# KERALA UNIVERSITY OF HEALTH SCIENCES, MEDICAL COLLEGE P.O., THRISSUR - 680596

#### INSPECTION PROFORMA FOR PROVISIONAL (PRILIMINARY) AFFILIATION (AYURVEDA)

#### Section – A General

Date/s of	Inspection		
	with designation, address, . &e-mail ID		
	with designation, address, . &e-mail ID		
	e in which Inspection was appointed		
Comple	he College & te Address pin code		
Name of Agency	running the College		
Courses offered by the	College and no. of seats	• U.G. • P.G.	
	Contact No. of College		
	Contact No. of Hospital		
Details for	Fax		
communication	Email :		
	Website		
	Name		
Name and address of	Office Tel No.		

	Name	
Name and address of	Office Tel No.	
Principal	Residence Tel No.	
	Mobile No.	
	Email:	
Name of University and year of	Name	
1 <sup>st</sup> affiliation	Year of 1 <sup>st</sup> affiliation	

## **DETAILS OF LAND**

Ownership of land (Own/Lease/Rented)	
Name of title holder	
Total area of land allotted to the Ayurveda college	
Total area of land allotted to the Ayurveda hospital	
Total area of land allotted to the hostels	
TOTAL CONSTRUCTED AREA OF COLLEGE (Sq. Meters)	
TOTAL CONSTRUCTED AREA OF HOSPITAL (Sq. Meters)	
TOTAL CONSTRUCTED AREA OF HOSTEL (Sq. Meters)	
(for both Boys &Girls)	
Area for Girls Hostel	
Area for Boys Hostel	
Total Land for Herbal Garden	
Number of Staff Quarters available	

Section –B

## DETAILS OF VARIOUS SECTIONS IN COLLEGE

-

# DISSECTION HALL (Sq. Meters)

-
-
-

# **DETAILS OF MUSEUM**

Name of the	Number of Charts, Models & Specimens Available								
Department	Charts	Models	Specimens						
Rachana Sharir									
2 .Kriya Sharir									

3.	Dravyaguna		
4.	Rasashastra		
5.	Swasthavritta		
6.	Agad Tantra		
7.	Roga Nidan		

## Section – C

## NUMBER OF EXISTING TEACHING STAFF (Submit Annexure I)

S 1.	Department	Intake Capacity for UG	Number of CCIM No.		rs as per	No. of Exi	isting Teach	ers
Ν			Profess	Asso.	Assist. Pr	Professor	Asso.Pr.	Assist.Pr
0.			or	Pr				
1.	Samhita,	Up to 60	1	or 1	2			
	Sanskrit	61 to 100	1	1	2			
	&Siddhanta	Additional for PG	1	or 1	1			
	(one should	Dept.						
	be a Sanskrit							
	Lecturer)							
2.	Rachana	Up to 60	1	Or 1	1			
	Sharir	61 to 100	1	1	1			
		Additional for PG	1	or 1	1			
		Dept.						
3.	Kriya Sharir	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG	1	or 1	1			
		Dept.						
4.	Dravyaguna	Up to 60	1	Or 1	1			
		100	1	1	1			
		Additional for PG	1	or 1	1			
		Dept.						
5.	Rasashastra	Up to 60	1	Or 1	1			
	&Bhaishajya	61 to 100	1	1	2			
	kalpana	Additional for PG	1	or 1	1			
		Dept.						
6.	Rognidana	Up to 60	1	or 1	1			
	-	61 to 100	1	1	1			
		Additional for PG	1	or 1	1			
		Dept.						
7.	Swastha	Up to 60	1	or 1	1			
	Vritta	61 to 100	1	1	1			
		Additional for PG	1	or 1	1			
		Dept.						
8.	Agad Tantra	Up to 60	1	or 1	1			
	Vyavhar	61 to 100	1	1	1			
L	Avurved		1	1	1			1

Ayurved

8.	Agad Tantra	Up to 60	1	or 1	1		
0.	Vyavhar	61 to 100	1	1	1		
	Ayurved	Additional for PG	1	or 1	1		
	evam Vidhi	Dept.	1	01 1	1		
	Vaidyak	Dept.					
9.	Prasuti	Up to 60	1	1	2		
	&Stri	61 to 100	1	1	2		
	roga	Additional for PG Dept.	1	or 1	1		
1	Kaumarbhrit	Up to 60	1	or 1	1		
0.	ya	61 to 100	1	1	1		
		Additional for PG Dept.	1	or 1	1		
1	Kayachikitsa	Up to 60	1	1	2		
1.	U	61 to 100	1	1	2		
		Additional for PG Dept.	1	or 1	1		
1	Shalya	Up to 60	1	Or 1	1		
2.	-	61 to 100	1	1	1		
		Additional for PG Dept.	1	or 1	1		
1	Shalakya	Up to60	1	or 1	1		
3.		61 to 100	1	1	1		
		Additional for PG	1	or 1	1		
		Dept.					
1	Panchkarma	Up to60	1	or 1	1		
4.		61 to 100	1	1	1		
		Additional for PG Dept.	1	or 1	1		

# DETAILS OF NON TEACHING STAFF OF VARIOUS DEPARTMENTS

# (Submit Annexure II)

SI N o.	Department		As per norms of the CCIM					No. of Existing Non-Teaching Staff					Rema rks	
		Lab. Tec h.	Lab Asstt.	M. Kee per	Clar k / Typi st	Atte nda nt	Swee per	La b Tec h.	La b Ass tt	M. Kee per	Cla rk / typi st	Att end ant	swee per	
1.	Samhita, Sanskrit &Siddhanta					1								
2.	Rachana Sharir	1 Tec				1, <i>lifter</i>								

