

SRIMANTASANKARADEVAUNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)
NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM

SELF ASSESSMENT CUM INSPECTION FORM

for

Grant of Affiliation & Renewal of Affiliation

With effect from: Academic Session 2022-23

Chapter - 1: GENERAL INFORMATION

	-	
A.	Academic Session	
В.	Name of the Institution (In BLOCK CAPITAL LETTERS)	
C.	Full address with PIN code	
D.	Phone & Mobile No. of Office	
E.	Name, Designation, Mobile No. & Email ID of the Person to be contacted for Affiliation Related Matters	
F.	Email ID	
G.	Website	

	Course(s) Year of Inception of the Course Type of Inspection	Vear of		Intake		
SI. No.		Type of Inspection	Previous Year Approved	Applied For		

H. Details of affiliation fees paid

SI. No.	Courses	Academic Year	Amount (Rs.)	SSUHS MR No.	Remarks
I.	Whether Letter of Intension (LOI) / No Certificate (NOC) from Govt. of Assar	Objection n obtained:			

J. Approval / Recognition of Respective Council (NMC / DCI / CCIM / NCH / PCI / INC etc.):

SI. No.	Course / Program	Name of the Council	Academic Year Approved	Approved Intake	Inspector's Remarks

Documents –

i. Copy of Government NOC

Attach a copy of the same)

- ii. Copy of previous year's SSUHS affiliation letter
- iii. Copy of approval / recognition letter of respective Council

Chapter - 2: ORGANIZATIONAL INFORMATION

2.1. <i>Proi</i>	moting Organization Details	•			
2.1.1.	Name of Organization				
2.1.2.	Type of Organization				
2.1.3.	Registration No.				
2.1.4.	Registered Address of the Organization				
215 De	etails of Office Bearers:				
SI. No.	Name		Designation	Mobile No.	Email
2.2. Land	d Details:				
2.2.1.	Schedule of the Land				
2.2.2.	District				
2.2.3.	Subdivision				
2.2.4.	Mouza				
2.2.5.	Village / Town				
2.2.6.	L.R. No.				

	TOTAL TOTAL PROPERTY OF THE ACTION	Sey Assessment cum inspection report
2.2.7.	Ownership title of the land	
2.2.8.	Area of the Land (In Acre)	
2.2.9.	Type of possession by the Institute	
2.3. Build	ling Details:	
2.3.1.	No. of Academic Buildings	
2.3.2.	Total Build up Area for Academic Activities	
2.3.3.	Any other courses conducted in the same building	
2.4. Final	ncial Details:	
2.4.1.	Sources of Income	
2.4.2.	Approved tuition fees	
2.4.3.	Name and Designation of Drawing & Disbursement of authority of Funds with Phone No. & Email ID	
2.5. Deta	ils of Academic Head of the Colleg	re / Institution (Principal / Head of the Dept / Director etc.):
2.5.1.	Name	
2.5.2.	Exact Designation	
2.5.3.	Date of Joining	
2.5.4.	Qualification	
2.5.5.	Experience	
2.5.6.	Phone / Mobile No.	
2.5.7.	Email ID	

2.6. Local Managing Committee / Local Advisory Committee:

Documents -

- i. Deed of the Registration / incorporation
- ii. PAN Card of Society / Trust / Company.
- iii. Memorandum of Association.
- iv. Land Deed
- v. Lease / Rent Agreement in favor of the Institute
- vi. Certificate from respective Circle Officer
- vii. Approved building plan
- viii. Building completion certificate
- ix. Occupancy certificate
- x. Fire safety certificate
- xi. Latest Audited Finance Report of the Institution
- xii. Bank Statement of the Institution
- xiii. Approved budget for ensuing financial year
- xiv. Resume
- xv. Letter of appointment
- xvi. Joining report / consent letter.
- xvii. Minutes of last LMC / LAC for last meeting.

Chapter - 3: ADMISSION DETAILS

3.2. Admission of students in previous sessions:

SI.	Courses	Academic	Sanctioned		tudents itted	Total No. of	% of	Inspectors Remarks
No.	Courses	Year	Intake	Male	Female	students admitted	Admission	inspectors Kemarks
ĺ								

Documents -

Up to date admission register

Chapter - 4: DETAILS OF HUMAN RESOURCES

4.1. DETAILS OF HUMAN RESOURCES

SI. No.	Type of Human Recourses	Required	Available	Inspetors Remarks
4.1.1.	Total No. of Teaching Staffs			
4.1.2.	No. of Full Time Regular Teachers			
4.1.3.	No. of Part Time Teachers			
4.1.4.	No. of Guest / Adjunct Faculty			
4.1.5.	Demonstrator / Laboratory Technician / Laboratory Assistant			
4.1.6.	Administrative / Accounts / Office Staffs			
4.1.7.	Library staffs			
4.1.8.	Other staffs			

