quota<br>/Management<br>Quota | Percentage<br>of PCB in<br>10+2 | Category<br>(Gen./SC/ST/<br>OBC/others) | Visitors as<br>correct / Not |
|           |                           |                                |                  |                                       |                        |                                     |                                 |   |                              |

# **ANNEXURE-III**

## DETAILS OF POST GRADUATE STUDENTS ADMITTED IN THE YEAR 2010-11

| S.No. | Name of PG Subject                                | Permitted Seats by GOI / CCIM vide order nodated | Number of Admitted<br>Students |
|-------|---|--|--------------------------------|
| 1.    | Ayurved Siddhanta                                 |  |                                |
| 2.    | Ayurved Samhita                                   |  |                                |
| 3.    | Rachana Sharira                                   |  |                                |
| 4.    | Kriya Sharira                                     |  |                                |
| 5.    | Dravyaguna Vigyan                                 |  |                                |
| 6.    | Rasa Shastra                                      |  |                                |
| 7.    | Bhaishajya Kalpana                                |  |                                |
| 8.    | Prasuti Tantra avum Stree Roga                    |  |                                |
| 9.    | Kaumar Bhritya                                    |  |                                |
| 10.   | Kayachikitsa                                      |  |                                |
| 11.   | Swasthavritta                                     |  |                                |
| 12.   | Rog Nidan avum Vikriti Vigyan                     |  |                                |
| 13.   | Manovigyana avum Manas Roga                       |  |                                |
| 14.   | Shalya - Samanya                                  |  |                                |
| 15.   | Shalya – Kshar Karma avum Anushastra<br>Karma     |  |                                |
| 16.   | Shalakya – Netra Roga                             |  |                                |
| 17.   | Shalakya – Shiro-Nasa – Karna avum<br>Kantha Roga |  |                                |
| 18.   | Shalakya– Danta avum Mukha Roga                   |  |                                |
| 19.   | Panchakarma                                       |  |                                |
| 20.   | Agad Tantra avum Vidhi Vaidyaka                   |  |                                |
| 21.   | Sangyaharana                                      |  |                                |
| 22.   | Chhaya avum Vikiran Vigyan                        |  |                                |
| 23.   | Others  |  |                                |
| 24.   |   |  |                                |
| 25.   |   |  |                                |
| GRANI | TOTAL   |  |                                |

# **ANNEXURE-IV**

# **DETAILS OF PHARMACY**

# DETAILS OF EQUIPMENT & INSTRUMENTS

|     | ential Equipment and                       | Available Number of Equipment and         | Verification of information by |
|-----|--|---|--------------------------------|
| Ins | truments                                   | Instruments ( To be filled up by college) | Visitors as Correct/Not        |
| 1.  | Pulveriser                                 |   |                                |
| 2.  | Disintegrator                              |   |                                |
| 3.  | Tablet Making Machine                      |   |                                |
| 4.  | Hot air Oven/Dryer                         |   |                                |
| 5.  | Muffled Furnace                            |   |                                |
|     | (Horizontal & Vertical)                    |   |                                |
| 6.  | Electric Khalva                            |   |                                |
| 7.  | Soxhalet Apparatus                         |   |                                |
| 8.  | Percolater                                 |   |                                |
|     | PH Meter                                   |   |                                |
| 10. | Tablet Disintegration Time Testing Machine |   |                                |
| 11. | Tablet Hardness Testing Machine            |   |                                |
| 12. | Refractometer                              |   |                                |
|     | Melting Point Detector                     |   |                                |
|     | Audio-Visual equipments                    |   |                                |
|     | Khalva Yantra                              |   |                                |
| 16. | Metal (Taptakhalva Yantra)                 |   |                                |
|     | Porcelain-                                 |   |                                |
| 17. | Hot plate                                  |   |                                |
| 18. | Measuring Equipments                       |   |                                |
|     | Big Vessels & Containers                   |   |                                |
|     | (Brass, Copper, Steel etc.)                |   |                                |
| 20. | Balance (Different                         |   |                                |
|     | Capacities)- Physical &                    |   |                                |
|     | Chemical                                   |   |                                |
| 21. | Sieves-Different Numbers                   |   |                                |
| 22. | Wet Grinder                                |   |                                |
| 23. | Mixi                                       |   |                                |
| 24. | Juice Extractor                            |   |                                |
| 25. | Pyrometer                                  |   |                                |
|     | Pressure Cooker                            |   |                                |
| 27. | Moosha (Crucibles)                         |   |                                |
| 28. | Koshti with Blower                         |   |                                |
|     | Refrigerator                               |   |                                |
|     | Jars (Porcelain Fermentation               |   |                                |
|     | Purpose)                                   |   |                                |
|     | Yantras                                    |   |                                |
| 32. | Distillation Apparatus                     |   |                                |
|     | Enamel Trays                               |   |                                |
|     | Spirit Lamp                                |   |                                |
|     | Earthen Vessels                            |   |                                |
| 36. | Kupipakva Bhatti                           |   |                                |
|     | Others                                     |   |                                |
|     |  |   | Cont                           |

## **DETAILS OF PREPARED MEDICINES IN THE YEAR 2010**

| To be filled up by o                       | To be filled up by college    |                           |  |  |  |  |  |
|--|-------------------------------|---------------------------|--|--|--|--|--|
| Name of Prepared Medicine                  | Quantity of Prepared Medicine | Visitors as correct / not |  |  |  |  |  |
| 1.   |                               |                           |  |  |  |  |  |
| 2.   |                               |                           |  |  |  |  |  |
| 3.   |                               |                           |  |  |  |  |  |
| 4.   |                               |                           |  |  |  |  |  |
| 5.   |                               |                           |  |  |  |  |  |
| 6.   |                               |                           |  |  |  |  |  |
| 7.   |                               |                           |  |  |  |  |  |
| 8.   |                               |                           |  |  |  |  |  |
| 9.   |                               |                           |  |  |  |  |  |
| 10.  |                               |                           |  |  |  |  |  |
| 11.  |                               |                           |  |  |  |  |  |
| 12.  |                               |                           |  |  |  |  |  |
| 13.  |                               |                           |  |  |  |  |  |
| 14.  |                               |                           |  |  |  |  |  |
| 15.  |                               |                           |  |  |  |  |  |
| * If required additional sheet be attached | in the prescribed format.     | •                         |  |  |  |  |  |

# TOTAL EXPENDITURE ON PURCHASE OF RAW MATERIALS IN THE YEAR 2010

| T  | Verification of Information by |                |        |                          |  |  |  |  |  |
|--|--------------------------------|----------------|--------|--------------------------|--|--|--|--|--|
| Name of the Company  | Date                           | Voucher number | Amount | Visitors as correct/ not |  |  |  |  |  |
| 1.   |                                |                |        |                          |  |  |  |  |  |
| 2.   |                                |                |        |                          |  |  |  |  |  |
| 3.   |                                |                |        |                          |  |  |  |  |  |
| 4.   |                                |                |        |                          |  |  |  |  |  |
| 5.   |                                |                |        |                          |  |  |  |  |  |
| * If required additional sheet be attached in the prescribed format. |                                |                |        |                          |  |  |  |  |  |

Note: Information to be filled up by college as per proforma and be verified by Visitors

