

LIC PROFORMA D.PHARM-I
GUJARAT AYURVED UNIVERSITY JAMNAGAR

VISITATION PROFORMA FOR ASSESSMENT OF TEACHING AND PRACTICAL TRAINING OF
AYURVEDIC PHARMACEUTICAL SCIENCES COLLEGE

(To be filled up by the Principal and countersigned by Secretary or President of the Society)

Section 'A'-General Information

I. INFORMATION OF COLLEGE

1.	Date of Visitation		
2.	Name of the College with Complete Address including pin code (mentioning taluka, dist. and other details)		
3.	Information of communication		Contact No. of College
			Contact No. of Hospital
			Fax
			Email
			Website
4.	Information of Principal		Name
			Office Tel. No.
			Residence Tel. No.
			Mobile No.
5.	Whether Government / Grant-in-aid / Private / Statutory College of University		
6.	Year of Establishment of Society / Trust		
7.	Year of Establishment of College		
8.	Information of President / Secretary of Society/Trust of College (For Private / Private Aided college)		Name & Address
			Office Tel. No.
			Residence Tel. No.
			Mobile No.
9.	Information of University / Statutory University	1. Vice chancellor	Name
		Office Tel. No.	
	2. Registrar	Name	
		Office Tel. No.	
10.	Important information of connectivity	Name of Nearest Airport & Distance (km)	1.
			2.
			3.
		Name of Nearest Railway station & Distance (km)	1.
			2.
			3.
11.	Fee Structure	For Management seats	

Signature of Visitors with date

Signature of Principal with date

		For Government seats	
		Name of the fee fixation authority	
12.	Year of 1 st permission of State Govt.		
13.	Date & Year of First Permission of GAU with Intake Capacity		
14.	1 st affiliation of University.	Name of University	
		Year of 1 st affiliation	
15.	At Present Intake Capacity	Course	Intake Capacity
		UG	
16.	Name of nearest Police Station	Name & Address	
		Telephone Number	
17.	Name of other Ayurvedic Pharmacy Colleges within radius of 50 km		

II. DETAILS OF LAND

1.	Total area of land with Society/Trust (in acres)	
2.	Ownership of land (Own/Lease/Rented)	
	In the name of the Society/Trust	
	In the name of President/Secretary	
3.	Whether entire land is in one plot or more than one. If more than one, then size and distance between these plots	
4.	Whether the land available with the Society/Trust is entirely for Ayurvedic Pharmaceutical Sciences College and attached Hospital or for any other Institute also, if so, details thereof.	
5.	Information regarding other institutions/colleges run by the same society/trust. Whether they are in same building/campus.	
6.	Whether College and Hospital building are in same premises	Yes/No
	If no, distance between College and Hospital in km.	
7.	Total area of land allotted to the Ayurvedic Pharmaceutical Sciences college (in acres)	
8.	Total area of land allotted to the hostels (in acres)	
9.	Name of other institutions running in the campus of Ayurvedic Pharmaceutical College	
10.	Whether the College and Hospital building have ever been shifted to some other place since 2003.	Yes/No
	If yes, then how many times it has changed the place and whether all the necessary formalities/permission had taken place (Please furnish a copy of relevant documents duly certified)	
11.	Whether the management/society of college (in case of private College) has ever changed since 2003.	Yes/No
	If yes, whether all the necessary formalities/permission had taken place (Please furnish a copy of relevant documents duly certified)	
12.	Approval from state government for total no. of seats to be filled by the management / society of college for this course.	Yes / No*
13.	Approval from GAU for total no. of seats to be filled by the management / Society of college for this course.	Yes / No*
14.	Whether the management/society of college has own Ayurved Pharmacy.	Yes / No
	If no, MoU's with other Ayurvedic Hospital (Please furnish a copy of relevant documents duly certified)	

* Attach annexure of approval of seats for this course

Signature of Visitors with date

Signature of Principal with date

SECTION B
INFORMATION OF THE COLLEGE

I. AREA OF COLLEGE

Sr.No.	Particulars	Required Area (in Sq.mt) upto 60 intake	Available Area
	TOTAL CONSTRUCTED AREA OF COLLEGE	2210	
1.	Administrative wing a. Principal's Chamber b. Office – I – Establishment c. Office – II – Academics d. Confidential Room e. Meeting Hall (Staff)	260 50 60 60 30 60	
2.	Lecturer Hall	300 (4 classroom x 75)	
3.	Seminar / Conference / Exam Hall	300	
4.	Auditorium / Multi Purpose Hall (Desirable)	600 500 seating capacity	
5.	Library	300	
6.	Teaching Departments	510	
	a. Rasashastra & Bhaishajya Kalpana – I I. Store room II. Instrument room	100 30 30	
	b. Dravyaguna – II I. Museum	100 50	
	c. Sharir	100	
7.	Canteen	100	
8.	Herbal Garden	Adequate Number of Medicinal Plants	

