

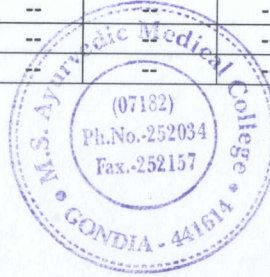
ANNEXURE-I
Maharashtra University of Health Sciences, Nashik
Ayurved Faculty

**Information of Subject-wise Intake as per College & NCISM Recognition,
 Permitted Seat-Matrix Chart Academic Year 2024 – 2025**

Faculty: Ayurveda

**Name of College: M. S. Ayurvedic Medical College Hospital & Research Institute,
 Gondia (MS) College Code: 125106**

UG Degree / PG Degree / Diploma Courses	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recog.	Permitted	Recog.	Permitted	Degree	Diploma
UG Degree (BAMS)	100	Not Applicable	100	100	Not Applicable		Not Applicable	
1. Samhita & Siddhanta	--	--	--	--	--	--	--	--
2.Rachana Sharir	--	--	--	--	--	--	--	--
3.Kriya Sharir	--	--	--	--	--	--	--	--
4.Dravyaguna	--	--	--	--	--	--	--	--
5.Rasashastra evam B.K.	--	--	--	--	--	--	--	--
6.Roga Nidan evam V.V.	--	--	--	--	--	--	--	--
7.Swasthavritta	--	--	--	--	--	--	--	--
8.Agadtantra evam V.V.	--	--	--	--	--	--	--	--
9.Prasuti evam Striroga	--	--	--	--	--	--	--	--
10.Kayachikitsa	--	--	--	--	--	--	--	--
11.Shalya Tantra	--	--	--	--	--	--	--	--
12.Shalakya Tantra	--	--	--	--	--	--	--	--
13.Kaumarbhritya	--	--	--	--	--	--	--	--
14.Panchakarma	--	--	--	--	--	--	--	--
15. Yoga	--	--	--	--	--	--	--	--



Signature of Member

Signature of Member

Signature of Chairman

Diploma Courses	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recog.	Permitted	Recog.	Permitted	Degree	Diploma
1. Diploma in Ayurvedic Pharma.- Rashtra & B.K.	--	--	--	--	--	--	--	--
2. Diploma in Prasuti & Striroga	--	--	--	--	--	--	--	--
3. Diploma in Kshar karma / Sutra	--	--	--	--	--	--	--	--
4. Diploma in Ayurvedic Cosmatilgy & Skin Disease	--	--	--	--	--	--	--	--

Date:



J. Shrivastava
Dean/ Principal Stamp & Signature

M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)

Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE - II

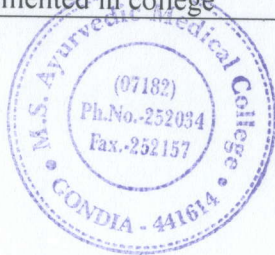
Maharashtra University of Health Sciences, Nashik

Attendance Details / Research Details / Welfare Scheme Details

Faculty: Ayurved

Name of College/Institute: M. S. Ayurvedic Medical College Hospital & Research Institute, Gondia (MS)

1	Attendance	} Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff	
	Non teaching staff	
	Hospital Staff	
	UG & PG Students	
2	Project	Nil
	Research Articles/Publications	Yes (List Published)
	Research Award (Student/Teacher)	Yes (List Published)
3	Utilization of Student Welfare Schemes :-	
	Earn and Learn Scheme	Yes
	Dhanwantri Vidyadhan Scheme	Nil
	Sanjivani Student Safety Scheme	Nil
	Student Safety Scheme	Nil
	Book Bank Scheme	Nil
	Savitribai Phule Vidyadhan Scheme	Nil
	Bahishal Shikshan Mandal Scheme	Nil
	Student Welfare - Silver Jubilee MUHS Fund	Nil
4	Sport participants/Other Activities:	
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	
	iii) Information of Student(s) who participated in Cultural Activities.	Yes (11 Students Participated)
	iv) Does the college have NSS Unit?	Yes (with 50 Intake Capacity)
5	Whether "Swaccha Bharat Abhiyan" implemented in college	Yes



J. Shinde
Dean/ Principal Stamp & Signature
 M.S. Ayurvedic Medical College,
 Hospital & Research Institute, Gondia (M.S)

Signature of Member

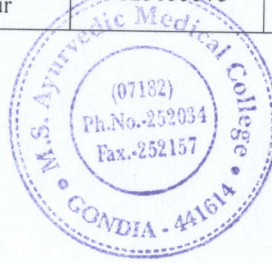
Signature of Member

Signature of Chairman

Annexure III

Date of college data uploaded on web portal (<http://aishe.gov.in>) regarding "All India Survey on Higher Education".

