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).

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<tr>
<th>Name of the college</th>
<th>Session / year of admission</th>
<th>Permissio n Status</th>
<th>Year of passing</th>
<th>Year of completion of internship</th>
<th>Year of award of Degree</th>
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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)

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<tr>
<th>Name of the college</th>
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</table>
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.