4.2. Faculty Cadre Details:

SI. No.	Faculty Cadre	Required	Available	Inspector's Remarks
4.2.1.	Professor			
4.2.2.	Associate Professor			
4.2.3.	Assistant Professor			
4.2.4.	Lecturer			
4.2.5.	Tutors			
4.2.6.	Demonstrators			

Documents:

- i. Details of the full-time teaching staffs in Tabular format (FORMAT I)
- ii. Details of the part-time teaching staffs in Tabular format (FORMAT II)
- iii. Details of the full-time supporting staffs in Tabular format (FORMAT III)
- iv. Appointment letter of all appointed staffs
- v. Offer letter and Consent letter of the staffs to be joined
- vi. Aadhar card and PAN card of Teaching and Supporting Staffs
- vii. Copy of certificate of Highest Qualification relevant to the appointment.

Chapter - 5: ACADEMIC INFRASTRUCTURE

5.1. Details of Classrooms, Tutorial rooms, Seminar halls & Lecture Halls:

SI. No.	Name of Classroom / Lecture Halls	Size (Sq. Ft.)	Seating Capacity	Audio-Visual & Smart Board	Ambience	Inspector's Remarks

5.2. Computational Facilities:

5.2.1.	Whether separate Computer laboratory available?	
5.2.2.	Size of the Computer laboratory	
5.2.3.	No. of student's accommodation	
5.2.4.	No. of Computers in the laboratory:	
5.2.5.	Internet Facility	
5.2.6.	No. of Printers	

5.3. Laboratory and Demonstration rooms details:

SI. No.	Name of Laboratory	Size (Sq. Ft.)	No. of Students in a Batch	Facilities available	Inspector's Remarks

5.4. Other academic infrastructure:

SI.	ther academic intrastructure:	SSU	ent as per IHS /	Avai	lable	In an act on the Demonstra	
No.	Items	Respective Size	ve Council No.	Size	No.	Inspector's Remarks	
1.	Examination Hall	GIZO	140.	OIZC	140.		
2.	Auditorium						
3.	Demonstration Room						
4.	Principal Room						
5.	Faculty Room						
6.	Administration Office						
7.	Examination Cell						
8.	Store Room						
9.	Strong Room						
10.	Canteen						
11.	Cafeteria						
12.	Girl's Common Room						
13.	Boy's Common Room						
14.	Girl's Toilet						
15.	Boy's Toilet						
16.	Staff Room						
17.							
18.	-						
19.							
20.							
21.							

Library	Facility:	
5.4.1.	Type of Library: (SHARED / EXCLUSIVE)	
5.4.2.	Area of Library	
5.4.3.	Area of Reading Room	
5.4.4.	Reading Room Seat Capacity:	
5.4.5.	Library working hours	
5.4.6.	Reprographic facilities	
5.4.7.	Digital Library Facilities	
5.4.8.	Name of the Librarian(s)	

Documents -

- i. Provide laboratory-wise list of equipment, apparatus and instruments.
- ii. Short resume of librarian(s).
- iii. Purchase bills of books and Journals for last three financial years.
- iv. Concise list of Book titles along with no. of volumes.

Chapter - 6: HOSPITAL AND CLINICAL FACILITIES DETAILS

6.1. Hospital Facility:

6.1.1.	Type of HOSPITAL available for student's training and Internship (OWN / Annexed / Govt. allotted)		
6.1.2.	Name and Address and of the Hospital(s)	Hospital – 1	Hospital – 2
6.1.3.	Phone No.		
6.1.4.	Email ID		
6.1.5.	License / Registration No.		
6.1.6.	Total No. of Beds		
6.1.7	No. of Beds in the relevant department(s)		
6.1.8.	Bed occupancy rate (Department wise)		
6.1.9.	Distance from the College (In Km.)		

