

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

INSPECTION PROFORMA FOR CONTINUATION OF PROVISIONAL AFFILIATION
B.PHARM (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 | | |
| Details for communication | Contact No. of College | |
| | Contact No. of Hospital | |
| | Fax | |
| | Email : | |
| Name and address of Principal | Website | |
| | Name | |
| | Office Tel No. | |
| | Residence Tel No. | |
| | Mobile No. Email: | |

| | | |
|------------------------------------|-------------------------------------|--|
| Name of University and affiliation | Name | |
| | Year of 1 st affiliation | |

Section –B
DETAILS OF ADMITTED STUDENTS IN THE PREVIOUS YEAR

| Name of the Course | Admission | Number of Students admitted in the previous year. | | Date of last admission of the student | Remarks |
|--------------------|-----------|---|------------------|---------------------------------------|---------|
| | Capacity | Govt. quota | Management quota | | |
| B.Pharm(Ay) | | | | | |

DETAILS OF LAND

| Particulars | Required | Available | Remarks |
|---------------------------------|----------|-----------|---------|
| Land Area | | | |
| Constructed area (in Sq.meters) | | | |

DETAILS OF VARIOUS SECTIONS IN COLLEGE

| Practical Laboratories* | Observation* | Remarks |
|--|--------------|---------|
| Rachana Sareera – Facilities available/Not available | | |
| Kriya Sareera – Facilities available/Not available | | |
| Pharmaceutical Chemistry – Facilities available/Not available | | |
| Electronics and Computer Application – Facilities available/Not available | | |
| Dravyaguna – Facilities available/Not available | | |
| Physical Pharmacy – Facilities available/Not available | | |
| Pharmaceutical Engineering – Facilities available/Not available | | |
| Pharmacognosy – Facilities available/Not available | | |
| Biochemistry – Facilities available/Not available | | |
| Pathology – Facilities available/Not available | | |
| Rasasastra – Facilities available/Not available | | |
| Bhaisajyakalpana – Facilities available/Not available | | |
| Chemistry – Facilities available/Not available | | |
| Microbiology – Facilities available/Not available | | |
| Biotechnology – Facilities available/Not available | | |
| Pharmacology – Facilities available/Not available | | |

**Specify whether provided inside the college or in another institution. (Attach the copy of MOU)*

| | |
|---|--|
| 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 – available/not | |
| 6. Mess facility for Girls – 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 | |

Section – C

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

**DETAILS OF NON - TEACHING STAFF OF VARIOUS DEPARTMENTS
(Submit Annexure II)**

ANNEXURE I – DETAILS OF TEACHING STAFF

First Year B.Pharm (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
|---------|-----------------|------------------|------------|-------------|---------------|------------|
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Second Year B.Pharm (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
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Third Year B.Pharm (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
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Fourth Year B.Pharm (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
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ANNEXURE II – DETAILS OF NON -TEACHING STAFF

| Sl.No. | Name of Staff | Department | Designation | Qualification | Experience |
|--------|---------------|------------|-------------|---------------|------------|
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Section – D

INTERACTION WITH STUDENTS

(Please give the views and expressions collected from the interaction with students separately.)

Section – E

Remarks of the Inspectors, if any.

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

Section –J

- i) Whether provided required number of eligible examiners for evaluation as per Kerala University of Health Sciences Norms(List should be submitted with inspection report.)
- ii) Whether the following bodies have been constituted and functioning as per the direction of the University.

- | | | |
|--|----------|--|
| a) College Council | } Yes/No | The minutes book should be verified and signed by the inspectors and the relevant pages of minutes book should be attached with inspection report. |
| b) CollegeUnion | | |
| c) PTA | | |
| d) Student Support and Guidance Cell | Yes/No | |
| e) Academic Monitoring Cell | Yes/No | |
| f) Anti Ragging Committee | Yes/No | |
| g) Register of Condonation of shortage of attendance | Yes/No | |

Name and Signature of
Inspector – I

Name and Signature of
Inspector - II

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

INSPECTION PROFORMA FOR CONTINUATION OF PROVISIONAL AFFILIATION
B.Sc. NURSING (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 | | |
| 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 | |

Section –B

DETAILS OF ADMITTED STUDENTS IN THE PREVIOUS YEAR

| Name of the Course | Admission | Number of Students admitted in the previous year. | | Date of last admission of the student | Remarks |
|--------------------|-----------|---|------------------|---------------------------------------|---------|
| | Capacity | Govt. quota | Management quota | | |
| B.Sc Nursing (Ay) | | | | | |

DETAILS OF LAND

| Particulars | Required | Available | Remarks |
|---------------------------------|----------|-----------|---------|
| Land Area | | | |
| Constructed area (in Sq.meters) | | | |

DETAILS OF VARIOUS SECTIONS IN COLLEGE AND HOSPITAL

| Practical Laboratories/Hospital Sections* | Observation* | Remarks |
|--|--------------|---------|
| Rachana Sareera – Facilities available/Not available | | |
| Kriya Sareera – Facilities available/Not available | | |
| Swasthavruttha – Facilities available/Not available | | |
| Casualty – Facilities available/Not available | | |
| Panchakarma – Facilities available/ Not available | | |
| Computer Science – Facilities available/Not available | | |
| Yoga – Facilities available/Not available | | |
| Pharmacology – Facilities available/Not available | | |
| Kayachikitsa – Facilities available/Not available | | |
| Shalya karma – Facilities available/Not available | | |
| Shalakya karma – Facilities available/Not available | | |
| Manasikaroga – Facilities available/Not available | | |
| Sisuparichaya – Facilities available/Not available | | |
| Prasuthitantra – Facilities available/Not available | | |
| Posting in PHC – Facilities available/Not available | | |
| Posting in Nursing Station – Facilities available/Not available | | |

**Specify whether provided inside the college or in another institution. (Attach the copy of MOU)*

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| LIBRARY | |
| 1. Number of books available | |
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| Total - | |
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| Functioning/Non Functioning | |

Section – C

**NUMBER OF EXISTING TEACHING
STAFF**

(Submit Annexure I)

DETAILS OF NON - TEACHING STAFF OF VARIOUS DEPARTMENTS

(Submit Annexure II)

ANNEXURE I – DETAILS OF TEACHING STAFF

First Year B.Sc Nursing (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
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Second Year B.Sc Nursing (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
|---------|-----------------|------------------|------------|-------------|---------------|------------|
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Third Year B.Sc Nursing (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
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Fourth Year B.Sc Nursing (Ay)

| Sl. No. | Name of Faculty | Subject Teaching | Department | Designation | Qualification | Experience |
|---------|-----------------|------------------|------------|-------------|---------------|------------|
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ANNEXURE II – DETAILS OF NON -TEACHING STAFF

| Sl.No. | Name of Staff | Department | Designation | Qualification | Experience |
|--------|---------------|------------|-------------|---------------|------------|
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INTERACTION WITH STUDENTS

(Please give the views and expressions collected from the interaction with students separately.)

Section – E

Remarks of the Inspectors, if any.

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| d) Student Support and Guidance Cell | Yes/No | |
| e) Academic Monitoring Cell | Yes/No | |
| f) Anti Ragging Committee | Yes/No | |
| g) Register of Condonation of shortage of attendance | Yes/No | |

Name and Signature of
Inspector – I

Name and Signature of
Inspector - II