



मध्यप्रदेश आयुर्विज्ञान विश्वविद्यालय, जबलपुर
Madhya Pradesh Medical Science University, Jabalpur

**Report of Local Inquiry Committee for Grant of Continuation of Affiliation
(Faculty of Homeopathy Medicine for U.G Course/ P.G. Course)**

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

1. Name of the Subject:
2. Intake Capacity (including increase in seat)
3. Date of Inspection

1	Name of the Applicant College		
	Status	Government / Corporation / Private (Please tick)	
	Year of Establishment		
	Postal Address of the College	
	PIN code:		
	Phone No.		
	Fax No. :		
	Email Address:		
	Mobile No. :		

2	Date and year of starting BHMS course in the College		A	
	Number of Seats sanctioned for BHMS course in the College			
	Year of Recognition by CCH for existing BHMS (attach copy of latest inspection report)	Copy Attached		
		Yes		No
	Year of Recognition by CCH for PG (attach copy of latest inspection report)	Copy Attached		
Yes		No		

3	Orders of the University in which Provisional Affiliation was granted to conduct BHMS /PG Degree Course.	Copy Attached		C
		Yes	No	

4	The resolution of management (with number and date) in respect of Starting Post Graduate subjects with reference to provision in the Memorandum of the Society / Institute (Enclose copy of the Resolution):	Copy Attached		D
		Yes	No	

5	“Essentiality Certificate”, issued by the Government for Opening of course/ Increase in Intake/ Seats to the Institute/ Trusts / Societies / Organisation.	Copy Attached		E
		Yes	No	

6	Subject (s) and No. Seat for which UG Recognition is applied		
	S.No	Subject	No. of Seats
	1		
	2		

7	Subject (s) and No. Seat for which PG Recognition is applied		
	S.No	Subject	No. of Seats
	1		
	2		

8	Subject (s) and No. of Seat for which Intake Capacity is to be increased (UG/PG)				
	S.No	Subject	Previous Intake (A)	Applied for Increase (B)	Total Intake (A+B)
	1				
	2				

9	Hospital & its infrastructure facilities available Department wise		
	Name of the Hospital		
	Date of Establishment	Date: _____	
	Date of Registration (Attach a copy of Registration certificate)	Date: _____	
	No. of Beds available	Copy Attached	
		Yes	No
	OPD (No. of Patients on the day of visit) _____ Average OPD per day _____ IPD (No. of Patients on the day of visit) _____ Average IPD per day _____	Male	
		Female	
		Total	
	Built-up area _____ (Submit a drawing plan duly certified by Architect, specially showing the new plan as per requirement of New Department or for increase in intake)	drawing plan	
	List of Para-medical Staff	Yes	No
		List Enclosed	
	Yes	No	

	Non-teaching staff appointed	List Enclosed		I
		Yes	No	
	No. of wards(<i>Please enclose list separately department wise with bed strength</i>)	List Enclosed		J
		Yes	No	
Ward wise bed strength required				
	Ward	No of beds required as per CCH norms		Existing
	General Medicine	60		
	General Surgery	60		
	Obs. &Gynae	60		
	Other	30		

10	TEACHING STAFF: Give teaching staff list as per norms of CCH for UG& PG with their eligibility as a PG teacher (Particulars regarding teaching staff with their qualifications and experience attached with concerned Departments shall be enclosed as per Appendix A attached)								K
	In case of non-availability of Teachers at the time of inspection for consent of affiliation, either post should be sanctioned in case of Govt. colleges or an affidavit shall be produced by the Dean/ Principal/ Concerned Officer, stating that the required Teaching staff shall be Placed before starting the course								L
Subject:									
Total Intake of Seats *									
Professor			Asso. Professor			Assist. Professor			
Required with reference to no. of seats proposed	Available	Shortfall	Required with reference to no. of seats proposed	Available	Shortfall	Required with reference to no. of seats proposed	Available	Shortfall	
*Total Intake of Seats include a) In case of new course - Total no. of Seats Applied for consent for PG Degree b) In case of Increase in Seats - Total no. of existing Seats of PG Degree + Applied for consent for increase in intake for PG Degree									

11	College Building and Infrastructural Facilities: (Required as per Council Norms)								M
	DRAWING PLAN DETAILS : Whether each specialty building have adequate space to House Lecture Halls, Laboratory, Seminar Halls, office of Departmental Heads, Staff Room, Operation Theaters and Departmental Library with easy access for the Post Graduate apart from the space for the beds specified, as per norms of CCH(Attach Drawing Plan Certified by Architect)						drawing plan		
						Yes	No		
Building Programme									
Particulars						Area (in Sq. Ft)			