I – A. HERBAL GARDEN

Sr.No.	Particulars	Requirement	Available
1.	Area	1000 sq.mt	
2.	Total number of Medicinal plants with name (List to be enclosed)	200	
3.	Irrigation facility – available/not available	yes	

II. STAFF FACILITIES:

Sr. No.	Name of infrastructure	Requirement as per Norms in number	Requirement as per Norms, in area	Available		Remarks/ Deficiency
				No.	Area in Sq Mts	

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Signature of Principal with date

1.	Faculty Rooms for D.Pharm (Ayu.) course		10 Sq Mts. x n (n=No of teachers)			
2.	Library Staff	Librarian Assist. Librarian	10 Sq Mts. x 2			

III. STUDENT FACILITIES:

Sr. No.	Name of infrastructure	Requirement as per Norms, in area	Available		Remarks/ Required
			No.	Area in Sq. Mts.	
1	Girl's Common Room (Essential)	60 Sq. Mts.			
2	Boy's Common Room (Essential)	60 Sq. Mts.			
3	Toilet Blocks for Boys	24 Sq. Mts.			
4	Toilet Blocks for Girls	24 Sq. Mts.			
5	Drinking Water facility – Water Cooler (Essential).	5 Sq. Mts., each floor			
6	Boy's Hostel (Desirable)	9 Sq. Mts. / Room Single occupancy			
7	Girl's Hostel (Desirable)	9 Sq. Mts. / Room (single occupancy) 20 Sq Mts. / Room (triple occupancy)			
8	Power Backup Provision (Desirable)	----			

III – A. DETAILS OF HOSTEL

Hostel	Area (sq.mtr.)	Own / Rented	No. of Rooms	Capacity	Mess facility (available/not available)	Warden (available/not available)
Boys						
Girls						

IV. AMENITIES

Sr. No.	Name	Requirement as per Norms in area	Available		Not Available	Remarks/ Deficie
			No.	Area in Sq.		
1.	Principal quarters	80 Sq. Mts.				
2.	Staff quarters	16 x 80 Sq. Mts.				
3.	Canteen	100 Sq. Mts.				
4.	Parking Area for staff and students					
5.	Bank Extension Counter					
6.	Co-operative Stores					
7.	Guest House	80 Sq. Mts.				
8.	Transport Facilities for students					

Signature of Visitors with date

Signature of Principal with date

9.	Medical Facility (First Aid)					
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V. DETAILS OF COLLEGE DEPARTMENTS

Sr. No.	Department / Subject	No. of Dept. Library Books	No. of Charts	No. of Models /Specimen	No. of Proposed Lectures / Practicals carried out in the Academic Year 2014-15	
					Theory	Practical
1.	Rasashastra & Bhaishajya Kalpana –I					
2.	Dravyaguna – I					
3.	Sharir					
4.	Fundamentals of Ayurved & Swasthavritta					

* Detail list of instruments and equipments attach separately.

**VI. DETAILS OF VARIOUS SECTIONS
LIBRARY**

Sr.No.	Details	Number of Books available
1.	Number of books	
(i)	Subjective Books	
(ii)	Medical Journals / Pharma Journals	
(iii)	Others (Unani / Siddha, etc.)	
(iv)	Total number of books	
2.	Number of seats available in reading room (At least 50 Seats for 60 Intake & 80 Seats for 100 Intake)	
3.	Number of computers with internet facility	

VII. INFORMATION OF TEACHING STAFF

Sr. No.	Department / Subject	Number of Teachers required as per GAU Norms			Number of Existing Teachers			Total
		Profes sor	Associa te profess	Assis tant Profe ssor	Profe ssor	Assoc iate profe ssor	Assis tant Profe ssor	
1.	Rasashastra & Bhaishajya Kalpana – I			1				
2.	Dravyaguna - I			1				
3.	Sharir			1				
4.	Fundamentals of Ayurved & Swasthavritta			1				
	TOTAL			4				

