

**CENTRAL COUNCIL OF INDIAN MEDICINE
NEW DELHI**

GUIDELINES/INSTRUCTIONS FOR COLLEGES REGARDING VISITATION 2018-19

1. The Dean/Director/Principals of the colleges should cooperate with visitors to carry out the assignment given by the council. They have to provide the print out of information uploaded by the college to the council with necessary annexure to all the visitors for verifying and cross checking.
2. Videography of visitation is mandatory to be arranged by the college. It should be supervised by the visitors and submitted to the council. "If the institute does not arrange for videography, it should be recorded and the signature of the Dean/Principal/Director be obtained on it. Thereafter, Visitors may take photographs as they deem fit on their mobile phones / cameras". Photography also to be arranged by the college and provide group photograph along with names to visitors for uploading. Both videography and photography to be provided to the visitors for submitting to the council in USB (pendrive).
3. College shall have to provide a separate computer with internet facility along with scanner and printer to visitors. A separate room shall be preferably provided for them to maintain confidentiality to upload their reports.
4. The Self Declaration in prescribed format should be signed by the concerned teacher and counter signed by the Dean/Director/Principal of the Institution in front of the visitors on camera. Such declaration forms in original are to be handed over to visitors to submit the same to the council/ M/o AYUSH.
5. Those teachers present in the college on the date of visitation shall be considered / counted as working in the said college subject to production of valid documents such as relieving order from the previously working institution, joining report in the current institution etc. Hence, self declaration is required from all teachers in the prescribed format which will be cross-verified with all relevant documents in the presence of the teachers by the visitors.
6. A self certified affidavit duly signed by the principal shall be handed over to the visitors containing the undertaking of the principal of the college to implement the CCIM-AGBAS (Aadhar* enabled GPS tagged Bio-metric Attendance System) in the college for all the staff and PG students.
7. Colleges are requested to contact the Central Council telephonically or by email as mentioned in helpdesk of CCIM's website i.e. www.ccimindia.org if any queries / other information required regarding the visitation.

Help desk contact number: 011-28425847, 9811471218, 9811471219 Email: helpdesk@ccimindia.org

ANNEXURE-I

PROFORMA TO FURNISH THE DETAILS OF TEACHING STAFF

S. No.	Name of the Teacher and teacher code	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)				Nature of present appointment (regular/ contractual/ deputation)	Local Residential Address	Permanent Address	Telephone No. & Mobile No. of Teacher	Photograph of Teacher (Attested by the Principal)	Signature of Teacher (At the time of visitation)	Verification by visitors
						Duration (dd/mm/yyyy)	Designation	Name of the college	Department (Subject of)							

Signature of Principal with date

Note:

- 1. Please attach the certified copies of Under-Graduate and Post-Graduate Degree, Registration Certificate, Experience Certificates and Relieving Order along with original self certified declaration form as per prescribed format of newly appointed teaching staff after last visitation. The provisional certificates will be considered only for two years after passing the examination.**
- 2. All the teacher shall sign the Proforma in the presence of the visitors of CCIM. The visitors will sign against the names of each teacher.**
- 3. The duly signed Proforma shall be uploaded as an annexure in the visitors report.**

ANNEXURE-II

PROFORMA TO FURNISH THE DETAILS OF NON – TEACHING STAFF

S.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	Verification by visitors

Signature of Principal with date

ANNEXURE-III

PROFORMA TO FURNISH THE DETAILS OF HOSPITAL STAFF

S.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	Verification by visitors

Signature of Principal with date

NAME OF THE COLLEGE

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Date of Visitation		Remarks
Accepted? (YES/NO)		
Name and Signature of the Visitor 1		
Name and Signature of the Visitor 2		

