

**PROFORMA TO FURNISH THE PROPOSAL FOR INCLUSION/
RECOGNITION OF UG DEGREE IN AYURVED**

(Please attach additional sheet, if required)

1. Name of University/Awarding Body : _____

2. a. Full nomenclature of UG degree in Ayurved : _____

- b. Abbreviation (If any) : _____

3. Admission qualification : _____

4. Duration of the Course : _____

5. Duration of internship : _____

6. a. Year of admission of first batch of students who have : _____
been awarded degree in the name of "Ayurvedacharya"
- b. Year (date, month and year) of Awarding of degree : _____
in the name of "Ayurvedacharya" to the
first student of first batch

7. a. Closing year of course (date, month and year) in the name of : _____
degree as 'Ayurvedacharya'
- b. Date, Months and Year of award of degree in the name of : _____
'Ayurvedacharya' (BAMS) to last student of last batch

8. Name of the Institution/ Institutions affiliating to the university : _____
where training for Ayurvedacharya Course (S) is / are / was/ :
were imparted

9. Year-wise status of the College regarding permission / denial of permission from the Govt. of India/CCIM along with the information column-wise as under as well as copy of letter of Government of India/CCIM issuing the permission to the college. (For the sessions in which the students who have been awarded degree in the name of Ayurvedacharya were admitted).

Name of the college	Session / year of admission	Permission Status	Year of passing	Year of completion of internship	Year of award of Degree

10. College wise details of Teaching Staff with their Designation and qualification : _____

- 11.
- a. Whether any batch has been admitted without permission of CCIM/Govt. of Indian, if yes, mention the details there of : _____

- b. Whether curriculum of CCIM is being followed by university in toto (Yes/No) : _____

- b. Whether Syllabus of CCIM is being followed by University in toto. (Yes/No) : _____

12. Department-wise bed strength in the college hospital : _____

13. Details of successful candidates : _____
- a. Year wise : _____

- b. Examination wise (Annual examination/Supplementary Examination) : _____
 :

Enclosures:-

1. Copy of curriculum and syllabus followed by university for conducting UG course.
2. Cancelled copy/specimen copy of degree in original awarded/to be awarded to the successful candidate.
3. List of successful candidates to whom Ayurvedacharya degree has been awarded.
4. Permission letters of CCIM/Govt. of India to affiliated college in the concerned university.

Declaration/Certification :-

It is certified that the details above furnished/enclosed are true to the best of my knowledge. I ensure that this university/awarding body is following, in toto rules and the regulations prescribed by CCIM/GOI time to time and implementing the same in the ASU colleges affiliated to this University/awarding body.

**REGISTRAR OF AWARDING BODY/
UNIVERSITY WITH SEAL/DATE**

**PERFORMA TO FURNISH THE PROPOSAL FOR INCLUSION/
RECOGNITION OF PG DEGREE IN AYURVED**

(Please attach additional sheet, if required)

1. Name of University/Awarding Body : _____

2.
 - a. Full nomenclature of the PG degree in Ayurved : _____

 - b. Abbreviation (If any) : _____

3. Admission qualification : _____

4. Duration of the Course : _____

5.
 - a. Year of starting of course : _____

 - b. Date, Month and Year of award/to be award of degree to the first student of first batch : _____

 - c. Date, month and year of admission of students of first batch : _____

6.
 - a. Closing year of course(if applicable) : _____

 - b. Date, Month and Year of award of degree to last student of last batch(if applicable) : _____

7. Name of the Institution/Institutions affiliated to the university Where training for Post-Graduate Course(s) is/are/was/were imparted : _____

8. Year-wise status of the College/Colleges regarding permission/ denial of permission from the Govt. of India/CCIM along with the information column-wise as under as well as copy of letter of Government of India/CCIM issuing the permission to the college (from the starting year of PG course)

Name of the college	Session	Permission Status	Year of passing	Year of award of Degree

9. College wise name of the subject in which Post-Graduate Course is/are/was/were imparted : _____

10. College wise details of Teaching Staff with their designation and qualification : _____

- 11.
- a. Whether Curriculum of CCIM is being followed by university in toto.(Yes/No) : _____

- b. Whether Syllabus of CCIM is being followed by University in toto.(Yes/No) : _____

12. Whether any batch has been admitted without the permission of CCIM/Govt. of India, if yes, mention the details thereof : _____

13. Number of students admitted every year in each department. (Furnish details year wise /Department wise) : _____

14. Whether under-graduate course in ASU is imparted (Furnish details of institute/colleges run UG) : _____

15. Number of beds department-wise allotted for Post-Graduate study in college hospital : _____

16. Details of successful candidates
- a. Year wise : _____
 :
- b. Examination wise (Annual examination/ Supplementary examination) : _____

Enclosures:-

1. A copy of curriculum and syllabus being followed by university for conducting PG courses.
2. Specimen copy/Cancelled copy of PG degree in original awarded/to be awarded to the successful candidate.
3. List of successful candidates to whom PG degree has been awarded.
4. Permission letters of CCIM/Govt. of India to affiliated colleges in the concerned university.

Declaration/Certification :-

It is certified that the details above furnished/enclosed are true to the best of my knowledge. I ensure that this university/awarding body is following, in toto rules and the regulations prescribed by CCIM/GOI time to time and implementing the same in the ASU colleges affiliated to this University/awarding body.

**REGISTRAR OF AWARDING BODY/
 UNIVERSITY WITH SEAL/DATE**

