

**INFORMATION RELATING TO AYUSH UNDER GRADUATE MEDICAL COLLEGES DURING THE ACADEMIC YEAR 2018-19**

(Recognized by Ministry of AYUSH, Govt. of India/Central Council of Indian Medicine (CCIM)/Central Council of Homoeopathy (CCH), New Delhi to conduct Under Graduate Course in Ayurveda, Unani, Siddha and Homoeopathy)

**PART A – BASIC INFORMATION**

**A.1 (i) Complete name of the college (in Block letters)**

---

**(ii) Complete Postal Address:**

**Village/town/locality:**

---

**District:**

---

**State:**

**Pin code:**

--	--	--	--	--	--	--	--

**(iii) Name & designation of Contact Person:**

---

**(iv) Telephone/Mobile :**

---

**(v) Fax No.:**

---

**(vi) Website Address:**

---

**(vii) Email Id:**

---

**A.2 Year of Establishment of the college:**

---

**A.3 Ownership**

(Tick (√) the appropriate category):

Government		Autonomous	Local Body	Private	
Central Govt.	State Govt.			Govt. Aided	Non-Govt. Aided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A.4 Name of the University the college is affiliated to :**

---

**A.5 Whether the College is housed in its own or in a rented building (Please Tick (√)):**

Own	Rented
<input type="checkbox"/>	<input type="checkbox"/>

**A.6 UG Hostel Capacity, if any  
(in terms of number of students)**

Male	
Female	
Total	

**A.7 (i) Name of attached Pharmacy (if any)  
(Applicable for Exclusive UG Courses in the college is Given):**

---



---

**(ii) Complete Postal Address:**

**Village/town/locality:**

---

**District:**

---

**State:**

**Pin code:**

--	--	--	--	--	--	--	--

**A.8 Month in which Advertisement for Admission in UG Courses in the college is given:**

---

**A.9 (i) Mode of Selection of Students for various UG Courses (Please Tick (√)) :**

Written test	Interview	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(ii) If others, please specify:**

---

**PART-B FINANCIAL RESOURCE AND EXPENDITURES**

**B.1 (i) Whether your College/Institution was aided by Government? (Please Tick (√) (Applicable for Private colleges only):**

Yes	No
-----	----

**(ii) If 'Yes' above, the Amount & purpose of the aid received during 2018-19.**

S.No.	Purpose	Amount (in Rs.)

**B.2 Financial resources and Expenditure of the college and towards attached teaching Hospital incurred during 2018-19:  
(in case Accounts are not audited, provisional figures may be provided)  
(Applicable for Exclusive UG Colleges only)**

**(In Rupees)**

FINANCIAL RESOURCES				Expenditure incurred
Central Assistance	State Assistance	Internal Resource	Total	
(1)	(2)	(3)	(4)	(5)

**B.3 Award of Scholarships/Stipends to students:**

**(In Rupees)**

S.No.	Name of Scholarships/Stipends	No. of Scholarships/Stipends	Amount to each student per annum
1.			
2.			

**PART C – EDUCATION**

**C.1 (i) Whether the college has been allowed to admit students in UG course during 2018-19, by CCIM/CCH (Please Tick (√))**

Yes	No
-----	----

**(ii) If no in (i) above, reasons therefor:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**C.2 Section of medicine being taught in the college (Please Tick (√)):**

Ayurveda	Unani	Siddha	Yoga	Naturopathy	Homoeopathy
----------	-------	--------	------	-------------	-------------

**C.3 Minimum qualification prescribed for admission in UG Courses, with % of marks, if any:**

\_\_\_\_\_

\_\_\_\_\_

**C.4 Duration of the Course :**

\_\_\_\_\_

**C.5. Details of Under Graduate Courses offered:**

S.No.	Name of the Course	Year of Introduction of the Course	Admission Capacity		
			Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)

**C.6 Position of Faculty as on 01.4.2019 (Applicable for Exclusive UG Colleges only):**

**(i) Sanctioned strength**

Faculty Position	Category				
	General	SC	ST	OBC	Total
1.Professors (including Principal)					
2.Associate Prof./Reader					
2.Associate Prof./Lecturer					
4. Demonstrator					
5.Others (please specify)					

**(ii) Incumbents Details(use separate row for each faculty member):**

S.No.	Department	Faculty Position	Highest Qualification	Category (General/SC/ST/OBC)	Status (Permanent/Contractual)