	The College		
	Faculty and staff housing		
	Staff and students hostels		
	Administrative office		
	Library		
	Auditorium		
	Sports complex		

12	Available Facilities						
	Auditorium with capacity.....	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			
Yes	No						
	Library – Furnish details with regards to number of Books and Journals in the Specialty Concerned –(enclose list) i. No. of Books..... ii. No. o Journals..... (National/ International)		N				
	Hostel facilities with capacity i. Boys..... ii. Girls..... (Single room Hostel accommodation should be provided for each student in the same premises to enable the Post Graduates to serve as residents for their respective Departments)						
	Guest house No. Of rooms and capacity.....	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			
Yes	No						
	Residential quarters for the staff	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			
Yes	No						
	Ambulances	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			
Yes	No						
	Staff vehicle	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			
Yes	No						
	Play Ground:- Whether Play Ground facility available for Under-graduate students is made available for Post-Graduate students. If so, a copy of a “Letter of Consent” obtained from the concerned authority in this regard has to be enclosed as a proof of the same	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			O
Yes	No						

13	Equipments in the department							
	The department shall have adequate number of all equipments including the latest ones necessary for training and as may be prescribed by the CCH for the specialty from time to time. (Attach list of Equipments)	<table border="1"> <tr> <td>List Enclosed</td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	List Enclosed		Yes	No		
List Enclosed								
Yes	No							

14	Laboratory facilities							
	(Attach list of Facilities available in the Laboratory) The Institution shall have adequate laboratory facilities for the training of the postgraduate students and such laboratories shall	<table border="1"> <tr> <td>List Enclosed</td> <td></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	List Enclosed		Yes	No		
List Enclosed								
Yes	No							

	provide all the investigative facilities required and shall be regularly updated, keeping in view the advancement of knowledge and technology and research requirements and for training of students in non-clinical departments proper and contemporary laboratory facilities shall be made available.		
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15	Whether the Trust/Management is running any other College(s) /course (s). Please Specify (Attach list of Colleges / course) (Note: Where more than one course is conducted by the Trust the Inspection Commission may ensure that the course under Reference has got sufficient Infrastructural facilities Independent of the facilities Provided for of other courses(s))	List Enclosed	R	
		Yes		No

16	Financial Position :- (Not Applicable for Government Institutions)		
	Copy of audited statement for last three financial years of the Society / Trust submitted	List Enclosed	S
		Yes	
	Latest Bank Balance Certificate submitted	List Enclosed	T
	Yes	No	
	The financial projection with budgetary provision for establishment of new College for next five years (Cash flow statement)	List Enclosed	U
		Yes	
	<i>(Please enclose attested copies of Audited Statement, Latest Bank Balance Certificate and Cash Flow Statement)</i>		

17	Dean/ Principal		
	Name		
	Date of Birth and Age		
	Qualification (s)		
	Total Experience in Years		
	Date of appointment in the institute(Attach copy of the order)	Attached	V
	Yes	No	

18	ADMINISTRATIVE STAFF (List enclosed)	List Enclosed	W	
		Yes		No

OVERALL REMARKS BY THE COMMITTEE:(Please attach separate sheet, if required)

.....
.....
.....
.....
.....
.....

Place:

Date of Inspection:

Signature of LIC Inspectors:

(Member)

(Member)

(Member Co-ordinator)

CERTIFICATE OF DEAN / PRINCIPAL

This is to certify that the information furnished in above Proforma 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 :

UNDERTAKING

BY THE DEAN/ PRINCIPAL/ OFFICER INCHARGE

I

(Name of the Dean / Principal/ Officer Incharge)

Hereby give undertaking that the Institute has a feasible and Time bound programme to provide additional equipment and infrastructural facilities like required number of teaching and non teaching staff, space, funds, equipments and teaching beds etc. for starting the higher course as per the recommendations and regulations of Central Council of Homeopathy of India

Signature

Name of Principal/Dean/ Officer Incharge.....

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) Member Co-ordinator

Check List

Sr.No	Enclosures			
	Appendices	Yes	No	Not applicable
1	A			
2	B			
4	C			
5	D			
6	E			
7	F			
8	G			
9	H			
10	I			
11	J			
12	K			
13	L			
14	M			
15	N			
16	O			
17	P			
18	Q			
19	R			
20	S			
21	T			
22	U			
23	V			
24	W			

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	ContactNo. (Mobile)	Experience									
										Prof.			Asso. Prof.			A.P.			
										from	to	Total	from	to	Total	from	to	Total	

Note: Attach separate seat for every department

Date: _____ Seal & Signature
 Place: _____ Principal/ Dean