Note:- Detailed information of teaching staff be furnished as per Annexure-I

VIII. INFORMATION OF VISITING FACULTIES

Sr. No.	Subject	Faculty Name

Signature of Visitors with date

Signature of Principal with date

Note:- Attach Separate sheet of Details of Visiting Faculties Annexure – II

IX. DETAILS OF TECHNICAL & OTHER STAFF

Sr.No.	Department	Post	Requirement	Available
1.	Library	Librarian	1	
		Assistant Librarian	1	
		Library Attendant or Peon	2	
2.	College Office	Clerical staff for administrative and accounts services	4	
		Office Superintendent	1	
		Computer Data operator	1	
		Store keeper & Peon	3	
3.	Rasa Shastra & Bhaishajya Kalpana	Laboratory Technician	1	
		Laboratory Attenders	1	
4.	Sharir	Laboratory Technician	1	
		Laboratory Attenders	1	
5.	Herbal Garden	Gardener	1	
6.		Cleaning Personal	1 for Each Floor	
TOTAL			18	

Note:- Detailed information of technical & other staff be furnished as per Annexure-II

X. ADDITIONAL REQUIREMENTS

1.	College Council	Available / Not Available
i.	No. of Members	
ii.	Name of Members (Attach List)	
ii.	Yearly No. of Meetings	
2.	Information regarding college website as per norms (Mention the website address)	Yes/No Please furnish the details of information uploaded on College Website as per 9(3) of MSR.

XI. SALARY INFORMATION OF TEACHERS

Sr.No.	Pay Scale + Grade pay	Tick whichever applicable	Remarks
1.	Mode of payment through Bank	Yes/No (If no please mention reason thereof)	
2.	Pay Scale + Grade pay	Pay Scale + Grade pay of Professor	
		Pay Scale + Grade pay of Associate Professor	
		Pay Scale + Grade pay of Assistant Professor	
3.	Existing pay scale of teaching staff	State Govt./UGC/others	
4.	Teachers promotion policy as per norms of GAU	Yes/No (If no please mention reason thereof)	

Signature of Visitors with date

Signature of Principal with date

IX. FINANCIAL INFORMATION

MONTH WISE EXPENDITURE FROM 1 ST JAN 20 TO 31 ST DEC 20									
Sr. No	Month	Total salary of teaching staff	Total salary of non teaching staff	Total expenditure on purchase of new books	Total expenditure on furniture & fixtures	Total expenditure on equipments & instruments	Total purchase of raw drugs	Total purchase of Lab chemicals	Building construction and other expenditure
1	January								
2	February								
3	March								
4	April								
5	May								
6	June								
7	July								
8	August								
9	September								
10	October								
11	November								
12	December								
Total									
GRAND TOTAL OF EXPENDITURE from 1 st Jan 20 to 31 st Dec 20									
TOTAL INCOME from 1 st Jan 20 to 31 st Dec 20									

Signature of Visitors with date

Signature of Principal with date

SECTION C
OTHER ALLIED & INFRASTRUCTURE REQUIREMENTS

I. SPORTS AND GAMES FACILITY

Sports and Games Facility – available / not available	
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II. TRANSPORT FACILITY

Transport facility – available/not available	
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III. PROGRESS MADE BY THE INSTITUTION IN LAST TWO YEARS ON SALIENT POINTS

S. No.	Important Information of College	Progress made by college
1.	Construction of college and hospital building	
2.	Appointment of Teaching staff	
3.	Appointment of Non-Teaching staff	
4.	Expansion of various departments of college	
5.	Expansion of Herbal Garden, Plantation of New Plants	
6.	Any national/international/state level seminars, ROTP, etc.	
7.	Publication by college and teaching staff	
8.	Research activities if any	
9.	Awards won by teaching staffs and students	

Signature of Visitors with date

Signature of Principal with date

IV. Declaration of Principal of the College

I, _____ s/o Shri _____ Principal, _____
_ (name of the College) solemnly writing that if any information provided by me in Proforma and **Annexures** found false, I shall be held responsible in the matter. I shall have no objection if any legal action is taken by the GAU against me.