Sr. No.	Date of Submission of Data	Name of Coordinator	Contact no. of Coordinator	AISHE Code	Copy of AISHE Certificate Attach / Not Attach
1	05.02.2024	Govind Surajlal Thakur	9823055575	C-14051	Copy Attached



Signature of Member

Signature of Member

Signature of Chairman

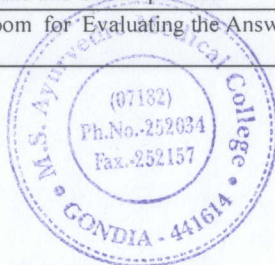
Annexure IV
EXAMINATION RELATED INFORMATION FOR A.Y. 2024 -2025

For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paperprocess.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1: dedicated line of 50 mbps speed, by an another Class ISP to ensure uninterrupted downloading facility, with 2(two) static Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 MPBS speed, by an another Class ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

To Set Up DEC for Onscreen Evaluation of Answer Books :

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	Dual Internet service, Primary with 1:1 dedicated line of 100 MBPS speed by class ISP, and alternate line with 1 : 1 dedicated line of 50 MPBS speed, by an another Class ISP to ensure uninterrupted downloading facility, with 2(two) static	Yes
6	Appointment of one Professor /Associate Professor as an Examination Co-ordinator to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance.	Yes



Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE - V
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
UG Degree/ PG Degree) AS ON: _____
Subject : _____

Faculty: Ayurved

Name of College:

College Code:

MUHS -

NCISM-

Course:

Intake Capacity: _____ Seats

S. No.	Teacher Code	Name of the Teaching Staff	Designation	Morbidity No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment (IN THE INSTITUTE)	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
									Asst. prof.	Asso. Prof.	Prof	Total				Temp/Regular	Letter No. & date	
									Asst. prof.	Asso. Prof.	Prof	Total						
<i>Attached</i>																		

Signature of Member

Signature of Member

Signature of Chairman



ANNEXURE - VI

Details of Non Teaching Staff of the College

Sr. No.	Code	Name of Employee	Father's / Husband's Name	Qualification	Date of Appointment	Nature Of Appointment (Regular/ Contractual / part time)	Designation	Department	Name of working Department	Remark

ANNEXURE - VII

Details of Hospital Staff

Sr. No.	Code	Name of Employee	Father's / Husband's Name	Qualification	Date of Appointment	Nature Of Appointment (Regular/ Contractual / part time)	Designation	Department	Name of working Department	Remark
						Attached				



Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE – VIII-A

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College :
Phone/Mobile No. :
Name of the Subject :

Sr. No.	College Name	Subject	Name of Teacher (Last Name, First Name Middle Name)	Designation on	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17



Attached

Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE – VIII-B

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College :
Phone/Mobile No. :
Name of the Subject :

S. No	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhaar No	Debarred Yes/No	Signature of Teacher
						—	Attached	0	—	—					



Signature of Member

Signature of Member

Signature of Chairman

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection

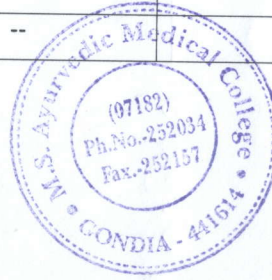
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1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
1	--	--	--	--
2	--	--	--	--
3	--	--	--	--
4	--	--	--	--
5	--	--	--	--

(Attach separate List if necessary)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
1	--	--	--	--
2	--	--	--	--
3	--	--	--	--
4	--	--	--	--
5	--	--	--	--



Signature of Member

Signature of Member

Signature of Chairman

Annexure X For Fellowship Teaching Certificate

**Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor**

Title of the Course applied

This to Certify that Dr. has worked in the Department of Training Centre as per following details

A) General Experience

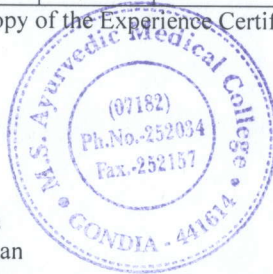
Designation	From	To	Total period Year/Months

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : //



Jishu
Sign & Stamp
Dean/Principal/Head of Institute,
Date: / /
Hospital & Research Institute, Gondia (M.S)

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

NA

Signature of Member

Signature of Member

Signature of Chairman

Annexure XI

FOR Ph.D. COURSE(S) FOR A.Y. 20____-20____

Date of Inspection	:	
---------------------------	---	--

Faculty: ----- **Subject/Specialty:** -----

1. Name & Address of the College/Research Centre: -

Name of Head of the Department : -----
 Designation : -----

2. Department / Subject wise details of available PhD Guides: - (Attach Annexure 'A')

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date

3. Details of available infrastructure for Research:

- i) Adequate number of Computers with Internet facility is available? Yes / No
- ii) Adequate number of Books / Journals are available? Yes / No
- iii) Any other specific thing available at the Department: _____