#### **ANNEXURE-V**

#### PROFORMA TO FURNISH THE DETAILS OF TEACHING STAFF

| S.<br>No. | Nam<br>Teac | e of the   | ė           |               |               | ar)                                  | versity                                    | Exper<br>chron      | vise deta<br>ience in<br>ological<br>pointme |                        |                         | appointment<br>ual/                                    | Address           | SS              | ard &                                 | umber &                    | Mobile No. of                | Photograph<br>of Teacher<br>(Attested by<br>the Principal) | Signature<br>of Teacher<br>( At the<br>time of<br>visitation) | nformation<br>rrect / Not               |
|-----------|-------------|------------|-------------|---------------|---------------|--------------------------------------|--|---------------------|--|------------------------|-------------------------|--|-------------------|-----------------|---------------------------------------|----------------------------|------------------------------|--|---|---|
|           | Sur Name    | First Name | Middle name | Father's Name | Date of Birth | UG Qualification<br>(University & ye | PG Qualification with subject (Uni & year) | Duration<br>(d/m/y) | Designation                                  | Name of the<br>college | Department<br>(Subject) | Nature of present<br>(regular/ contract<br>deputation) | Local Residential | Permanent Addre | Name of State Bos<br>Registration No. | Salary Account N<br>Branch | Telephone No. &  <br>Teacher |  |   | Verification of ir<br>by Visitors as co |

Note: Please attach the certified copies of Under-graduate and Post-graduate degree, Registration certificate, experience certificates and reliving order along with original affidavit as per prescribed format (Annexure-XVI) and Form No. 16 & Salary bills of newly appointed teachers after last visitation including supportive documents in respect of the reason of ineligibility of previous year. The provisional certificates will be considered only for two years after passing the examination.

#### **ANNEXURE-VI**

#### PROFORMA TO FURNISH THE DETAILS OF NON TEACHING STAFF

| S | S.No. | Name of<br>Employee | Father's Name | Qualification | Date of Appointment | Nature of<br>Appointment (regular/<br>contractual/<br>Part time) | Designation | Name of working department | Pay<br>Scale | Verification of information by Visitors as correct / not |
|---|-------|---------------------|---------------|---------------|---------------------|--|-------------|----------------------------|--------------|--|
|   |       |                     |               |               |                     |  |             |                            |              |  |

## **ANNEXURE-VII**

#### PROFORMA TO FURNISH THE DETAILS OF HOSPITAL STAFF

| S.No. | Name of<br>Employee | Father's Name | Qualification | Date of Appointment | Nature of appointment<br>(regular/ contractual/<br>Part time) | Designation | Name of working department | Pay<br>Scale | Verification of information by Visitors as correct / not |
|-------|---------------------|---------------|---------------|---------------------|---|-------------|----------------------------|--------------|--|
|       |                     |               |               |                     |   |             |                            |              |  |

# **ANNEXURE-VIII**

# DETAILS OF DRUG DISTRIBUTION IN OPD & IPD (JAN. TO DEC. 2010)

| S.No. | Name & Quantity of<br>Drugs obtained from | Name & Quantity of from market |              |          | Name & Quantity of utilised Drugs along with balance |          |         |               |  |  |
|-------|---|--------------------------------|--------------|----------|--|----------|---------|---------------|--|--|
|       | own Pharmacy                              | Ayurvedic Drugs                | Modern Drugs | Ayurveo  | lic Drugs  | Moder    | n Drugs | Visitors as   |  |  |
|       |   |                                |              | Utilised | Balance  | Utilised | Balance | correct / Not |  |  |
| 1.    |   |                                |              |          |  |          |         |               |  |  |
| 2.    |   |                                |              |          |  |          |         |               |  |  |
| 3.    |   |                                |              |          |  |          |         |               |  |  |
| 4.    |   |                                |              |          |  |          |         |               |  |  |
| 5.    |   |                                |              |          |  |          |         |               |  |  |
| 6.    |   |                                |              |          |  |          |         |               |  |  |
| 7.    |   |                                |              |          |  |          |         |               |  |  |
| 8.    |   |                                |              |          |  |          |         |               |  |  |
| 9.    |   |                                |              |          |  |          |         |               |  |  |
| 10.   |   |                                |              |          |  |          |         |               |  |  |
| 11.   |   |                                |              |          |  |          |         |               |  |  |
| 12.   |   |                                |              |          |  |          |         |               |  |  |

<sup>\*</sup>If required additional sheet be attached in the prescribed format.

# **ANNEXURE IX**

# DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR PHYSIOLOGY LABORATORY

| S.NO. | Essential Equipment and<br>Instruments | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by Visitors as |
|-------|--|---|--|
| 1.    | Microscopes with oil                   |   |  |
|       | immersion                              |   |  |
| 2.    | Westergen's pipette for ESR            |   |  |
| 3.    | Haematocrit Tube                       |   |  |
| 4.    | Haemoglobinometer sahli's              |   |  |
| 5.    | Haemocytometer                         |   |  |
| 6.    | Sphygmomanometer                       |   |  |
| 7.    | Stethoscopes                           |   |  |
| 8.    | Clinical Thermometer                   |   |  |
| 9.    | Knee Hammer                            |   |  |
| 10.   | Tuning forks                           |   |  |
| 11.   | Electrocardiograph                     |   |  |
| 12.   | Stop watches                           |   |  |
| 13.   | Water Distillation still               |   |  |
| 14.   | Thermometers, balances,                |   |  |
|       | Microslides,                           |   |  |
| 15.   | Cover slips, glassware                 |   |  |
| 16.   | Centrifuge with speed control          |   |  |
| 17.   | Colorimeter (photoelectric)            |   |  |
| 18.   | P <sup>H</sup> meter Electric          |   |  |
| 19.   | P <sup>H</sup> comparator with disc    |   |  |
| 20.   | Refrigerator                           |   |  |
| 21.   | Newton's colour wheel                  |   |  |
|       | In a batch                             |   |  |
| 22.   | Spirometer                             |   |  |
| 23.   | Tonometer                              |   |  |
| 24.   | Hydrometer                             |   |  |
| 25.   | Viscometer                             |   |  |
| 26.   | Osmometer                              |   |  |
| 27.   | Stalagmometer                          |   |  |
| 28.   | Sterilizer                             |   |  |

