

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		
Name of Inspector (1) with designation, address, contact no. & e-mail ID		
Name of Inspector (2) with designation, address, contact no. & e-mail ID		
Order No. and date in which Inspection Committee was appointed		
Name of the College & Complete Address with pin code		
Name of Agency running the College		
Courses offered by the College and no. of seats		1. U.G. 2. P.G.
Details for communication	Contact No. of College	
	Contact No. of Hospital	-
	Fax	
	Email :	
	Website	
Name and address of Principal	Name	
	Office Tel No.	
	Residence Tel No.	
	Mobile No.	
	Email:	

Name of University and year of 1 st affiliation	Name	
	Year of 1 st 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)	-
No of dissection tables	
Cadaver Preservative tank- Available/Not	
No of cadavers available at the time of visitation	
No of cadavers dissected in the previous year	
LIBRARY	-
1. Number of books available	

Ayurveda -	
Modern -	
Others -	
Total -	
2. Number of Seats available in reading room	
3. Number of computers with internet facility	
4. Number of books purchased during previous year	
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 ó available/not	
6. Mess facility for Girls ó available/not	
HERBAL GARDEN	-
Number of Plants	
Number of species	
SPORTS AND GAMES FACILITY Available/Not	
TRANSPORT FACILITY – Available/Not [If, Yes Number of vehicles]	
PHARMACY - Functioning/Non Functioning	

DETAILS OF MUSEUM

Name of the Department	Number of Charts, Models & Specimens Available		
	Charts	Models	Specimens
1. 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 l. N o .	Department	Intake Capacity for UG	Number of Teachers as per CCIM Norms			No. of Existing Teachers		
			Profess or	Asso. Pr	Assist. Pr	Professor	Asso.Pr.	Assist.Pr
1	Samhita, Sanskrit & Siddhanta (one should be a Sanskrit Lecturer)	Up to 60	1	or 1	2			
		61 to 100	1	1	2			
		Additional for PG Dept.	1	or 1	1			
2	Rachana Sharir	Up to 60	1	Or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
3	Kriya Sharir	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
4	Dravyaguna	Up to 60	1	Or 1	1			
		100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
5	Rasashastra & Bhaishajya kalpana	Up to 60	1	Or 1	1			
		61 to 100	1	1	2			
		Additional for PG Dept.	1	or 1	1			
6	Rognidana	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
7	Swastha Vritta	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
8	Agad Tantra Vyavhar Ayurved evam Vidhi Vaidyak	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
9	Prasuti & Striroga	Up to 60	1	1	2			
		61 to 100	1	1	2			
		Additional for PG Dept.	1	or 1	1			

4	no. of patients in the previous month								
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DETAILS OF IPD PATIENTS (During Previous Calendar Year)

1. Total Number of Patients admitted in the previous calendar Year (.....)

S. No.	Month	Information to be filled up by college						Remarks
		Kayachikitsa	Shalya	Shalakyaya	Prasuti & Stri Roga	Koumarabruithya	Panchkarma	
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								

Total no. of IPD patients on the following days

		Kayachikitsa	Shalya	Shalaky	Prasuti & Stri Roga	Kaumara-brhutya	Panchkarma	Swasthyavruttha	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. of patients in the previous month in each Dept.								

IPD SECTIONS WITH BED STRENGTH

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			

DETAILS OF VARIOUS SECTIONS IN THE HOSPITAL		Observation	Remarks
PANCHAKARMA THEATRE	- Functional/Non Functional		
Separate room for Males & Females	- Exist/Not		
With attached toilets			
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/Not Available			
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 ó I

Name and Signature of
Inspector - II

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