Dated _____
Place: _____

Signature of Principal

Name with Stamp

VII. Declaration of Secretary/President of the Trust / Society of the College

I, _____ s/o Shri _____ Secretary/President,
_____ (name of the Society) solemnly state that, looking after the management of the college & hospital. The information provided by the Principal in the Proforma and **Annexures** are true. If any information provided by the Principal found false the undersigned has no objection for any legal action initiated by the GAU against the Principal and me.

Dated _____
Place: _____

Signature of Secretary/President

Name with Stamp

*Signature of Visitors with date**Signature of Principal with date*

LIST OF ANNEXURES TO BE SUBMITTED BY COLLEGE

Sr.No.	Annexure Number	Name of the Annexure
1.	Annexure-I	Proforma to furnish the details of Teaching Staff
2.	Annexure-II	Details of Visiting Faculties
2.	Annexure-III	Proforma to furnish the details of Non-Teaching & Other Staff
3.	Annexure -IV	Details of Equipment & Instruments for various sections of College
	A)	Rasashastra & Bhaishajya Kalpana Laboratory (Teaching)
	B)	Dravyaguna
	C)	Sharir
4.	Annexure-V	Notarized Affidavit to be filled up by Newly Appointed Teachers after last visitation in the given format
5.	Annexure VI	Soft copy (in CD/DVD) and hard copy group photographs with Teaching staff and non-teaching staff of College and the visiting faculties separately. The name of each staff member should be mentioned on the bottom of the photograph.
6.	Annexure VII	Soft copy (in CD/DVD) of Annexure-I (Details of Teaching Staff) in MS Excel (.xls or .xlsx) format

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-I

PROFORMA TO FURNISH THE DETAILS OF TEACHING STAFF

Sr. No.	Name of the Teacher			Father's Name	Date of Birth	UG Qualification (University & year)	PG Qualification with subject (University & year)	Date wise details of Experience in chronological order (1 st appointment to till date)			Department (Subject of)	Nature of present appointment (regular/ contractual/ deputation/ part time/ adhoc)	Local Residential Address	Permanent Address	Name of State Board & Registration Number	Salary Account Number , Name of Bank& Branch	Telephone Number & Mobile Number of Teacher	Photograph of Teacher (Attested by the Principal)	Signature of Teacher (At the time of visitation)
	Sur Name	First Name	Middle name					Duration (dd/mm/yyyy)	Designation	Name of the college									

Note: Please download a copy of Annexure I in MS Excel Format (.xls) from the university Website www.ayurveduniversity.edu.in and fill up the details and annex the same as softcopy in the form of CD/DVD as Annexure VII. Enclose a Printed / hard copy of the same as **ANNEXURE I** and attach the certified copies of UG Registration Certificates, experience certificates, joining Report, Relieving Order, Form No. 16 and all other relevant documents and original notarized affidavit.

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-II
DETAILS OF VISITING FACULTIES

Sr. No.	Name of the Teacher			Father's Name	Date of Birth	UG Qualification (University & year)	PG Qualification with subject (University & year)	Date wise details of Experience in chronological order (1 st appointment to till date)			Department (Subject of)	Nature of present appointment (regular/ contractual/ deputation/ part time/ adhoc)	Local Residential Address	Permanent Address	Name of State Board & Registration Number	Salary Account Number , Name of Bank& Branch	Telephone Number & Mobile Number of Teacher	Photograph of Teacher (Attested by the Principal)	Signature of Teacher (At the time of visitation)
	Sur Name	First Name	Middle name					Duration (dd/mm/yyyy)	Designation	Name of the college									

Note: Please download a copy of Annexure II in MS Excel Format (.xls) from the university Website www.ayurveduniversity.edu.in and fill up the details and annex the same as softcopy in the form of CD/DVD as Annexure VII. Enclose a Printed / hard copy of the same as **ANNEXURE II** and attach the certified copies of UG Registration Certificates, experience certificates, joining Report, Relieving Order, Form No. 16 and all other relevant documents and original notarized affidavit.