# ANNEXURE X

# DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR RASASHASTRA & BHAISHAJYA KALPANA LABORATORY

| S.No. | Essential Equipment and Instruments  | Number of Instruments &<br>Equipments available (to be filled<br>up by college) | Verification of information by<br>Visitors as correct/not |
|-------|--------------------------------------|---|---|
| 1.    | Khalva Yantra-                       |   |   |
| a.    | Small                                |   |   |
| b.    | Medium                               |   |   |
| c.    | Porcelain                            |   |   |
| d.    | Tapta khalvyantra                    |   |   |
| 2.    | Heating Device-                      |   |   |
| a.    | Gas Stove                            |   |   |
| b.    | Electric stove                       |   |   |
| c.    | Hot plate                            |   |   |
| d.    | Chulla (Charcoal)                    |   |   |
| 3.    | Vessels-                             |   |   |
| a.    | Frying Pan                           |   |   |
| b.    | Steel Vessel                         |   |   |
| c.    | Spatula                              |   |   |
| d.    | Ladles & Spoons                      |   |   |
| e.    | Knife                                |   |   |
| f.    | Plates                               |   |   |
| g.    | Samdamsa Yantra(Tongs)               |   |   |
| 4.    | Measuring Equipments Different Size  |   |   |
|       | (Glass)                              |   |   |
| 5.    | Big Vessels & Containers-            |   |   |
| a.    | Brass                                |   |   |
| b.    | Copper                               |   |   |
| c.    | Steel etc.                           |   |   |
| 6.    | Balance (Different Capacities)       |   |   |
| a.    | Physical                             |   |   |
| b.    | Chemical                             |   |   |
| 7.    | Pounding Apparatus (Ulukhala Yantra) |   |   |
| 8.    | Sieves (Assorted Nos. & Size)        |   |   |
| 9.    | Wet Grinder                          |   |   |
| 10.   | Mixi                                 |   |   |
| 11.   | Juice Extractor                      |   |   |
| 12.   | Putas (Different kind)               |   |   |
| 13.   | Pyrometer                            |   |   |
| 14.   | Thermo meter                         |   |   |
| 15.   | Pressure Cooker                      |   |   |
| 16.   | Moosha (Crucibles)                   |   |   |
| 17.   | Koshti with Blower                   |   |   |
| 18.   | Refrigerator                         |   |   |
| 19.   | Jars(Porcelain) Fermentation Purpose |   |   |
| 20.   | Yantras                              |   |   |
| a.    | Dola Yantra                          |   |   |
| b.    | Valuka Yantra                        |   |   |
| c.    | PitharaYantra                        |   |   |
| d.    | Bhudhara Yantra etc.                 |   |   |
| 21.   | Distillation Apparatus & Arka Yantra |   |   |
| 22.   | Enamel Trays                         |   |   |
| 23.   | Spirit Lamp                          |   |   |
| 24.   | Microscope                           |   |   |
| 25.   | Earthen Vessels-Pots                 |   |   |
| 26.   | Kupipakva Bhatti                     |   |   |
| 27.   | Almiras & Racks for storage          |   |   |
|       |                                      |   |   |

## **ANNEXURE XI**

# DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR PHARMACOGNOSY LABORATORY [DRAVYAGUNA]

| S.No. | Essential Equipment and<br>Instruments    | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by<br>Visitors as correct/not |
|-------|---|---|---|
| 1.    | Field magnifier                           |   |   |
| 2.    | Compound microscope                       |   |   |
| 3.    | Dissecting Microscope                     |   |   |
| 4.    | Microscope                                |   |   |
| 5.    | Slides box with cover slips,              |   |   |
| 6.    | Blotting/filter papers                    |   |   |
| 7.    | Electronic balance                        |   |   |
| 8.    | Dissection Box                            |   |   |
| 9.    | Enamel Trays                              |   |   |
| 10.   | Reagents-                                 |   |   |
| a.    | Chloroform                                |   |   |
| b.    | Alcohol.                                  |   |   |
| c.    | HCL                                       |   |   |
| d.    | Sulphuric acid                            |   |   |
| e.    | Sodium, <del>potassium</del><br>hydroxide |   |   |
| f.    | Benedict solution                         |   |   |
| g.    | Sodium nitrate                            |   |   |
| h.    | Potassium nitrate                         |   |   |
| i.    | Citric acid                               |   |   |
| j.    | Iodine                                    |   |   |
| k.    | Ethyl Alcohol                             |   |   |
| 1.    | Potassium Iodide                          |   |   |
| m.    | Xylol/pure xylene (slide preparation)     |   |   |

# **ANNEXURE XII**

# DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR ROG-VIGYAN LABORATORY

| S.No. | Essential Equipment and<br>Instruments           | Number of Instruments &<br>Equipments available (to<br>be filled up by college) | Verification of information by Visitors as correct/not |
|-------|--|---|--|
| 1.    | Binocular microscope                             |   |  |
| 2.    | X-ray view box                                   |   |  |
| 3.    | Sterile disposable lancer/needle                 |   |  |
| 4.    | Sahli's Square tube                              |   |  |
| 5.    | Hb pipette                                       |   |  |
| 6.    | Dropper  |   |  |
| 7.    | Glass rod  |   |  |
| 8.    | WBC Pipette                                      |   |  |
| 9.    | Improved Neubauer chamber                        |   |  |
| 10.   | Cover slip                                       |   |  |
| 11.   | Red cell pipette                                 |   |  |
| 12.   | Cleaned slides                                   |   |  |
| 13.   | Incubator  |   |  |
| 14.   | Wintrobe's tube                                  |   |  |
| 15.   | Pasteur's pipette                                |   |  |
| 16.   | Centrifuge machine                               |   |  |
| 17.   | Westregrens pipette                              |   |  |
| 18.   | Rubber teat                                      |   |  |
| 19.   | Westergrens's stand                              |   |  |
| 20.   | Litmus paper                                     |   |  |
| 21.   | pH indicator paper strips                        |   |  |
| 22.   | Urinometer                                       |   |  |
| 23.   | Multi stix                                       |   |  |
| 24.   | Bunsen burner/Spirit Lamp                        |   |  |
| 25.   | Test tube  |   |  |
| 26.   | Test tube holder                                 |   |  |
| 27.   | Filter paper                                     |   |  |
| 28.   | Steel almirah                                    |   |  |
| 29.   | Steel rack                                       |   |  |
| 30.   | Glass Jars with lid of different                 |   |  |
|       | sizes  |   |  |
| 31.   | Glass view rack                                  |   |  |
| 32.   | Magnifying lens                                  |   |  |
| 33.   | Autoclave  |   |  |
| 34.   | Water bath                                       |   |  |
| 35.   | Separating funnels of various sizes              |   |  |
| 36.   | Stop watch                                       |   |  |
| 37.   | Ultraviolet lamp                                 |   |  |
| 38.   | Monocular microscope with oil emersion lens20(e) |   |  |
| 39.   | Capillary Tubes                                  |   |  |
| 40.   | Hot air oven                                     |   |  |
| 41.   | Microscope with oil immersion                    |   |  |
| 42.   | Refrigetors                                      |   |  |
| 43.   | Sterile vessels/bottle to collect                |   |  |
|       | samples  |   |  |

| S.No. | Essential Equipment and<br>Instruments                 | Number of Instruments &<br>Equipments available (to<br>be filled up by college) | Verification of information by Visitors as correct/not |
|-------|--|---|--|
| 44.   | BP Apparatus   |   |  |
| 45.   | Stethocope   |   |  |
| 46.   | Thermometer  |   |  |
| 47.   | Tongue depressor                                       |   |  |
| 48.   | Torch  |   |  |
| 49.   | Knee hammer  |   |  |
| 50.   | Measuring Tape   |   |  |
| 51.   | ENT examination set                                    |   |  |
| 52.   | Reflectors(Mirrors)                                    |   |  |
| 53.   | Weighing machine                                       |   |  |
| 54.   | Tuning Forks   |   |  |
| 55.   | Nasal speculum   |   |  |
| 56.   | Laryngoscope   |   |  |
| 57.   | Catheters  |   |  |
| 58.   | Probes   |   |  |
| 59.   | Disposable Gloves                                      |   |  |
| 60.   | Physical balance                                       |   |  |
| 61.   | Syringe needle destroyer                               |   |  |
| 62.   | HBs Ag kit   |   |  |
| 63.   | HIV kit - Tridot (method by                            |   |  |
|       | T Mitra)   |   |  |
| 64.   | CT & BT kit  |   |  |
| 65.   | Cell counter   |   |  |
|       | (haemoautoanalyser)                                    |   |  |
| 66.   | Renal profile, LET kit, Lipid profile, Blood Sugar kit |   |  |