<u>DECLARATION FORM : 2018-19 – TEACHING STAFF</u>		RECENT PHOTOGRAPH TO BE COUNTERSIGNED BY THE DEAN/PRINCIPAL	
<u>Teacher Code:</u>			
S. No.	Information of Teacher	To be filled up by Teacher	
1.	Name of the Teacher		
2.	Change of Name (if Applicable after marriage) with documentary proof		
3.	Date of Birth (dd / mm / yyyy) & Age		
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.	Name of present working college				
9.	Date of joining at present Institution and Nature of present appointment (regular/ contractual/ deputation)				
10.	Present working Department (Subject)				
11.	Present Designation				
12.	Number of Research publications in Index Journals	International Journals			
		National Journals			
		State/Institutional Journals			
13.	State Board/ Council Registration detail	Registration Number			
		Name of State Board			
14.	Bank detail	Salary Account Number			
		Name and Branch of Bank			
15.	PAN Number				
16.	Aadhar card Number				
17.	Present Residential Address of Teacher				
18.	Permanent Residential Address of Teacher				
19.	Contact Particulars	Tel (Office) with STD Code			
		Tel (Residence) with STD Code			

		Mobile Number	
		E-mail ID	
21.	I have drawn total emoluments from this college in the current financial year as under:		
	Month	Amount Received	TDS
	April 2017		
	May 2017		
	June 2017		
	July 2017		
	August 2017		
	September 2017		
	October 2017		
	November 2017		
	December 2017		
	January 2018		
	February 2018		
	March 2018		

DECLARATION

1. I, Dr. _____ possessing Teacher Code _____ (allotted by the CCIM) has joined this institution on _____ (latest date of joining of present Institution to be mentioned) and presently working as _____ (designation) in the Department of _____ at _____ Ayurved / Unani / Siddha Medical College and do hereby give an undertaking that I am a full time teacher, working from ____ A.M. to ____ P.M. on working days of this Institution.
2. I am not having private practice anywhere **OR** I am practicing at _____ in the city of _____ and my hours of practice are _____ to _____. Further I state that I am not doing any Private Practice or not working in any other hospital during college hours.
3. Complete details with regard to work experience has been provided & nothing has been concealed by me.
4. I hereby solemnly affirm that, all the information related to me which have been furnished to the CCIM by the institution currently I am employed with, are absolutely true, correct and authentic as per my record and knowledge. If any information stated in this affidavit is found to be incorrect/ false, the undersigned will be liable for necessary disciplinary action (including removal of name from State/Central Register).
5. I undertake and agree to abide by the instructions of the council notified from time to time.

6. I undertake to abide by the terms & conditions of Aadhaar enabled GPS tagged Bio-metric Attendance System (AGBAS) being implemented by the CCIM and follow the same.

Date:

Place:

SIGNATURE OF THE TEACHER

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the above mentioned declaration as true and correct. **I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the Institute and with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that Dr. _____ is not practicing or carrying out any other activity during college working hours i.e. from _____ to _____, since he/she has joined the Institute.
3. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date:
the
Place:

Signed by the HOD

Countersigned with stamp by

Director/Dean/Principal

REMARKS

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
2.	Photo ID proof issued by Govt. Authorities : Passport / PAN Card / Voter ID / Aadhar Card	Yes / No
3.	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card / Dean's allotment letter attached as a proof of present residence.	Yes / No
4.	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill/ Aadhar Card attached as a proof of permanent residence.	Yes / No
5.	Certified copies of present appointment order at present Institute.	
6.	Joining report at the present institute.	Yes / No
7.	Copies of UG & PG Degree certificates.	Yes / No
8.	Copy of Registration Certificate.	Yes / No
9.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
10.	Relieving order from the previous institution.	Yes / No
11.	PAN Card	Yes / No
12.	Form 16 (TDS certificate) for the last financial year.	Yes / No
13.	Copy of Aadhar Card	Yes / No

Signed by the Teacher:

Signed by the HOD:

Date :

Date :

Countersigned with stamp by Dean / Principal:

Date :

Signed & Verified by the Visitors :

Date :

NOTE :

- 1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.**
- 2. All the teachers must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a teacher.)**