National Commission for Indian System of Medicine

Note : Kindly use Internet Explorer(version 7+), Mozilla Firefox (version 14+) or Google Chrome(version 20+) to fill in the form

Use Mouse to move between fields for entry of data instead of using Tab Key

Fields marked with *are mandatory.

Please allow pop-ups in your browser whenever asked.

Please fill all the forms by selecting the tab name in the header.

If you have not yet downloaded the Annexure templates to be uploaded in various sections of the Visitation form. Please click here (https://www.digialm.com:443//EForms/configuredHtml/1020/1913//Annexure.html) to download the template applicable to your college (i.e. Ayurveda or Siddha or Unani).

For any issues, Clarifications please contact NCISM Helpdesk Email-Id: helpdesk@ncismindia.org or Mobile Numbers: 9811471219, 9811471218, 01128525847

Please download the user manual for filling the Part 1 visitation proforma here (https://www.digialm.com:443//per/g01/pub/1020/EForms/image/ImageDocUpload/396/1118830168652469549505.pdf)

Visitation …	1. College…	2. College…	3. Financi…	4. Student…	5. College…	6. College…

Payment Information of Visitation Fee

Note :

1. Visitation Fee in the form of DD to be handed over to visitation team at the time of visitation.

Visitation Id :	**A04804**
Type of Visitation :	**Annual Visitation**
Purpose of Visitation : Detailed requirement for the Visitation :	**A. Annual Visitation under Sec.28 regarding grant in permission for UG 125 seats and PG 56 seats in 13 subjects**
Initiation Request Date :	**27/Mar/2023**
Academic Year :	**2023-24**
Payment Transaction Type :	**NEFT**
Type of Fees :	**Combined (Visitation and Digitization) Fees**
Draft/Transaction Reference No :	**U000000928532020**
Paid Amount :	**455000**
Payment Date :	**23/Mar/2023**
Bank Name :	**Reserve Bank of India**
Bank City :	**Mumbai**
Bank Branch Code :	**RBIS0RBIPIO**

Contact Details for communication regarding this visitation

Primary Email Id :	**deanrapmc@gmail.com**
Primary Mobile No :	**7774845725**
Secondary Email Id :	**sampadasant17@gmail.com**

Payment Information of Digitisation Fee

Note : Digitisation Fee in the form of DD to be handed over to visitation team at the time of visitation(if not paid earlier)

Digitisation Fee Draft /Transaction Reference No. :	
Bank Name :	

Visitation Data Collection Status - Dashboard

[Refresh Dashboard]

Form Name	Status
1. College Infrastructure Form	
2. College Departments Form	
3. Financial Information Form	
4. Student Details	
5. College Staff Count Form	
6. College Teaching Staff Details Form	50 S
7. College - Non Teaching Staff Information	57 S
8. Hospital Infrastructure Form	
9. Hospital OPD and IPD Form	
10. Other Hospital Details	
11. Hospital Staff Information Count Form	
12. Hospital Staff Detail Form	289 S
13. Equipment for Dissection and Physiology	
14. Equipments For Pharmacognosy and Pathology	
15. Instruments and Equipments for OPD and Labour Room	
16. Instruments and Equipments for Operation Theatre	
17. Declaration	

- Submitted   - Not Submitted   S - Submitted records

Digitisation Fee Payment Date :

Bank City :

Declaration

I, solemnly confirm that if any information provided by me found false, I shall be held responsible in the matter. I shall have no objection if any legal action is taken by the **NCISM** against me.

Print Submitted Data