# **ANNEXURE XIII**

# DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR LABOUR ROOM

| S.No. | Essential Equipment amd<br>Instruments | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by Visitors as correct/not |
|-------|--|---|--|
| 1.    | Shadowless Lamp                        |   |  |
| 2.    | Suction Machine (Neonatal)             |   |  |
| 3.    | Oxygen Cylinder & Mask                 |   |  |
| 4.    | Foetal Toco Cardiograph                |   |  |
| 5.    | Radient Warner                         |   |  |
| 6.    | Photo therapy Unit                     |   |  |
| 7.    | Weighing Machine (Paediatric)          |   |  |
| 8.    | Patient trolley                        |   |  |
| 9.    | Anaesthesia trolley                    |   |  |
| 10.   | Infantometer                           |   |  |
| 11.   | Vacuum extractor                       |   |  |
| 12.   | Foetal Doppler                         |   |  |
| 13.   | Low cavity forceps                     |   |  |
| 14.   | Steriliser                             |   |  |
| 15.   | Machintosh rubber sheet                |   |  |
| 16.   | Catguts & Thread                       |   |  |
| 17.   | Speculum – Sim's                       |   |  |
|       | -Cuscos                                |   |  |
| 18.   | Instruments for labour &               |   |  |
|       | Episiotony.                            |   |  |
|       | (Scissors, forceps, needle             |   |  |
|       | holders etc.)                          |   |  |
| 19.   | Baby tray                              |   |  |
| 20.   | Draw Sheets                            |   |  |
| 21.   | Plastic Aprons                         |   |  |
| 22.   | HIV kit for emergency                  |   |  |
| 22    | patients                               |   |  |
| 23.   | Plain & Hole towels                    |   |  |
| 24.   | Gloves                                 |   |  |
| 25.   | Nebuliser                              |   |  |
| 26.   | Foetoscope                             |   |  |
| 27.   | Auto Clave                             |   |  |
| 28.   | Drums                                  |   |  |
| 29.   | Instrumental Trolley                   |   |  |
| 30.   | OT tables & head Up &                  |   |  |
|       | headlow facility                       |   |  |
| 31.   | Double dome Shadowless                 |   |  |
|       | lamp                                   |   |  |
| 32.   | Pulse Oxymeter                         |   |  |
| 33.   | Oxygen Cylinder                        |   |  |
| 34.   | Resuccitation kit                      |   |  |
| 35.   | Boyle's apparatus                      |   |  |
| 36.   | Electro Cautery                        |   |  |
| 37.   | MTP Suction Machine                    |   |  |
| 38.   | Anaesthesia Kit                        |   |  |
| 50.   | Anaesmesia Kit                         |   |  |

| S.No. | Essential Equipment amd<br>Instruments | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information<br>by Visitors as correct/not |
|-------|--|---|---|
| 39.   | Blunt & Sharp Curretes                 |   |   |
| 40.   | Dilators set (Hegar's,                 |   |   |
|       | Hawkins)                               |   |   |
| 41.   | Sims's Speculum                        |   |   |
| 42.   | Anterior Vaginal Wall                  |   |   |
|       | retractor                              |   |   |
| 43.   | Cysco's Speculum                       |   |   |
| 44.   | Uterine sound                          |   |   |
| 45.   | Volsellum                              |   |   |
| 46.   | MTP Suction Currate                    |   |   |
| 47.   | Needles                                |   |   |
| 48.   | Needle holders                         |   |   |
| 49.   | Sponge holding forcep's                |   |   |
| 50.   | Towel Clips                            |   |   |
| 51.   | Retractors abdominal                   |   |   |
|       | (Doyne's etc.)                         |   |   |
| 52.   | Green armytage forceps                 |   |   |
| 53.   | Uterus holding forceps                 |   |   |
| 54.   | Kocher's forceps                       |   |   |
| 55.   | Artery forceps (Long,                  |   |   |
|       | short, Mosquito)                       |   |   |
| 56.   | Scissors- different sizes              |   |   |
| 57.   | Forceps obstetrics                     |   |   |
| 58.   | Tongue depressor                       |   |   |
| 59.   | Endotrachial tubes                     |   |   |
| 60.   | B.P. apparatus                         |   |   |
| 61.   | HSG Canula                             |   |   |
| 62.   | Cord Cutting appliances                |   |   |
| 63.   | I.U.C.D. removing hook                 |   |   |
| 64.   | Bladder Sound                          |   |   |

# **ANNEXURE XIV**

# DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR OPERATION THEATRE

| S.No. | Essential Equipment and<br>Instruments        | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by Visitors as correct/not |
|-------|---|---|--|
| I     | Para Surgical - Shalya                        | 2 0   |  |
| 1.    | Spot light (Shadowless ceiling                |   |  |
| _     | fitted)                                       |   |  |
| 2.    | Needle holding Forceps (big-<br>medium-small) |   |  |
| 3.    | Aprons  |   |  |
| 4.    | Specimens Jar                                 |   |  |
| 5.    | Dressing drums of Assorted size               |   |  |
| 6.    | Drum stand                                    |   |  |
| 7.    | IV Stand                                      |   |  |
| 8.    | X-ray View Box (double)                       |   |  |
| 9.    | Surgeon's gawn                                |   |  |
| 10.   | Mask and caps                                 |   |  |
| 11.   | Gauze, cotton and Bandage                     |   |  |
| 12.   | Gloves of different size                      |   |  |
| 13.   | Cheetles Forceps                              |   |  |
| 14.   | Towel Clips                                   |   |  |
| 15.   | Mosquito forceps                              |   |  |
| 16.   | Sciessors straight (Tailor)                   |   |  |
| 17.   | Scissors curved of different sizes            |   |  |
| 18.   | Stich removal Scissors                        |   |  |
| 19.   | Dissection forceps                            |   |  |
| 20.   | Sinus Forceps                                 |   |  |
| 21.   | *   |   |  |
| 22.   | Pointed scissors                              |   |  |
| 23.   | Gastric and Intestinal clamps                 |   |  |
|       | (occlusive and crushing)                      |   |  |
| 24.   | Abdominal Retractors                          |   |  |
| 25.   | Tissue Forceps                                |   |  |
| 26.   | Bob Kock's Forceps                            |   |  |
| 27.   | Kocher's Forceps                              |   |  |
| 28.   | Urethral Dilators                             |   |  |
| 29.   | Rubber catheters of Assorted                  |   |  |
|       | size  |   |  |
| 30.   | Metal Cathetors                               |   |  |
| 31.   | Carrugated Rubber drain                       |   |  |
| 32.   | Suturing Needle (straight/curved) of          |   |  |
|       | Assorted size                                 |   |  |
| 33.   | Surgical Thread                               |   |  |
| 34.   |   |   |  |
| 35.   | Right Angle cholecystectomy<br>Forceps        |   |  |
| 36.   | Stone holding forceps                         |   |  |

