



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	
B.	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	

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

H. Details of affiliation fees paid

Sl. No.	Courses	Academic Year	Amount (Rs.)	SSUHS MR No.	Remarks

I.	Whether Letter of Intension (LOI) / No Objection Certificate (NOC) from Govt. of Assam obtained:	
	<i>Attach a copy of the same)</i>	

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

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

Documents –

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

Chapter - 2: ORGANIZATIONAL INFORMATION

2.1. Promoting 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	

2.1.5. Details of Office Bearers:

Sl. No.	Name	Designation	Mobile No.	Email

2.2. Land 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.	

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. Building 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. Financial 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. Details of Academic Head of the College / 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	

Chapter - 3: ADMISSION DETAILS

3.1.	Mode of Admission (Details of Admission Process to the Courses)	
------	--	--

3.2. Admission of students in previous sessions:

Sl. No.	Courses	Academic Year	Sanctioned Intake	No. of Students admitted		Total No. of students admitted	% of Admission	Inspectors Remarks
				Male	Female			

Documents -

- i. Up to date admission register

Chapter - 4: DETAILS OF HUMAN RESOURCES

4.1. DETAILS OF HUMAN RESOURCES

Sl. 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:

Sl. 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.

5.4. Other academic infrastructure:

Sl. No.	Items	Requirement as per SSUHS / Respective Council		Available		Inspector's Remarks
		Size	No.	Size	No.	
1.	Examination Hall					
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

Sl. 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

Sl. 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:	
9.4.1.	Name of Placement Officer:	

9.4.2. Placement data for last three years:

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

<p>9.6.</p>	<p>Indoor Sports Facilities</p>	
<p>9.7.</p>	<p>Outdoor Sports Facilities</p>	
<p>9.8.</p>	<p>Provisions for recreational, cultural development</p>	

9.9. Student'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.*

