



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

**Report of Local Inquiry Committee for Grant of Continuation of Affiliation  
(Faculty of Unani Medicine)**

(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 BUMS course in the College		A
	Number of Seats sanctioned for BUMS course in the College		
	Year of Recognition by CCIM for existing BUMS	Copy Attached Yes No	
	Year of Recognition by CCIM for PG	Copy Attached Yes No	

3	Orders of the University in which Provisional Affiliation was granted to conduct BUMS /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): Academic year and date of MD course / Increase in Intake Capacity proposed to be started	Copy Attached		D
		Yes	No	

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

6	Number of seats sanctioned for BUMS			
6	Subject (s) and No. Seat for which PG Recognition is applied (starting of new subject)			
	S.No	Subject	No. of Seats	
	1			
	2			

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

8	<b>Hospital &amp; its infrastructure facilities available Department wise (Must be as per norms of CCIM)</b>			
	Name of the Hospital .....			
	Date of Establishment	Date: _____		F-
	Date of Registration (Attach a copy of Registration certificate)	Date: _____		
		Copy Attached		
		Yes	No	
	No. of Beds available	Male		
		Female		
		Total		
	Number of available OPD's			
	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			
Casualty : Available/ Not Available			
Pathology : Available/Not Available			
Number of Investigation carried out in last month:..... Patients:.....			
Ilaj Bit Tadbeer (Regimenal Therapy) Section : Space:.....Sq. ft.			
Radiology Section: Available/Not Available			
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)	<i>drawing plan</i>		<b>G-</b>
	Yes	No	
List of Para-medical Staff	List Enclosed		<b>H-</b>
	Yes	No	
Non-teaching staff appointed	List Enclosed		<b>I</b>
	Yes	No	
No. of wards (Please enclose list separately department wise with bed strength)	List Enclosed		<b>J</b>
	Yes	No	

**Specific Remarks by the Committee (If any) :**

.....

.....

.....

<b>9</b>	<b>TEACHING STAFF:</b> Give teaching staff list as per norms of CCIM 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)								<b>K</b>	
	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								<b>L</b>	
	<b>Subject:</b>									
	<b>Total Intake of Seats *</b>									
	<b>Professor</b>			<b>Asso. Professor</b>			<b>Assist. Professor</b>			
	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										

### Teaching Staff: Upto 60 intake

S.N	Name of Department	Professor or Reader		Def.	Lecturer		
		CCIM	EXIST.		CCIM	EXIST.	Def.
1	Kulliyat	01			-		
2	Tashreehul Badan	01			01		
3	Munafeul Aaza	01			01		
4	Ilmul Advia	01			01		
5	Ilmul Saidla	01			01		
6	Mahiyatul Amraz	01			01		
7	Tahaffuzi wa Samaji Tibb	01			02		
8	Moalajat	01			02		
9	Amraze Niswan wa Qabalat	01			01		
10	Ilmul Atfal	01			01		
11	Jarahiyat	01			01		
12	Amraze Ain Uzn Anaf wa Halaq	01			01		
13	Amraze Jild wa Tazeenyat	01			01		
14	Ilaj Bit Tadbeer	01			01		
Total		<b>14</b>			<b>16</b>		

DEFICIENCIES: Professor(s) :....., Reader(s) :..... , Lecturer(s) : .....

Total = ..... Percentage of Deficiencies = .....%

1) Percentage of available Senior staff ( Prof. + Reader.) = .....%

2) Percentage of available Junior staff (Lecturer.) = .....%

3) Percentage of available All teachers (Prof.+Red.+Lect.) = .....%

**# Apart from above, one Arabic teacher in the Department of Kulliyat should be appointed and eight Consultants of Modern Medicine as specified below shall be engaged for teaching on part time basis:-**

Sr. No.	Post	Eligibility	Exit.	Def.
1	Medical Specialist	1 part time/on contract		
2	Surgical Specialist	1 part time/on contract		
3	Obstetrician and Gynecologist	1 part time/on contract		
4	Pathologist	1 part time/on contract		
5	Anaesthesiologist	1 part time/on contract		
6	Ophthalmologist	1 part time/on contract		
7	Pediatrician	1 part time/on contract		
8	Radiologist	1 part time/on contract		
9	Dentist	1 part time/on contract		