| S.No. | Essential Equipment and<br>Instruments | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by Visitors as correct/not |
|-------|--|---|--|
| 37.   | Proctoscope with or without            | 1 1   |  |
|       | illuminator                            |   |  |
| 38.   | Bougies (Megars)                       |   |  |
| 39.   | Allies Forceps small                   |   |  |
| 40.   | Allies Forceps Big                     |   |  |
| 41.   | Pile holding forceps                   |   |  |
| 42.   | Artery Forceps small                   |   |  |
| 43.   | Artery Forceps big                     |   |  |
| 44.   | Artery Forceps Medium                  |   |  |
| 45.   | Sigmoidoscope Rigid/flexible           |   |  |
| 46.   | Barron Pile's Gun                      |   |  |
| 47.   | Laryngoscope Pediatric/Adult           |   |  |
| 48.   | Boyles Apparatus                       |   |  |
| 49.   | Multiparameter Monitor                 |   |  |
| 50.   | Ambu Bag                               |   |  |
| 51.   | Suction machine                        |   |  |
|       | Electrical/Mannual                     |   |  |
| 52.   | Generator (Minimum 30 KV)              |   |  |
| 53.   | Emergency light                        |   |  |
| 54.   | Fire Extinguisher                      |   |  |
| 55.   | Skin grafting knife with handle        |   |  |
| 56.   | Surgical blades of different size      |   |  |
| 57.   | BP Handle of different size            |   |  |
| 58.   | Vertical BP Instrument                 |   |  |
| 59.   | Self Retaining Retractor               |   |  |
| 60.   | Bone Drill Machine                     |   |  |
| 61.   | Bone cutter                            |   |  |
| 62.   | Giggly Saw                             |   |  |
| 63.   | Scoop                                  |   |  |
| 64.   | Periasteum elevator                    |   |  |
| 65.   | Maggler Forceps                        |   |  |
| 66.   | E.T. Tubes of different sizes          |   |  |
| 67.   | High Pressure Autoclave                |   |  |
| 68.   | Fumigator                              |   |  |
| 69.   | Refrigerator                           |   |  |
| 70.   | Nitrous Oxide Cylinder                 |   |  |
| 71.   | Exhaust fan                            |   |  |
| 72.   | X.ray view box                         |   |  |
| 73.   | Autolenin Washing Machine              |   |  |
| 74.   | Hydrolic Operation Table               |   |  |
| 75.   | Shadow less lamp ceiling               |   |  |
| 76.   | Anaesthesia Trolley/boyle's            |   |  |
|       | Appratus                               |   |  |
| 77.   | Instrument Trolley                     |   |  |
| 78.   | Endotracheal Tube                      |   |  |
| 79.   | Ambu Bag                               |   |  |

| S.No. | Essential Equipment and<br>Instruments | Number of Instruments & Equipments available (to be | Verification of information by Visitors |
|-------|--|---|---|
|       | instruments                            | filled up by college)                               | as correct/not                          |
| 80.   | Proctoscope with or without            | g-  |   |
|       | illumination                           |   |   |
| 81.   | Revolving Stool                        |   |   |
| 82.   | Gabrial Syringe                        |   |   |
| 83.   | Strecher with trolley                  |   |   |
| 84.   | Mosquito forceps                       |   |   |
| 85.   | Piles holding forceps                  |   |   |
| 86.   | Needle holder                          |   |   |
| 87.   | BP Apparatus                           |   |   |
| 88.   | Suction Machine                        |   |   |
| II    | Ophthalmic                             |   |   |
|       | <b>Equipments/Instruments</b> for      |   |   |
|       | Operative Surgery                      |   |   |
| 89.   | Operating Microscope with              |   |   |
|       | Coaxial Illumination and foot          |   |   |
|       | control                                |   |   |
| 90.   | Bipolar Wet field cautery              |   |   |
| 91.   | Mini Halogen Light (table              |   |   |
|       | mounting)                              |   |   |
| 92.   | Ophthalmic Operation table with        |   |   |
|       | Head rest                              |   |   |
| 93.   | Sterilizing box/case with matts        |   |   |
| 94.   | Lens insertion Forceps                 |   |   |
| 95.   |  |   |   |
| 96.   | Barraquer wire speculum                |   |   |
|       | (adult/child/infant)                   |   |   |
| 97.   | Desmarres lid retractors               |   |   |
| 98.   | 4                                      |   |   |
| 99.   |  |   |   |
|       | Dastoor iris retractor                 |   |   |
| -     | Castro Viejo caliper                   |   |   |
|       | Meyrhoefer Chalazion currete           |   |   |
|       | Sinsky lens manipulating hook          |   |   |
|       | IOL Manipulator                        |   |   |
|       | Foreign body spud                      |   |   |
|       | Lewis lens loop (vectis)               |   |   |
|       | Cystotome and spoon                    |   |   |
|       | Mule Evisceration spoon                |   |   |
|       | Wells Enucleation spoon                |   |   |
|       | Iris repository (double-ended)         |   |   |
|       | Tooks Corneal knife                    |   |   |
| 112.  | Graefe Strabismus hook                 |   |   |
| 113.  | Jameson muscle hook                    |   |   |
| 114.  | Smith lens expressor                   |   |   |
| 115.  | Wills cautery with copper ball-        |   |   |
|       | point                                  |   |   |

| S.No. | Essential Equipment and<br>Instruments | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by Visitors as correct/not |
|-------|--|---|--|
| 116.  | Barraquer blade braker and holder      | ,   |  |
| 117   | Langs lacrimal sac dissector           |   |  |
|       | Kelly Glaucoma punch                   |   |  |
|       | West Lacrimal Chiesel                  |   |  |
|       | Elevator (double ended)                |   |  |
| 121.  |  |   |  |
|       | Nasal speculum adult/child             |   |  |
|       | Pigtail Probe with suture holes        |   |  |
|       | Wilder punctum Dilator                 |   |  |
|       | Bowman lacrimal probes                 |   |  |
| -     | Towel clamp                            |   |  |
|       | Hartman mosquito forceps               |   |  |
|       | Colibri forceps 1*2 teech              |   |  |
|       | Mc. person corneal forceps with        |   |  |
| 127.  | tying platform                         |   |  |
| 130.  | Kelman Mc. Pherson angled              |   |  |
| 100.  | forceps                                |   |  |
| 131.  | Mc. Phersons tying forceps             |   |  |
|       | Dressing forceps, serrated             |   |  |
|       | Moorfield conjuctival forceps          |   |  |
|       | Fixation forceps                       |   |  |
| 135.  | Beer cilea (epilation) forceps         |   |  |
| 136.  | Arruga capsular forceps                |   |  |
| 137.  | Snellen Entropion clamp                |   |  |
| 138.  | Chalazion clamps                       |   |  |
| 139.  | Castroviejo corneal scissors           |   |  |
| 140.  | Iris scissors                          |   |  |
| 141.  | Westcott tenotomy scissors             |   |  |
|       | Vannas straight scissors               |   |  |
| 143.  | De-Weckers iris scissors               |   |  |
| 144.  | Strabismus scissors                    |   |  |
|       | Enucleation sciessors                  |   |  |
|       | Barraquer needle holder                |   |  |
|       | Castroviejo micro needle holder        |   |  |
| 148.  | Silcok needle holder with sid          |   |  |
|       | lock                                   |   |  |
|       | Air injection canula                   |   |  |
|       | Healon aspirating canula               |   |  |
|       | AC was canula                          |   |  |
|       | Lacrimal canula                        |   |  |
|       | Hydrodialysis canula                   |   |  |
| 154.  | J-loop canula (rt./lt. With silicon    |   |  |
| 155   | tubing) Simcoe direct I/A canula with  |   |  |
| 155.  |  |   |  |
|       | silicon tubing                         |   |  |