2	Destana	1	1	1	1	1	[				I
2.	Rachana Sharir	1 Tec				1, <i>lifter</i>		 	 	 	 
3.	Kriya Sharir	1				-					
4.	Dravyaguna	1		1							
5.	Rasashastra &Bhaishajya Kalpana	1	1								
6.	Rog Nidan	2									
7.	Swastha Vritta			1		1		 			
8.	Agad Tantra &Vidhi Ayurved										
9.	Prasuti &Striroga					1					
10	Kaumar Bhrittya										
11	Kayachikitsa					-					
12	Shalya Tantra		-								
13	Shalakya Tantra										
14	Panchkarma										
15	Garden Gardner - 1 Multi purpose Worker -2										
16	Library Librarian – 1 Assist. Librarian – 1					1					
17	College Office – Clerical &Admn. purpose				4						

# Section - D

# NUMBER OF PATIENTS ATTENDED OPD (During Previous Calendar Year .....)

		Kayachiki tsa	Shal ya	Shalak ya	Prasuti &Stri Roga	Kaum arabr hutya	Panchkar ma	Swasth yavrut ha	Remarks
1.	Jan.				0				
2.	Feb.								
3.	March								
4.	April								
5.	May								
6.	June								
7.	July								
8.	Augus t								
9.	Sept.								
10.	Oct.								
11.	Nov.								
12.	Dec								
Tota	1								
Gran	d total						·		

## Total no. of patients in OPD on the following days

		Kayachikit sa	Shalya	Shala kya	Prasuti & Stri Roga	Kaumara- brhutya	Panchkar ma	Swasthya vrutha	Remaks
1	No. of patients on the day of visit in each Dept.								

2	No. of patients 10 days before the day of visit in each Dept.				
3	No. of patients 20 days before .				
4	Average no. of patients in the previous month				

# **DETAILS OF IPD PATIENTS (During Previous Calendar Year)**

	1.	Total Numb	()					
S. No	Mont h		Info	Remarks				
		Kayachiki tsa	Shal ya	Shalak ya	Prasuti &Stri Roga	Koum arabr uthya	Panchkar ma	
1.	Jan.							
2.	Feb.							
3.	March							
4.	April							
5.	May							
6.	June							

	-						
7.	July						
8.	Augus t						
9.	Sept.						
10.	Oct.						
11.	Nov.						
12.	Dec						
Tota	1						
Grar	Grand total						

# Total no. of IPD patients on the following days

		Kayachikit sa	Shalya	Shala kya	Prasuti & Stri Roga	Kaumara- brhutya	Panchkar ma	Swasthya vrutha	Remarks
1	No. of patients on the day of visit in each Dept.								
2	No. of patients 10 days before the day of visit in each Dept.								

3	No. of patients 20 days before the day of visit in				
	each Dept.				
4	Total no.				

<b>IPD SECTIONS WITH BED STRENGT</b>	H		
Name of the Department	% of Bed Distribution as per CCIM norms	Number of Existing Bed strength	Remarks
1. Kayachikitsa &Panchkarma			
2. Shalyatantra			
3. Shalakyatantra			
4. Prasuti &Striroga			
5. Koumarabrutya			
6. Swasthavrutha / Others			
Total Number of Beds	•		

<b>DETAILS OF VARIOUS SECTIONS IN THE</b>	DETAILS OF VARIOUS SECTIONS IN THE HOSPITAL					
PANCHAKARMA THEATRE - Function	nal/Non					
Separate room for Males & Females With attached toilets	-Exist/Not					
No. of Droni available						
Swedagraha with accessories	- Exist/Not					
Vamanagraha with accessories	- Exist/Not					
Wash room with attached toilet	- Exist/Not					
Vasthigraha with accessories	- Exist/Not					
Wash room with attached toilet	- Exist/Not					
Amnesties for Sirodhara	- Exist/Not					

Total Number of Procedures done during the Previous Calendar	
year	

# KARMAS / PROCEDURES DONE DURING PREVIOUS CALANDER YEAR

KARMAS / PROCEDURES BEING CARRIED OUT	TOTAL NUMBER OF KARMA'S CARRIED OUT IN THE PREVIOUS YEAR	REMARKS
POORVA KARMA		
Snehan		
Swedan		
PRADHAN KARMA		
Vaman		
Virechana		
Vasti		
Nasya Rakta Mokshana		
Jalaukavacharan		
Agni Karma		
Ksharkarma		
OTHER FACILITIES AVAILABLE IN THE HOSPITAL	Observation	Remarks
Kitchen / Canteen facility- Available Available/Not		
AMBULANCE - Available/Not		
Available		
X-Ray Total number of X-rays done in the previous year		
ECG     Total number of ECG done in the previous year		
USG Total number of USG done in the previous year		

# Annexure I – Details of Teaching Staff

Sl No.	Department	Name of Faculty	Designation	Qualification	Experience

(This is a model. Please add separate sheet/s)

## Annexure II – Details of Non – Teaching Staff

Sl No.	Department	Name of Faculty	Designation	Qualification	Experience

(This is a model. Please add separate sheet/s)

#### Section – E

Remarks of the Inspectors., if any.

(Please give your remarks in a separate sheet of paper, if space is not enough)

Name and Signature of Inspector – I

Name and Signature of Inspector - II

KERALA UNIVERSITY OF HEALTH SCIENCES, MEDICAL COLLEGE P.O., THRISSUR - 680596