**Teaching Staff: From 61 to 100 intakes**

S.N	Name of Department	Professor			Reader			Lecturer		
		CCIM	EXIT.	Def.	CCIM	EXIT.	Def.	CCIM	EXIT.	Def.
1	Kulliyat	01			01			01		
2	Tashreehul Badan	01			01			01		
3	Munafeul Aaza	01			01			01		
4	Ilmul Advia	01			01			01		
5	Ilmul Saidla	01			01			01		
6	Mahiyatul Amraz	01			01			01		
7	Tahaffuzi wa Samaji Tibb	01			01			02		
8	Moalajat	01			01			02		
9	Amraze Niswan wa Qabalat	01			01			02		
10	Ilmul Atfal	01			01			02		
11	Jarahiyat	01			01			02		
12	Amraze Ain Uzn Anaf wa Halaq	01			01			01		
13	Amraze Jild wa Tazeenyat	01			01			01		
14	Ilaj Bit Tadbeer	01			01			01		
Total		<b>14</b>			<b>14</b>			<b>17</b>		

DEFICIENCIES :. Professor(s) :....., Reader(s) :..... , Lecturer(s) : .....

Total = ..... Percentage of Deficiencies = .....%

1) Percentage of available Senior staff ( Prof. + Reader.) = .....%

2) Percentage of available Junior staff (Lecturer.) = .....%

3) Percentage of available All teachers (Prof.+Red.+Lect.) = .....%

**# Apart from above, one Yoga teacher in the Department of Swasthavritta and Yoga should be appointed and eight Consultants of Modern Medicine as specified below shall be engaged for teaching on part time basis:-**

Sr. No.	Post	Eligibility	Exit.	Def.
i	Medical Specialist	1 part time/on contract		
ii	Surgical Specialist	1 part time/on contract		
iii	Obstetrician and Gynaecologist	1 part time/on contract		
iv	Pathologist	1 part time/on contract		
v	Anaesthesiologist	1 part time/on contract		
vi	Ophthalmologist	1 part time/on contract		
vii	Paediatrician	1 part time/on contract		
viii	Radiologist	1 part time/on contract		
ix	Dentist	1 part time/on contract		

10	<b>College Building and Infrastructural Facilities: (Required as per Council Norms)</b>						
	<b>DRAWING PLAN DETAILS :</b> 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 CCIM (Attach Drawing Plan Certified by Architect)	<i>drawing plan</i> <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Yes	No		
Yes		No					
<b>Building Programme</b>							
<b>Particulars</b>		<b>Area (in Sq. Ft)</b>					
The College							
Faculty and staff housing							
Staff and students hostels							
Administrative office							
Library							
Auditorium							
Sports complex							

11	<b>DEPARTMENTAL INFRASTRUCTURE</b>						
	SR. NO.	DEPARTMENT	AVAILABLE SPACE In Sq.ft.	INSTRUMENTS/ EQUIPMENTS	TEACHING MATERIAL	RECORD/ ADMINISTRATIVE SETUP	OVERALL EVALUATION OF DEPARTMENT.  Satisfactory/ Unsatisfactory.
	1	Kulliyat					
	2	Tashreehul Badan					
	3	Munafeul Aaza					
	4	Ilmul Advia					
	5	Ilmul Saidla					
	6	Mahiyatul Amraz					
	7	Tahaffuzi wa Samaji Tibb					
	8	Moalajat					
	9	Amraze Niswan wa Qabalat					
	10	Ilmul Atfal					
	11	Jarahiyat					
	12	Amraze Ain Uzn Anaf wa Halaq					
	13	Amraze Jild wa Tazeenyat					
	14	Ilaj Bit Tadbeer					
Note : A. Adequate, IA . Inadequate, S . Sufficient, IS . Insufficient							

12	<b>Available Facilities</b>						
	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. of Journals..... (National/ International)		N				
	<b>Teaching Pharmacy:</b> Available /Not Available. Number of medicines produced in last year : .....						
	<b>Herbal Garden:</b> Available/ Not Available Area:.....Acre Sufficient\ Insufficient \ very less.						
	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	<b>Equipments in the department</b>						
	The department shall have adequate number of all equipments including the latest ones necessary for training and as may be prescribed by the CCIM for the specialty from time to time. (Attach list of Equipments)	<table border="1"> <tr><td>List Enclosed</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	<b>Laboratory facilities</b>						
	(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 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	<table border="1"> <tr><td>List Enclosed</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						

	training of students in non-clinical departments proper and contemporary laboratory facilities shall be made available.		
--	---	--	--

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

17	<b>Dean/ Principal</b>		
	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	<b>ADMINISTRATIVE STAFF (List enclosed)</b>	List Enclosed	W	
		Yes		No



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

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

*Place:* .....

*Date of Inspection:* .....

*Signature of LIC Inspectors:*

*(Chairman)*

*(Expert Member)*

*(University Representative)*

**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 Indian Medicine.

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) Chairman.....

2) Expert Member .....

3) Member .....

**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									
										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