| S.No. | Essential Equipment and<br>Instruments | Number of Instruments &<br>Equipments available (to be<br>filled up by college) | Verification of information by Visitors as correct/not |
|-------|--|---|--|
| 156.  | Irrigating aspirating handle           |   |  |
| 157.  | Lens dialer                            |   |  |
| 158.  | Superior Rectus forceps                |   |  |
| 159.  | Eye wash glasses (for Tarpana          |   |  |
|       | Karma)                                 |   |  |
| 160.  | Swimming Goggles (for Tarpana          |   |  |
|       | Karma)                                 |   |  |
| III   | ENT-Surgical/Operative                 |   |  |
|       | <b>Procedural Instruments</b>          |   |  |
|       | Aural Syringe                          |   |  |
|       | Jobson's Aural Probe                   |   |  |
|       | Eustachian Catheter                    |   |  |
|       | Mastoid Retractor                      |   |  |
|       | Mastoid Gouge                          |   |  |
|       | Mallet                                 |   |  |
|       | Mastoid Cell seeker with scoop         |   |  |
|       | Nasal Foreign Body hook                |   |  |
|       | Nasal packing forceps                  |   |  |
| 170.  | Antral Trocar Scannla                  |   |  |
| 171.  | Antral Burr                            |   |  |
|       | Nasal Snare                            |   |  |
| 173.  | Freer's septal knife                   |   |  |
| 174.  | Ballinger's swivel knife               |   |  |
| 175.  | Bayonet Shaped gouge                   |   |  |
| 176.  | Walshman's forceps                     |   |  |
| 177.  | Laryngeal forceps                      |   |  |
| 178.  | Boyle-Davis mouth gag                  |   |  |
| 179.  | Tongue plate with throat suction       |   |  |
| 180.  | Tonsil holding forceps                 |   |  |
| 181.  | Tonsillar suction                      |   |  |
| 182.  | Tonsillar Dissector                    |   |  |
| 183.  | Tonsillar Suare                        |   |  |
| 184.  | Guillotine                             |   |  |
| 185.  | Adenoid curttle with cage              |   |  |
| 186.  | Peritonsillar abcess draining          |   |  |
|       | forceps                                |   |  |
| 187.  | Fuller's Tracheostomy Tube             |   |  |
| 188.  | Steriliser box                         |   |  |
|       | Cheatel's Forceps                      |   |  |
| 190.  | Other consumable articles like         |   |  |
|       | gloves, syringes, bandages, sutras     |   |  |
|       | etc.                                   |   |  |
| 191.  | ENT operating microscope and           |   |  |
|       | lens                                   |   |  |

# **ANNEXURE XV**

# PROGRESS MADE BY INSTITUTION IN LAST TWO YEARS ON SALIENT POINTS

| Important Information of College                           | Progress made by college (To be filled up by college)   |
|--|---|
| Construction of college & hospital building;.              |   |
| Appointment of Teaching staff                              |   |
| Appointment of Non-<br>Teaching staff                      |   |
| Appointment of Paramedical and other Hospital staff        |   |
| Expansion of Various<br>Departments of College             |   |
| Expansion of Herbal<br>Garden, Plantation of<br>New Plants |   |
| Development of<br>Pharmacy                                 |   |
| Progress in Hospital<br>OPD                                |   |
| Progress in Hospital IPD                                   |   |
| Progress of Panchkarma<br>Department                       |   |
|  | of College Construction of college & hospital building;.  Appointment of Teaching staff  Appointment of Non-Teaching staff  Appointment of Paramedical and other Hospital staff  Expansion of Various Departments of College  Expansion of Herbal Garden, Plantation of New Plants  Development of Pharmacy  Progress in Hospital OPD  Progress of Panchkarma |

# **ANNEXURE XVI**

#### NOTARISED AFFIDAVIT TO BE FILLED UP BY TEACHER IN THE GIVEN FORMAT

Pass Port Size Photograph (To be attested by Principal)

| S.No                                 | Information of Teac   | her  | To be filled up by Teacher                |             |                     |  |
|--------------------------------------|---|--|---|-------------|---------------------|--|
| 1.                                   | Name of the Teache<br>Name- Middle Nam  | `  |   |             |                     |  |
| 2.                                   | Change of Name (if marriage)  | ••   |   |             |                     |  |
| 3.                                   |   | x/xxxx)  |   |             |                     |  |
| 4.                                   | UG Qualification (U   | Jniversity & year)   | Year                                      |             |                     |  |
|                                      |   |  | Name of the<br>University                 |             |                     |  |
| 5.                                   |   | th subject (University &   | Subject                                   |             |                     |  |
|                                      | year) of completion   |  | Year                                      |             |                     |  |
|                                      |   |  | Name of the<br>University                 |             |                     |  |
| 6.                                   | Ph.D (if applicable)  |  | Subject                                   |             |                     |  |
|                                      |   |  | Year                                      |             |                     |  |
|                                      |   |  | Name of the                               |             |                     |  |
|                                      |   |  | University                                |             |                     |  |
| 7.                                   |   | (* Date, Month and Year  | University  Duration (dd/mm/yyyy)         | Designation | Name of the college |  |
| 7.                                   |   | (* Date, Month and Year  | Duration                                  | Designation |                     |  |
| 7.                                   | chronological order   | (* Date, Month and Year  | Duration                                  | Designation |                     |  |
|                                      | chronological order<br>wise experience sho  | (* Date, Month and Year uld be mentioned)  | Duration                                  | Designation |                     |  |
| 8.                                   | chronological order wise experience sho   | (* Date, Month and Year uld be mentioned)  partment (Subject)  | Duration                                  | Designation |                     |  |
| 8.<br>9.                             | chronological order wise experience shown and the present working Department Designation                                      | (* Date, Month and Year uld be mentioned)  partment (Subject)  | Duration                                  | Designation |                     |  |
| 8.                                   | chronological order wise experience sho   | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college   | Duration                                  | Designation |                     |  |
| 8.<br>9.<br>10.                      | Present working Dep<br>Present Designation<br>Name of present wo  | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address  | Duration                                  | Designation |                     |  |
| 8.<br>9.<br>10.<br>11.               | Present working Dep<br>Present Designation<br>Name of present wo<br>Permanent Residentia                                      | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress   | Duration                                  | Designation |                     |  |
| 8.<br>9.<br>10.<br>11.<br>12.        | Present working Dep<br>Present Designation<br>Name of present wo<br>Permanent Residential Act                                 | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress   | Duration<br>(dd/mm/yyyy)                  | Designation |                     |  |
| 8.<br>9.<br>10.<br>11.<br>12.        | Present working Dep<br>Present Designation<br>Name of present wo<br>Permanent Residential Act                                 | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress   | No. State Board Salary Account N          | fumber      |                     |  |
| 8.<br>9.<br>10.<br>11.<br>12.<br>13. | Present working Dep<br>Present Designation<br>Name of present wo<br>Permanent Residential Ac<br>State Board/ Counci           | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress l Registration detail                                 | Duration<br>(dd/mm/yyyy)  No. State Board | fumber      |                     |  |
| 8.<br>9.<br>10.<br>11.<br>12.        | Present working Dep<br>Present Designation<br>Name of present working Dep<br>Permanent Residential Ac<br>State Board/ Council | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress l Registration detail  Mobile Number                  | No. State Board Salary Account N          | fumber      |                     |  |
| 8.<br>9.<br>10.<br>11.<br>12.<br>13. | Present working Dep<br>Present Designation<br>Name of present wo<br>Permanent Residential Ac<br>State Board/ Counci           | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress I Registration detail  Mobile Number Residence Number | No. State Board Salary Account N          | fumber      |                     |  |
| 8.<br>9.<br>10.<br>11.<br>12.<br>13. | Present working Dep<br>Present Designation<br>Name of present wo<br>Permanent Residential Ac<br>State Board/ Counci           | (* Date, Month and Year uld be mentioned)  partment (Subject)  rking college al Address ddress l Registration detail  Mobile Number                  | No. State Board Salary Account N          | fumber      |                     |  |

I hereby solemnly affirm that the above information is correct as per my record and knowledge. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I shall be liable to be blacklisted or debarred from service and to face any disciplinary action.

