



मध्यप्रदेश आयुर्विज्ञान विश्वविद्यालय, जबलपुर

Madhya Pradesh Medical Science University, Jabalpur

Report of Local Inquiry Committee for Grant of Continuation of Affiliation for B.A.M.S./Post Graduate M.D./M.S. Courses (Faculty of Ayurveda)

(Note: Local Inquiry Committee report should be duly completed in all respect)

1. B.A.M.S. Intake Capacity
2. M.D./M.S.....Intake Capacity
3. Date of Inspection

1	A	Name of the College	
	B	Address of the College	
	C	Phone No.	
	D	Mobile No.	
	E	Fax No.	
	F	Email	

2	Any other health science courses running in the College (attach a copy of Affiliation of the course by the University)		A
	Date		
	Year of starting		

3	Permission letter received from CCIM/ Govt. Of India (attach a copy of Permission letter)	Yes	No	B
	Date of Inspection by CCIM/ Govt. Of India			
	Any deficiencies pointed out by CCIM /Govt. Of India (if yes attach copy of letter of deficiencies by CCIM)	Yes	No	C
	Compliance of deficiencies pointed out by CCIM /Govt. Of India (if yes attach copy of letter of compliance by Institution/college)	Yes	No	

4	Affiliation letter received from MPMSU or Other University (attach a copy of Affiliation letter)	Yes	No	E
	Date of Inspection by MPMSU Jabalpur			
	Any deficiencies pointed out by University (if yes attach copy of letter of deficiencies by University)	Yes	No	F
	Compliance of deficiencies pointed out by University (if yes attach copy of letter of compliance by Institution/college)	Yes	No	

5	Madhya Pradesh Government NOC/ Resolution received to start, new Course/ Increase in Intake capacity (If, yes attach a copy of NOC/Resolution letter)	Yes	No	H

9. No. of seats applied by the college for increase in Intake for the course and No of seats actually sanctioned by the Govt. to the college (For Increase in Intake capacity only):-

Sr. No	Name of Subject	Previous Intake Capacity (A)	Applied for Increase in Intake by the college	Sanctioned Increase in Intake Capacity by the govt./council (B)	Total Seats (A+B)	J
1						
2						
3						
4						

(Please attach subject wise list separately as per above proforma)

10. Building Infrastructure :-

S.no.	Item	60 students	61 – 100 students	K
1	Land (Attach documents)	3 Acre	5 Acre	
2	College Building construction (Attach detailed list as per SCHEDULE – II of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)	2000 square meter	4000 square meter	
3	Hospital Building construction (Attach detailed list as per SCHEDULE – I of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)	2000 square meter	3500 square meter	
4	Herbal Garden: With 250 medicinal plants (Attach detailed list as per SCHEDULE – III of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)(Total area may vary upto 20%)	2500 square meter	4000 square meter	

11. Hospital : -

Hospital bed and Patients information						
Intake capacity per year	Minimum number of beds available		Minimum average number of IPD per day in year		Minimum average number of OPD per day in year	
	CCIM	Available	CCIM	Available	CCIM	Available
Up to 60 students	60 beds		24		120	
60 – 100 students	100 beds		40		200	

12	Detailed list of OPD Departments as per norms of CCIM	L
	Detailed list of IPD Departments as per norms of CCIM	
	OPD (No. of the Patients on the day of visit)	
	IPD (No. of the Patients on the day of visit)	

Central Laboratory	Available/ Not available	
No.of the Investigation done in the last calendar year		
Operation Theatre	Available/ Not available.....	
No.of the Operation done in the last calendar year		
Panchkarma Unit	Available/ Not available.....	
No.of the Procedures done in the last calendar year		
Ksharsutra Karma	Available/ Not available.....	
No.of the Procedures done in the last calendar year		
Labour Room	Available/ Not available.....	
No.of the Deliveries conducted in the last calendar year		