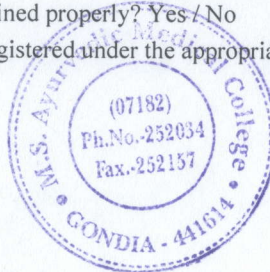
4. Details of Central Research Laboratory:

- i) Available Area (in sq. ft) : -----
- ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes / No
- iii) Is Adequate number of Instruments are available? Yes / No
- iv) Is Records of Stock book available? Yes / No

5. Details of Central Animal House:

6. Details of Institutional Ethical Committee: (Attach Annexure "B")

- i) Date of Composition: -----
- ii) Total Number of Members: -----
- iii) Number of meetings held in previous year: -----
- iv) Whether Records of proceedings are maintained properly? Yes / No
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No



Signature of Member

Signature of Member

Signature of Chairman

7. Details of Research Advisory Committee: (Attach Annexure "C")

- i) Date of Composition: -----
- ii) Total number of Members: -----
- iii) Number of meetings held in previous year: -----
- iv) Whether records of proceedings are maintained properly? Yes / No

8. Doctoral Committee constituted in the lines of RAC? Yes / No

- i) If Yes, Date of Composition: -----
- ii) Total number of Members: -----
- iii) Name of External Subject Expert: -----

9. Is Plagiarism detection software facility available? Yes / No

If Yes, Name of the Software -----

10. Is attendance of the Ph.D. Scholar maintained properly? Yes / No

11. Whether Research Centre is registered under MPCB provisions? Yes / No

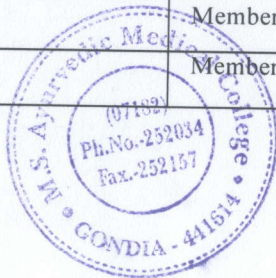
12. Whether BMW facility is available? Yes / No

13. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:

DECLARATION BY LIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research Centre. The overall observations of the Inspection Committee are as follows: -

Name of Visitor		Sign. of Visitors with Date
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



Signature of Member

Signature of Member

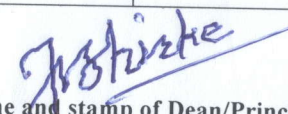
Signature of Chairman

Annexure XII
LIST OF PH.D. GUIDES AVAILABLE AT PH.D. RESEARCH CENTRE

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed 6 days Research Methodology Workshop? Yes/No	Ph.D. Recognition No. and Date
1							
2							
3							
4					NA		
5							

Date:




 Signature, Name and stamp of Dean/Principal/Director
Principal
 M.S. Ayurvedic Medical College,
 Hospital & Research Institute, Gondia (M.S)

Signature of Member

Signature of Member

Signature of Chairman

Annexure XIII
Institutional Ethical Committee
Composition of the Institutional Research Committee

Serial Number	Name of the officials	Designation
1	Head of the Institution	Chairman
2	Postgraduate Coordinator or Dean-Postgraduate studies or Dean-Research	Member
3	Heads of Postgraduate Departments	Members
4	Biostatistician	Member
5	Two external members (one from basic sciences and one from medical sciences) from Research Councils or other Medical or Ayurveda or Pharmacy institutions	Members
6	Head of the Department of Integrative Health and Translational Research	Member secretary

Note: 1. Representation from each Postgraduate department shall be ensured.
2. The external members shall be experts in relevant fields of Postgraduate departments

Date:



Signature, Name and stamp of Dean/Principal/Director

J. Shinde

Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)

NA

Signature of Member

Signature of Member

Signature of Chairman

Annexure XIV

DETAILS OF RESEARCH ADVISORY/ DOCTORAL COMMITTEE

Sr. No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3		
4		
5		
6		

NA

Date:



Signature, Name and stamp of Dean/Principal/Director

Jyoti

Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)

Signature of Member

Signature of Member

Signature of Chairman

**Annexure XV
DECLARATION**

(To be prepared on a Stamp Paper Rs.100)

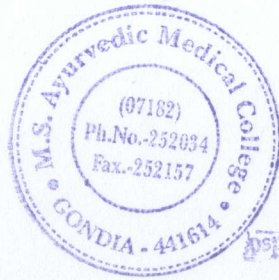
I, the Dean / Director/ Principal of the College / Institute solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure- & are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- & are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- & are not practicing in College working hours or out-side the City where the College /Institute is situated. I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on day of20..... at.....

Date :

Place :

Attached separate sheet



J. Shrivastava

Signature of Dean/Principal
Name of the Signatory
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)

(with Seal of the College / Institute)

Signature of Member

Signature of Member

Signature of Chairman