Signature of Visitors with date

Signature of Principal with date

ANNEXURE-III**PROFORMA TO FURNISH THE DETAILS OF NON – TEACHING & OTHER STAFF**

Sr.No.	Name of Employee	Father's Name	Qualification	Date of Appointment	Nature of Appointment (regular/contractual/Part time)	Designation	Name of working department	Pay Scale

ANNEXURE - IV**DETAILS OF EQUIPMENT AND INSTRUMENTS FOR VARIOUS SECTIONS OF COLLEGE****A) RASASHASTRA & BHAI SHAJYA KALPANA DEPARTMENT****Essential Requirement**

Sr. No.	Name	Minimum Requirement	Number of Instruments and Equipments available
1.	Khalva Yantra		
	Granite/Stone (Ardhachandrakara -boat shape) Length 35.5cm (upper part), 25.5 cm (base), Breadth – 21 cm, Height – 12 cm	03	
	Iron (Ardhachandrakara -boat shape) Length 35.5cm (upper part), 25.5 cm (base), Breadth – 21 cm, Height – 12 cm	10	
	Porcelain Vartula – (round shape) Big (Int. Dia. 18.5 cm), Medium (Int. Dia. 16.5 cm), Small (Int. Dia. 13.5 cm)	05 06 06	
2.	Udukhal yantra	05	
3.	Gas Stove Single Big	10+01 02	
4.	Utensils S.S. pateela- ½ lt. 1 lt. 1-1/2 lt. 2 lt. 3 lt. S.S. Dishes (tras) S.S. bowls (katori)- Medium size	06 06 06 06 06 02 01 dozen	

*Signature of Visitors with date**Signature of Principal with date*

	S.S. flat dishes (Lids for pateela) various sizes	15	
	S.S. Glass- Medium size	01 dozen	
	S.S. spoons- Medium size	02 dozen	
	S.S. tavitha- Medium size	10	
	S.S. ladle (Chammach)	01 dozen	
	Samdansha yantra	01 dozen	
	Knives	01 dozen	
	S.S. Cutter	02	
	Gas lighter	10	
	Axe	01	
	Porcelain jar 15 lt.	01	
	Iron kadai- Big	02	
5.	Measuring Equipments Different Sizes		
	Glass - 50 ml.	06	
	100 ml.	06	
	Plastic-500 ml.	05	
	1000 ml.	03	
	Glass beaker 250 ml.	02	
6.	Electronic weighing machine	01	
7.	Physical balance	01	
8.	Sieves (Assorted Nos. & Size)	02 sets	
9.	Mixture Grinder	02	
10.	Juice Extractor	01	
11.	Musha (Crucible)	01	
12.	YANTRAS		
	Dola Yantra- rods required	10	
13.	Putas (Different kind)		
	Gaja puta	01	
	Varaha puta	01	
14.	Earthen vessel- Sarava	01 dozen	
15.	Enamel Trays (Medium size)	10	
16.	Cupboard	01	
17.	Jars (For storage)		
	½ lt.	02 dozen	
	1 lt.	02 dozen	
	2 lt.	01 dozen	
18.	Racks with 3-shelves	02	
19.	PH Strips	01 Set	
20.	Refrigerator	01	

Desirable Requirement

Sr. No	Name	Minimum Requirement	Number of Instruments and Equipments available
1.	Audio-Visual equipments	01	

Signature of Visitors with date

Signature of Principal with date

2.	Digital Camera	01	
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B) SHARIR DEPARTMENT**ANATOMY (RACHANA SHARIR)**

Sr. No.	Required Models / Organs	Minimum Requirements	Number of Models / Organs Available
1.	Human Skeleton (Articulated) Male Female	1 1	
2.	Models – a. Digestive System b. Respiratory System c. Blood Circulatory System (Cardio Vascular System) d. Urinary System (Kidney With Bladder) e. Male Reproductive System f. Female Reproductive System g. Human Nervous System h. Spinal Cord i. Human Brain j. Human Nose k. Human Eye l. Human Ear	1 1 1 1 1 1 1 1 1 1 1 1 1	
3.	Organs – a. Stomach b. Liver c. Duodenum with Pancreas d. Small and Large Intestine e. Heart f. Kidney g. Lungs	1 1 1 1 1 1 1	

PHYSIOLOGY (KRIYA SHARIR)

Sr. No.	Essential Instruments and Equipments	Minimum Requirements	Number of Instruments and Equipments available
1.	Compound Microscopes	4	
2.	Sahli's Haemoglobinometer	5	
3.	Haemocytometer	5	
4.	Stop watches	1	
5.	Microslides	2 boxes	
6.	Cover slips, glassware		
7.	Urinometer	5	
8.	Containers of Urine (Plastic Beaker – 250ml)	5	
9.	Prepared Slides – a. Different types of WBC b. RBC c. Platelets	5 5 5	