13	List of equipments and Instruments available department wise in College (Attach detailed list as per SCHEDULE – VII of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)	M
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14	List of equipments and Instruments available in Hospital (Attach detailed list as per SCHEDULE – VII of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)	N
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15	Library	No. Of Books available	O
	1.Ayurveda		
	2.Modern Medicine and related books		
	3.Medical journals		
	4.Others		
	Total number of Books		
	Reading Room (No.of seats available)		
	Computers with Internet facility (No. of Computers available)		

16	Details of Paramedical and Non-teaching staff of the College (Attach detailed list as per SCHEDULE – VI of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals Regulations, 2012)	P
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17	Financial Position :- (Not Applicable for Government Institutions)		
	Copy of audited statement for last three financial years of the Society / Trust submitted (Please enclose attested copies)	List Enclosed Yes No	Q
	Latest Bank Balance Certificate submitted (Please enclose attested copies)	List Enclosed Yes No	R

18. College Council and Website

College Council constitution date (As per norms)		S
College Website (As per norms)		T

19. Overall Remarks by the Committee :

(Please attach separate sheet, if required)

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Place:

Date of Inspection:

Signature of LIC Inspectors:

(Member)

(Member)

(University Representative)

CHECK - LIST

(Please attach papers as per check list, every document must be attested by Dean/ Principal)

Sr. No	Documents description (Attach detailed information as per norms of Central Council)	To be filled by the Institute (Write either N/A or YES in columns, also mention page no. of the annexure)				To be filled by the University (Y= accepted N= not accepted)
		Appendices	Yes	Not Applicable (N/A)	Page No.	
1	Any other health science courses running in the College (attach a copy of Affiliation of the course by the University)	A				
2	Permission letter received from CCIM/ Govt. Of India	B				
3	Any deficiencies pointed out by CCIM /Govt. Of India	C				
4	Compliance of deficiencies pointed out by CCIM /Govt. Of India	D				
5	Affiliation letter received from MPMSU or Other University	E				
6	Any deficiencies pointed out by University	F				
7	Compliance of deficiencies pointed out by University	G				
8	Madhya Pradesh Government NOC/ Resolution received to start, new Course/ Increase in Intake capacity	H				
9	Availability of the Teaching staff	I				
10	No. of seats applied by the college for increase in Intake for the course	J				
11	Building Infrastructure	K				
12	Hospital Details OPD, IPD & others	L				
13	List of equipments and Instruments available department wise in College	M				
14	List of equipments and Instruments available in Hospital	N				
15	Library Facilities	O				
16	Details of Paramedical and Non-teaching staff of the College	P				
17	Copy of audited statement for last three financial years	Q				
18	Latest Bank Balance Certificate submitted	R				
19	College Council letter	S				
20	College Website printout	T				

CERTIFICATE OF DEAN / PRINCIPAL

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the College and Hospital is very true.

It is further certified that nothing has been neither hidden nor exaggerated while providing information.



Signature

Name of Principal/Dean.....

Name of College.....

Place :

Date :.....

CERTIFICATE/REMARKS OF THE LOCAL INQUIRY COMMITTEE

We the Local Inquiry Committee members hereby certify that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute.

We do not agree with the information supplied by the authorities of the institutes. The statements / data / figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

(Scratch whichever is not applicable)

Place :-

Date :-

Names

Signatures

1)Member.....

2) Member

3) **University Representative**

Statement Showing the Detail Information of Teaching Staff as on

Name of the College: College Phone No:.....

Name of the Department:.....College Email ID :.....

Subject wise Intake Capacity:.....College website:

Name of the Dean/ Principal:.....

Sr. no.	Name of Teacher	Designation	Qualification	Subject	Category	Date of Birth	Date of Appointment	Date of Retirement	Contact No. (Mobile)	Experience									Approval by MPMSU						
										Prof.			Asso. Prof.			A.P.			Demonstrator			Temp	Perma- nent	Letter No. & Date	
										from	to	Total	from	to	Total	from	to	Total	from	To	Total				

Note: Attach separate seat for every department

Date:
Place:

Seal & Signature
Principal/ Dean