**C.7 Details of Laboratory facilities available for UG courses only:**

Sl.no.	Name of the Laboratory	Capacity ( in terms of students at a time)

**C.8. Please furnish Category-wise information of students (for all UG courses):**

Information on	6.1 Admission capacity Number of Permitted Seat and Number of Students admitted in the 1 <sup>st</sup> year of the Course :			6.1.1 Number of Students appeared and passed the Final Examination of the Course:		6.1.2 Number of Students who left studies in middle of the Course:	
	(i) Admission Capacity	(ii) Number of Permitted Seat	(iii) Number of Students admitted	(i) Number of Students appeared in the final examination	(ii) Number of Students passed out the final examination	(i) Number of Students dropped of the Institution	(ii) Number of Students admitted against 6.1.2 (i)
<b>2018-19</b>							
Gen.	M						
	F						
SC	M						
	F						
ST	M						
	F						
OBC	M						
	F						
Others	M						
	F						
Total	M						
	F						
<b>2017-18</b>							
Gen.	M						
	F						
SC	M						
	F						
ST	M						
	F						
OBC	M						
	F						
Others	M						
	F						
Total	M						
	F						
<b>2016-17</b>							
Gen.	M						
	F						
SC	M						
	F						
ST	M						
	F						
OBC	M						
	F						
Others	M						
	F						
Total	M						
	F						
<b>2015-16</b>							
Gen.	M						
	F						
SC	M						
	F						
ST	M						
	F						
OBC	M						
	F						
Others	M						
	F						
Total	M						
	F						
<b>2014-15</b>							
Gen.	M						
	F						
SC	M						
	F						
ST	M						
	F						
OBC	M						
	F						
Others	M						
	F						
Total	M						
	F						

**PART D – ATTACHED TEACHING HOSPITAL (Applicable For Exclusive UG Colleges only)**

**D.1 Are there other Colleges/Institutions attached to this Hospital:**

Yes	No
-----	----

**D.2 (i) Name of the attached teaching Hospital:**

---

**(ii) Complete Postal Address:**

---

**Village/town/locality:**

---

**District:**

---

**State:**

--	--	--	--	--	--	--	--

**Pin code:**

**D.3. Ownership of the attached Hospital (Please**

Govt.	Local Body	Others
-------	------------	--------

**Tick (✓):**

**D.4. Department - wise bed strength in the Hospital as on 01.4.2019:**

S.No.	Name of the Department	Sanctioned bed strength	No. of beds in position
1.			
2.			
3.			
4.			
5.			

**D.5. Department-wise number of patients treated in the Hospital during 2018-19:**

S.No.	Name of the Department	No. of outdoor patients treated	No. of indoor patients treated
1.			
2.			
3.			
4.			
5.			

**D.6. Hospital manpower position as on 01.4.2019:**

S.No.	Category	Sanctioned strength	Incumbents in position
1.	Medical Officers		
2.	Para-medical staff		
3.	Others		

**D.7. Diagnostic facilities available in the Hospital:**

(i)

(ii)

(iii)

**D.8. Specialized treatments available in the Hospital:**

- (i)
- (ii)
- (iii)

**Note : Please use separate sheet(s) wherever space is insufficient to provide complete information.**

*Clarification regarding categories given overleaf may be followed for filling the Proforma.*

**Date :**

**Signature with Seal**

**Name:**

**Telephone (O) :**

**(R):**

**CLARIFICATIONS ON CERTAIN CATEGORIES FOR FILLING THE PROFORMA**

(1) Local Body refers to the body constituted under the aegis of the 'Local Self Governance' namely, Urban Local Bodies (Town Panchayat, Municipalities, City Municipal Corporation, etc.); Panchayati Raj Institutions (District Panchayats, Block/Taluka Panchayats, Village Panchayats); Local Bodies constituted under the Scheduled Areas notified by the Fifth Schedule of the Constitution of India; Autonomous District Councils & Autonomous Regional Councils notified by the Sixth Schedule of the Constitution of India and Autonomous Councils/Local Bodies notified by the State Legislations; etc.

(2) Hospitals not covered under the categories "Govt" & "Local Bodies" would be included in "Others". Privately managed Hospitals receiving grants-in-aid or otherwise, Hospitals attached to Non-government AYUSH colleges for teaching purposes, Hospitals under the control of voluntary organizations (NGOs etc.), Trusts, Civil Societies, etc. may also be included under the head "Others".