

# KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR - 680 596

[www.kuhs.ac.in](http://www.kuhs.ac.in)

No.3958/Ac.J/KUHS/2016

01/04/2016

## CIRCULAR

Sub: Inclusion of BSMS Degree in the Second Schedule of IMCC Act 1970-  
details requested-Reg:-

In order to forward the proposal to the Secretary, Central Council of Indian Medicine, Ministry of AYUSH, Government of India, New Delhi for inclusion/ recognition of BSMS Degree (First batch ) offered by KUHS in the second schedule of IMCC Act 1970, the details of this course in relation to your institution may be furnished to the Universtity within 15 days in the enclosed proforma along with letters from Government of India for conditional permission to the college for the last five years.

Sd/-  
REGISTRAR

Encl:- As above

To

1.The Principal, ✓  
Santhigiri Siddha Medical College,  
Satnigiri Post, Thiruvananthapuram-695589

2. The Asst. Registrar (Exam), to furnish the relevent details applicable to that section.

Copy to

System Manager/SF/FC

Forwarded by Order

Deputy Registrar (Acad)

**PROFORMA TO FURNISH THE PROPOSAL FOR INCLUSION/  
RECOGNITION OF UG DEGREE IN ASU**

(Please attach additional sheet, if required)

1. Name of University/Awarding Body : \_\_\_\_\_  
\_\_\_\_\_
  
2.
  - a. Full nomenclature of UG degree in ASU : \_\_\_\_\_  
\_\_\_\_\_
  
  - b. Abbreviation (If any) : \_\_\_\_\_  
\_\_\_\_\_
  
3. Admission qualification : \_\_\_\_\_  
\_\_\_\_\_
  
4. Duration of the Course : \_\_\_\_\_  
\_\_\_\_\_
  
5. Duration of Internship : \_\_\_\_\_  
\_\_\_\_\_
  
6.
  - a. Year of starting of the course : \_\_\_\_\_  
\_\_\_\_\_
  
  - b. Date, Months and Year of award of degree to the first student of first batch : \_\_\_\_\_  
\_\_\_\_\_
  
7.
  - a. Year of closing (if any) : \_\_\_\_\_  
\_\_\_\_\_
  
  - b. Date, Month and Year of closing of course (if any) : \_\_\_\_\_  
\_\_\_\_\_
  
8. Name of the college/colleges affiliated to the University where training for this courses is/are/was/were imparted : \_\_\_\_\_  
\_\_\_\_\_

9. Year-wise status of the College/Colleges regarding permission/ denial permission from the Govt. of India for last five years along with the information column-wise as under as well as copy of letter of Government of India issuing the permission to the college.

Name of the College	Session	Permission Status	Year of award of Degree

- 10. College wise details of teaching staff with their Qualification : \_\_\_\_\_  
\_\_\_\_\_
- 11. Name of the Ayurvedic Hospital where Internship training is/ are given : \_\_\_\_\_  
\_\_\_\_\_
- 12. Department wise bed strength in the Hospital : \_\_\_\_\_  
\_\_\_\_\_
- 14. Degree has been awarded after completion of internship, please attach the proof : \_\_\_\_\_  
\_\_\_\_\_
- 15. Whether any batch has been admitted without permission of CCIM/Govt. of India, if yes, mention the details thereof : \_\_\_\_\_  
\_\_\_\_\_
- 16. List of successful candidate : \_\_\_\_\_  
\_\_\_\_\_
- 17. Examination wise (Annual examination/ Supplementary examination) : \_\_\_\_\_  
\_\_\_\_\_
- 18. Any other relevant information : \_\_\_\_\_  
\_\_\_\_\_

**Enclosures:-**

- 1. Copy of curriculum followed by university for conducting UG course.
- 2. Cancelled copy/specimen copy of degree awarded/to be awarded to the successful candidate.
- 3. Permission letters of CCIM/Govt. of India affiliated colleges in the concerned university.

**Declaration/Certification**

It is certified that the details above furnished/enclosed are true to the best of my knowledge. I ensure that this university/awarding body is following, in toto, rules and the regulations prescribed by CCIM/GOI time to time and implementing the same in the ASU colleges affiliated to this University/awarding body.

REGISTRAR OF AWARDING BODY  
UNIVERSITY OF AYURVEDIC MEDICINE

**REGISTRAR OF AWARDING BODY/  
UNIVERSITY WITH SEAL/DATE**