Date:

**Signature of Deponent** 

Signature of Principal with Stamp

# **ANNEXURE XVII**

# CHECK LIST FOR ELIGIBILITY OF INDIVIDUAL TEACHER

| Nan       | ne of the Teacher   |  |  |  |  |  |  |
|-----------|---|--|--|--|--|--|--|
| Dep       | artment   |  |  |  |  |  |  |
| S.<br>No. | UG Teacher  |  |  |  |  |  |  |
| 1.        | Having a Graduate Deg concerned/ allied subject                               | ree in Ayurveda and Post Graduate Degree in as per Regulations.  |  |  |  |  |  |
| 2.        | Certified copy of UG deg  | ree Certificate submitted.   |  |  |  |  |  |
| 3.        | Certified copy of PG degr   | ree Certificate submitted.   |  |  |  |  |  |
| 4.        | If having only Graduate I   | Degree, whether appointed before 1.7.1989.   |  |  |  |  |  |
| 5.        | If having PG diploma in teaching is given.                                    | concerned subject, approval of the CCIM for  |  |  |  |  |  |
| 6.        | Copy of CCIM's approva  | l for PG diploma is submitted  |  |  |  |  |  |
| 7.        | Certified copy of PG diploma Certificate submitted                            |  |  |  |  |  |  |
| 8.        | the Department out of<br>Asstt. Professor or ten<br>subject wherever the post | aving total teaching experience of ten years in which five years teaching experience as Reader/years experience as a Lecturer in the concerned s of Reader/ Asstt. Professor does not exist. |  |  |  |  |  |
| 9.        | *   | ing total teaching experience of five years in three years teaching experience as Lecturer in the  |  |  |  |  |  |
| 10.       | If Lecturer, no teaching  | experience is required.  |  |  |  |  |  |
| 11.       | Requisite teaching experie  | ence Certificate(s) submitted.   |  |  |  |  |  |
| 12.       | Whether recognized/appro  | oved by the concerned University.  |  |  |  |  |  |
| 13.       | Having age less than 65 y   | ears.  |  |  |  |  |  |
| 14.       |   | nnuated in the mid session in the reporting year.  |  |  |  |  |  |
| 15.       | Copy of Form-16 submitt   | ed.  |  |  |  |  |  |
| 16.       | Copy of salary bill/bank s  | tatement submitted.  |  |  |  |  |  |
| 17.       | Original Affidavit in pres  | cribed Format submitted.   |  |  |  |  |  |

| S.  | PG Teacher  | Yes/No |
|-----|---|--------|
| No. |   |        |
| 18. | Qualifications:   |        |
|     | Whether the teacher deputed /appointed for post graduate teaching possess |        |
|     | Post -graduate degree qualification in concerned subject.                 |        |
| 19. | Experience:   |        |
|     | If Professor, thirteen years teaching experience including five years as  |        |
|     | Reader in Postgraduate teaching in the concerned subject.                 |        |
| 20. | If Reader, eight years teaching experience as Lecturer including three    |        |
|     | years in Postgraduate teaching or total ten years experience of under     |        |
|     | Postgraduate teaching in the concerned subject.                           |        |

| as Clinical Registrar or Senior Resident or three years re experience in a recognized institution or three years te experience in the concerned subject in a recognized college.  Wherever there is a post of Senior Lecturer, the Lecturer with four regular service shall be designated as Senior Lecturer. | esearch<br>eaching |
|---|--------------------|
| Certification by Visiting Team/ Official  |                    |
| As per above check-list, the teacher named  |                    |
| The reasons for non-eligibility (in case of not found eligible) are as follows:   | ving:              |
| Reason of non-eligibility   | Yes/No             |
| 1. Overage (> 65 years )  |                    |
| 2. Previous experience certificates not submitted   |                    |
| 3. Found in Duplicity   |                    |
| 4. Extra Sanskrit Teacher   |                    |
| 5. Submitted false teaching experience certificate  |                    |
| 6. Long Gap in teaching   |                    |
| 7. Affidavit not received or not in prescribed format   |                    |
| 8. PG certificate not submitted- in case of Ayurveda teachers appointed after 1.7.1989  |                    |
| 9. Graduate Degree certificate not submitted in case of Ayurveda  |                    |
| teachers appointed before 1.7.1989  |                    |
| 10. Non PG joined after 1.7.1989 in case of Ayurveda teachers   |                    |
| 11. Non Ayurvedic Degree holder   |                    |
| 12. PG diploma holder- not approved by CCIM for teaching  |                    |
| 13. PG degree not according to schedule   |                    |
| 14. Shortage of experience for higher Faculty   |                    |
| 15. Resigned from College   |                    |
| 13. Retired from College  |                    |
| 14. Superannuation in mid-session   |                    |
| Dated:  Signature of Visiting Tea   | am                 |

# LIST OF ANNEXURES TO BE SUBMITTED BY COLLEGE

| S.No. | Annexure      | Name of the Annexure  |
|-------|---------------|---|
|       | Number        |   |
| 1.    | Annexure -I   | Details of area of College and Hospital   |
| 2.    | Annexure-II   | Number of Post Graduate students passed out from college from                                 |
|       |               | inception till date   |
| 3.    | Annexure-III  | List of students admitted in the year 2010-11   |
| 4.    | Annexure-IV   | Details of Pharmacy   |
| 5.    | Annexure-V    | Proforma to furnish the details of Teaching Staff   |
| 6.    | Annexure-VI   | Proforma to furnish the details of Non Teaching Staff   |
| 7.    | Annexure-VII  | Proforma to furnish the details of Hospital Staff   |
| 8.    | Annexure-VIII | Details of Drug distribution in OPD & IPD (Jan. To Dec. 2010)                                 |
| 9.    | Annexure IX   | Details of Equipment and Instruments required for Physiology<br>Laboratory                    |
| 10.   | Annexure X    | Details of Equipment and Instruments required for Rasashastra & Bhaishajya Kalpana Laboratory |
| 11.   | Annexure XI   | Details of Equipment and Instruments required for Pharmacognosy Laboratory                    |
| 12.   | Annexure XII  | Details of Equipment and Instruments required for Roganidan Laboratory                        |
| 13.   | Annexure XIII | Details of Equipment and Instruments required for Labour Room                                 |
| 14.   | Annexure XIV  | Details of Equipment and Instruments required for Operation<br>Theatre                        |
| 15.   | Annexure XV   | Progress made by Institution in last two years on salient points                              |
| 16.   | Annexure XVI  | Notarised affidavit to be filled up by Teacher in given format. (in                           |
|       |               | respect of newly appointed teacher after last visitation)                                     |
| 17.   | Annexure XVII | Check list for eligibility of individual Teacher  |

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#### DETAILS OF OPD AND IPD

( to be filled by Inspection Committee)