6.1.10.	Name of the Superintendent / Director / CEO	
6.1.11.	Phone No.	
6.1.12.	Email ID	

6.2. Blood bank

		Blood Bank – 1	Blood Bank – 2
6.2.1.	Name and Address of the Blood Bank		
6.2.2.	Phone No.		
6.2.3.	Email ID		
6.2.4.	Distance from the College (In Km.)		
6.2.5.	Name of the Superintendent / Director / CEO		
6.4.6.	Phone No.		
6.2.7.	Email ID		
6.3.	Community Health Faculties		

Documents -

- i. For own Hospital & own Blood bank Registration of hospital
- ii. For Govt. allotted hospital and blood bank- Govt. order.
- iii. For Annexed hospital and annexed Blood bank- Copy of MoU mentioning the facilities and areas to be allowed to be used for students training and internship, department wise bed capacity, registration details of hospital and no objection if SSUHS inspection team likely to visit the hospital premise

Chapter - 7: AMENITIES AND COMMON FACILITIES

SI. No.	Facilities	College Input	Inspector's Comments
7.1.	Safe drinking water facility		
7.2.	No. of buses		
7.3.	Security arrangement		
7.4.	CCVT Surveillance		
7.5.	Sanitization of premises		
7.6.	Hand-washing facility		
7.7.	Sanitary napkin vending Machine		
7.8.	Display of Anti-ragging awareness posters in common places		
7.9.	Fire safety arrangement		
7.10.	First-Aid facility		
7.11.	Sick Room		

Documents -

- i. Registration certificate of buses
- ii. Any relevant documentary evidence related to the items

Chapter - 8: HOSTEL AND ACCOMMODATION

SI. No.	Items	College Input	Inspector's Remarks
8.1.1.	No. of own girl's hostel		
8.1.2.	No. of girl's hostel leased and managed by college		
8.1.3.	No. of girl's hostel rented & managed by college		
8.1.4.	Total No. of Girls Hostel		
8.1.5.	Total No. of rooms in Girl's Hostel		
8.1.6.	Total No. of accommodation		
8.2.1.	No. of own boys' hostel		
8.2.2.	No. of boy's hostel leased and managed by college		
8.2.3.	No. of boy's hostel rented & managed by college		
8.2.4.	Total No. of Boys Hostel		
8.2.5.	Total No. of Rooms in Boy's hostel		
8.2.6.	Total No. of accommodation		

	Chapter - 9: STUDENT WELFARE, DEVELOPMENT & ACTIVITIES					
9.1.	Anti-Ragging Committee					
9.1.1.	Name of Chairperson					
9.1.2.	Phone No. & Email ID					
9.2.	Internal Complaint Committee against Sexual Harassments					
9.2.1.	Name of Chairperson					
9.2.2.	Phone No. & Email ID					
9.3.	Grievances Redressal Mechanism:					
9.3.1.	Name Designation of the authorized person in Grievances Redressal Cell					
9.4.	Training & Placement Cell:					
0.4.4	Name of Placement					

9.4.2. Placement data for last three years:

Officer:

SI. No.	Academic Year	No. of Campus Interview	No. of Eligible Students	No. of students placed	% of Placement

9.4.1.

9.5. Extracurricular activities:

SI. No.	Name of the activity	Date	No. of Students Participated	Inspector's Remarks

9.6.	Indoor Sports Facilities	
9.7.	Outdoor Sports Facilities	
9.8.	Provisions for recreational, cultural development	

9.9. Stu	ident's Feedback System	
9.9.	Whether available?	
9.10.	Frequency of Feedback	
9.11.	What are the actions taken on Student's Feedback?	

Document:

- i. Composition of Anti-Ragging Committee.
- ii. Composition of Internal Complaint Committee for Sexual Harassments.
- iii. Attach a copy of Student's Feedback form.

List of the documents submitted

Annexure No.	Name of the Document	No. of Pages	Original Verified during Inspection	Remarks of Inspectors

Annexure No.	Name of the Document	No. of Pages	Original Verified during Inspection	Remarks of Inspectors

Name of the Document	Original Verified during Inspection	Remarks of Inspectors	

FORMAT – I: Summary table of Full-Time Teaching Faculty

SI. No.	Name of the Faculty Member	SSUHS Faculty Unique ID	Designation	Educational Qualification	Total Experience (Years & Months)	Date of Joining	Gender	Gross Monthly Salary	PAN No.	Mobile No.	Signature	Remarks
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

FORMAT – II: Summary table of Part-Time / Guest / Adjunct Faculty

SI. No.	Name of the Faculty Member	Designation	Educational Qualification	Total Experience (Years & Months)	Date of Joining	Gender	Remuneration Paid	Mobile No.	Signature	Remarks
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

FORMAT – II: Summary table of Supporting and Office Staffs

SI. No.	Name of the Staff Member	Designation	Educational Qualification	Date of Joining	Gender	Monthly Gross Salary	Mobile No.	Signature	Remarks
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									