Signature of Visitors with date

Signature of Principal with date

A) SHARIR DEPARTMENT

Sr. No.	Name of Chemical	Minimum Requirements
1	Conc. HCl	500ml
2	Benedict's solution	100ml
3	paraffin wax oil	100ml

Signature of Visitors with date

Signature of Principal with date

ANNEXURE V
NOTARISED AFFIDAVIT TO BE FILLED UP BY
NEWLY APPOINTED TEACHERS

Pass Port Size Photograph (To be attested by Principal)
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Sr. No.	Information of Teacher	To be filled up by Teacher			
1.	Name of the Teacher (Sur Name- First Name- Middle Name)				
2.	Change of Name (if Applicable after marriage)				
3.	Date of Birth (dd / mm / yyyy) (xx/xx/xxxx)				
4.	UG Qualification (University & year)	Year			
		Name of the University			
5.	PG Qualification with subject (University & year) of completion	Subject			
		Year			
		Name of the University			
6.	Ph.D (if applicable)	Subject			
		Year			
		Name of the University			
7.	Post wise details of Experience in chronological order (* Date, Month and Year wise experience should be mentioned)	Duration (dd/mm/yyyy) to (dd/mm/yyyy)	Department (Subject)	Designation	Name of the college
8.	Present working Department (Subject)				
9.	Present Designation				
10.	Nature of present appointment (regular/contractual/deputation)				
11.	Name of present working college				
12.	Permanent Residential Address				
13.	Local Residential Address				
14.	State Board/ Council Registration detail	Registration Number			
		Name of State Board			
15.	Bank detail	Salary Account Number			
		Name and Branch of Bank			
16.	Contact Number	Mobile Number			
		Residence Number			
		Email ID			

I hereby solemnly affirm that the above information is correct as per my record and knowledge. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I shall be liable to be any disciplinary action.

Date:

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:

Signature of Principal with Stamp

Signature of Visitors with date

Signature of Principal with date

GUJARAT AYURVED UNIVERSITY JAMNAGAR

Guidelines/Instructions for Colleges regarding Visitation

1. College may download the updated visitation Proforma (Part I) from website of GAU and may use it to expand the tables wherever necessary. Annexure-III (**MS-excel format**) should be separately downloaded from Gujarat Ayurved University website, duly filled & sent along with the visitation Proforma. Hard copy of visitation Proforma (Part I) is enclosed for ready reference.
2. Any change in the prescribed format will not be accepted by Gujarat Ayurved University.
3. Read the Proforma carefully before filling up.
4. College should keep ready three sets of Visitation Proforma duly signed on each page by the Principal/ Dean/ Director along with all annexure for visitors.
5. A soft copy of the details of teaching staff as per Annexure-II should be submitted along with the visitation report.
6. New teacher appointed after visitation of the college will not be considered/counted in the faculty list of the concerned college.
7. Any data / documents submitted by the college after visitation will not be accepted by the Gujarat Ayurved University.
8. Page-wise Index of all annexure should be provided.
9. Attested copy of UG & PG Certificates, Experience Certificates, Joining Report Relieving letter and Affidavit (As per Annexure-VI) of newly appointed teachers after the last visitation should be attached.
10. Teachers of Govt. colleges/ constituent colleges of University should also submit the affidavit of newly appointed teachers after the last visitation.
11. If false affidavit/ false experience is submitted by any teacher or if teacher is found in duplicity, then legal action will be initiated by the central council against the concerned teacher and Principal of the college.
12. Copy of Form No. 16 issued for purpose of income tax should be submitted in respect of all the teaching staff. (Not admissible for Govt./ constituent colleges of University).
13. Financial information should be filled as per enclosed Proforma.
14. College should make arrangement of videographer and photographer during visitation of Gujarat Ayurved University team for preparing CD and group photographs with Teaching staff and non-teaching staff of College with the visitors separately. The name of each staff member should be mentioned on the bottom of the photograph. It is to be noted that without CD & Photograph, the visitation report will not be accepted by Gujarat Ayurved University.
15. If college has any queries/ doubt/ other information required regarding the visitation Proforma, you are requested to contact telephonically or send an email to the Gujarat Ayurved University on the given mail-ID, i.e. **academic@ayurveduniversity.com**.
16. The filled up visitation Proforma shall be typed and submitted in a separate CD to the visitors.
17. MOU's with government dispensary / hospital and pharmacy to be attached with the Proforma separately.

Signature of Visitors with date

Signature of Principal with date