

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

INSPECTION PROFORMA FOR CONTINUATION OF PROVISIONAL 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 :	
Name and address of Principal	Website	
	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 Capacity	Number of Students admitted in the previous year.		Date of last admission of the student	Remarks
		Govt. quota	Management quota		
UG					
PG					

(Please give details of PG subjects and admission capacity in each category as a separate list)

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)

Sl. No.	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	1	or 1	1			

		PG Dept.						
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			
10	Kaumarbhri ty a	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
11	Kayachikits a	Up to 60	1	1	2			
		61 to 100	1	1	2			
		Additional for PG Dept.	1	or 1	1			
12	Shalya	Up to 60	1	Or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
13	Shalakya	Up to 60	1	or 1	1			
		61 to 100	1	1	1			
		Additional for PG Dept.	1	or 1	1			
14	Panchkarma	Up to 60	1	or 1	1			
		61 to 100	1	1	1			

12.	Dec							
Total								
Grand total								

Total no. of IPD patients on the following days

		Kayachiki tsa	Shalya	Shalaky	Prasuti & Stri Roga	Kaumara- brhuty	Panchka rma	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. 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
(i) Kayachikitsa & Panchkarma			
(ii) Shalyatantra			
(iii) Shalakyatantra			

(iv) Prasuti & Striroga			
(v) Koumarabrutya			
(vi) 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		
Snehana		
Swedana		
PRADHAN KARMA		
Vamana		
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. Separate sheet/s may be added)

Annexure II – Details of Non – Teaching Staff

Sl No.	Department	Name of Faculty	Designation	Qualification	Experience

(This is a model. Separate sheet/s may be added)

Section – E
INTERACTION WITH STUDENTS

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

Section – F

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