## NUMBER OF PATIENTS ATTENDED OPD (October 2010 to March 2011)

(Note:- Patients of Medical Camp OPD should not be included)

| S.No. | Month  |              | Verification of |          |           |      |            |          |                         |
|-------|--------|--------------|-----------------|----------|-----------|------|------------|----------|-------------------------|
|       |        | Kayachikitsa | Shalya          | Shalakya | Prasuti & | Bal  | Panchkarma | Swasthya | information by Visitors |
|       |        | -            |                 | _        | Stri Roga | Roga |            | Rakshan  | as correct / Not        |
| 1.    | Oct.   |              |                 |          |           |      |            |          |                         |
| 2.    | Nov.   |              |                 |          |           |      |            |          |                         |
| 3.    | Dec    |              |                 |          |           |      |            |          |                         |
| 4.    | Jan.   |              |                 |          |           |      |            |          |                         |
| 5.    | Feb.   |              |                 |          |           |      |            |          |                         |
| 6.    | March. |              |                 |          |           |      |            |          |                         |
| Total |        |              |                 |          |           |      |            |          |                         |
| Grand | total  |              |                 |          |           |      |            |          |                         |

# Total Number of Bed Days Occupied (October 2010 to March 2011)

| S.No. | Month      |              | Verification of |          |                     |          |            |   |
|-------|------------|--------------|-----------------|----------|---------------------|----------|------------|---|
|       |            | Kayachikitsa | Shalya          | Shalakya | Prasuti & Stri Roga | Bal Roga | Panchkarma | information by Visitors<br>as correct / Not |
| 1.    | Oct.       |              |                 |          |                     |          |            |   |
| 2.    | Nov.       |              |                 |          |                     |          |            |   |
| 3.    | Dec        |              |                 |          |                     |          |            |   |
| 4.    | Jan.       |              |                 |          |                     |          |            |   |
| 5.    | Feb.       |              |                 |          |                     |          |            |   |
| 6.    | March.     |              |                 |          |                     |          |            |   |
| Total |            |              |                 |          |                     |          |            |   |
| Gı    | rand total |              |                 |          |                     |          |            |   |

Note:- To calculate total number of bed days occupied of the months please calculate the date wise total number of patients, remained on bed at midnight.

# Bed Occupancy should be calculated on following formula -

No. of Bed days Occupied X 100 Total No. of Bed X 180days

Date: / /2011

| Average bed occupancy of | last 180 Days : |          |
|--------------------------|-----------------|----------|
| (                        | ()              | (        |
| Member                   | <b>Member</b>   | Chairman |

# (For P.G. Course)

| Rema       | arks of Inspection Committee :   |                                  |  |
|------------|--|----------------------------------|--|
| 1)         |  |                                  |  |
| 2)         |  |                                  |  |
| 3)         |  |                                  |  |
| 4)         |  |                                  |  |
| Pacar      | mmendations : (Recommendation  | on should be                     | given clearly conditiona                         |
| ICCOI      | recommendation or recommendation affidavit should not be given. subjectwise "recommend / not recommend / not recommendation / not recomm | ation on the<br>Committee        | basis of Undertaking or<br>member should mention |
| Sr.<br>No. | Name of Subject  | No. of seats proposed by College |  |
| 1          |  | conege                           |  |
| 2          |  |                                  |  |
| 3          |  |                                  |  |
| 4          |  |                                  |  |
| 5          |  |                                  |  |
| 6          |  |                                  |  |
| 7          |  |                                  |  |
| 8          |  |                                  |  |
| 9          |  |                                  |  |
| 10         |  |                                  |  |
| 11         |  |                                  |  |
| 12         |  |                                  |  |
| 13         |  |                                  |  |
| 14         |  |                                  |  |
| Inspe      | "I hereby declare that all the afoct and true to the best of my ection"  |                                  | nd belief at the time o                          |
| (          | )<br>Member  |                                  | ()<br>Chairman                                   |
| Date       | : / /2011  |                                  |  |

Director of Ayurved, Mumbai.

# (For U.G. Course)

| Remarks of Inspection Committee :  |
|--|
| 1)   |
| 2)   |
| 3)   |
| 4)   |
| Recommendations: (Recommendation should be given clearly, conditional recommendation or recommendation on the basis of Undertaking or affidavit should not be given) |
| Please strikethrough one of the following :-   |
| RECOMMENDED SEATS.   |
| NOT RECOMMENDED.   |
| "I hereby declare that all the aforesaid statements / data are complete  |
| correct and true to the best of my knowledge and belief at the time of Inspection"   |
| (  |
| Date: / /2011  |
|  |

Director of Ayurved Mumbai.

## DIRECTORATE of AYURVEDA, MAHARASHTRA STATE

#### **Guidelines/Instructions for Colleges regarding Visitation**

- 1. Please read the Proforma carefully before filling up.
- 2. Page-wise Index of all annexures should be provided.
- 3. College should make ready three sets of Visitation Proforma duly signed on each page by the Principal/ Dean/ Director alongwith all annexures for visitors.
- 4. College should make arrangement of videographer and photographer during visitation for preparing CD and group photographs with Teaching staff and non-teaching staff of College and Medical and non-Medical staff of Hospital with the visitors separately. The name of each staff member is to be written on the bottom of the photograph. It is to be noted that without CD & Photograph, the visitation report will not be accepted by Director of Ayurved.
- 5. A soft copy of the details of teaching staff as per Annexure-V is also to be submitted in a
- 6. Personal file of each teaching staff alongwith other relevant record (educational documents, experience certificate, bank details of salary distribution etc.) should make available to visitors to verify the facts.
- 7. Attested copy of UG & PG Certificates, Experience Certificates, Joining report, Relieving Certificate and Affidavit (as per annexure-XVI) in respect of newly appointed teacher after last visitation should be attached as per serial number of the list of teaching staff including supportive documents in respect of the reason of ineligibility of previous year (as per annexure V) **Note:** Teachers of Govt. colleges/ constituent colleges of University should also submit the affidavit of newly appointed teachers.
- 8. Copy of Form No. 16 issuing for purpose of income tax should be submitted in respect of all the teaching staff. (Not admissible for Govt./ constituent colleges of University).
- 9. Check list for eligibility of individual teacher (as per annexure-XVII) should be provided to the visitors to verify the facts.
- 10. Teachers whose eligibility has been questioned by the Council due to any reason (false experience, duplicity etc.) will not be treated eligible unless cleared by the Central Council of Indian Medicine.
- 11. In absence of complete documents the teacher will be treated as ineligible.
- 12. Financial information should be filled up in prescribed format of Proforma only.
- 13. The column (namely "Verification of information by visitors as Correct/Not correct") will be filled up only by visitors after verification at the time of visitation of the college.
- 14. The college should filled up the information strictly as per prescribed format. Any change in the prescribed format will not be accepted by Director of Ayurved.
- 15. Please mention constructed area in Sq. ft. only and land area in acres. Any other measurement strictly be avoided.
- 16. The information should be based on present facts and complete information should be provided in the prescribed format.
- 17. The College should submit all the relevant information at the time of visitation. No further documents will be accepted by the Council after the visitation in any case.

Note: If any teacher will be found in duplicity/any record of teacher/any information submitted by the College will be found incorrect, the necessary action will be taken against the concerned teacher/ Principal of College /Secretary/President of the management of the concerned College.

| * | * | * | * | * | * | * | * | * | * | * | * | * |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   | * | * | * | * | * | * | * | * | * | * | * |   |