

PPCC Ayush U.P. India , Naturopathy

Affiliation Application

1. Name of the Applicant: _____
2. Name of the Institution: _____
3. Institution Address: _____
4. Telephone Number: _____
5. Fax Number: _____
6. Mobile Number: _____
7. E-Mail Address _____
8. Address _____

9. Do you have own Building or Rental: _____
10. Do you have any experience in the field of education & training: _____
11. In which category, you want to run the course (Select only one category): _____
12. Name of the Courses (From only one category) : _____
13. Details regarding Teaching Faculty: _____
14. Details regarding Class Rooms and Facilities: _____
15. Any other Relevant Information: _____

If necessary, use additional sheets for entering details.

I hereby accept all the terms and conditions of PPCC AYUSH U.P.

Correspondent Signature

Note: The following documents to be enclosed with application

1. If Rental building, rental agreement.
2. Photograph of infrastructure like Building, Class Room and Other Facilities
3. Correspondent Photo 2 Nos. (Passport size)

PPCC Ayush U.P. Terms & Conditions

1. Trust/Society/Individual seeking permission to start institute should apply in the prescribed application form with all necessary enclosures. Application can be printed from the website www.ppcciamsnaturopathy.in
2. Shifting of the existing institute premises should not be done without the consent of PPCC Ayush U.P. Office, Bareilly U.P. India. Approval is purely valid for that premises only. Any shifting should be made only before the commencement of the concerned academic year without affecting the students of the institute for shifting, separate application should be obtained from PPCC Ayush U.P. Office, Bareilly U.P. India submitted with necessary fee.
3. The PPCC Courses offered in the institution should be a full time courses. If the management wants to run part time courses, special permission should be obtained from PPCC Ayush U.P. Office, Bareilly U.P. India.
4. Institute which run other Certificate, Diploma or Degree Courses should not award any certificate merging the same with the PPCC Courses available in the institute.
5. The class room/practical work shop should be in the R.C Building/Building with Asbestos roof and it should have adequate space.
6. Adequate toilet and urinal/water facilities should be provided.
7. Proper and adequate ventilation, lighting should be provided for theory and practical class rooms.
8. Any advertisement using Govt. of India Emblem, giving false information to public without the consent of the PPCC is punishable. If it is so, It will lead to cancellation of the approval of the institute.
9. The Management of the institute after getting approval from PPCC, should conduct classes as per PPCC Norms and to make ready the students for final examinations conducted by PPCC.
10. Under any circumstances, once fee paid to PPCC by DD, M .O (or) cash will not be refunded and adjusted.
11. Institute already recognised by PPCC, if applies for any new category/new courses in same category (or) renewal should enclose the copy/copies of the authorized certificate already obtained from PPCC for verification.
12. The powers to accept (or) reject the application for starting new institute shall exclusively rest with PPCC Ayush U.P. India.
13. PPCC Approval is valid for only one academic year. Each year institute approval should be renewed.
14. No parallel classes/sections shall be conducted in any complex/building other than the premises for approval was granted.
15. Courses name and duration should not be changed by the institute.
16. If the management is not having hospital, laboratories and other kind of workshop for imparting practical training to the students, they should make tie-up with existing hospital, laboratories and other kind of workshop.

17. Based on the available institute infrastructure students can be admitted. At the same time, PPCC vigilance committee will come and inspect the facilities which are provided to the students.
18. The course fees charged by the institute should be commensurate with facilities provided the tuition fees and other charges may be charged on a monthly or annual basis.
19. Teaching staff must be properly qualified and trained. Detailed bio-data of teaching staff should be sent to PPCC Ayush U.P. Office, Bareilly U.P. India before August 30th every year.
20. Medium of instruction may be in English, Hindi or students mother language.
21. The Institute should maintain records of attendance of students and teaching staff.
22. The Academic year should be from June to April each year. But new institute can be started upto October 30.
23. Adequate class hours and practical hours should be maintained in the institute.
24. Number of students in each class room should not exceed 50.
25. PPCC Ayush U.P. Prescribes Syllabus for all the courses. PPCC syllabus should be strictly followed and are subject to revision whenever necessary as desired by PPCC Ayush U.P.
26. PPCC Ayush U.P. Prescribes text books for all the courses, Institute authority may visit our website www.ppcciamsnaturopathy.in for all details.
27. Examination will be normally conducted in the Institute where approval was granted. Examiners will be nominated by the PPCC.
28. For all short term courses (1 month, 3 month, 6 month or within one year) students can be admitted throughout the year. On Demand Examination is available for these courses.
29. All Advertisements or Promotional activities must be approved by PPCC Ayush U.P. Office, Bareilly U.P. India.
30. Based on the student strength, necessary class rooms and teaching faculty should be provided by the management.
31. Record note, ID Card are compulsory to student those who are undergoing short term courses also.
32. Renewal Fee Rs. 5000/- to be paid Every Year for Normal Approval.
33. For School Courses, Renewal Fee Rs. 5,000/- to be paid Every Year.
34. Maximum fee Rs. 12,000/- (Theory Tuition Fee) or equivalent fee for other countries may be collected per student / per course / per year.
35. Minimum qualification for teaching staff should be Diploma / Degree / Master Degree of concerned subject.
36. Minimum level infrastructure is enough to run PPCC Courses. Based on student strength develop your institute's infrastructure.

37. Student Assessment Form to be submitted for all students PPCC Ayush U.P. Office, Bareilly U.P. India on or before December 30 every year for Academic year Admission. The same to be submitted on or before July 30 every year for calendar year admission.

38. For one year courses and less than one year courses, Tenth Std (pass/ fail) is eligible. For Two year courses, Tenth pass is eligible .

39. Approval fee Rs. 60000/- in the favour of Pramanand Prakiritik Chikitsa Kendra Bareilly U.P.

40. Scrutinisation of application by the Approval Committee and inspection of the Institution (if needed). If PPCC sends Inspection Committee Member to inspect your Place Rs. 5,000/- to be given as Inspection Fee. Pay travel charges extra. Inspection Committee Member should be treated well. Printed MOU will be sent to the institute with Temporary Approval. The Institution can start the courses by placing advertisement.

51. Approval Certificate along with approved advertisement will be sent to the Institution.

52. The Institute should follow the "PPCC Ayush Academic Year Chart" strictly. (See After Approval what to do in the Home Page)

53. The correspondent can select 5 courses from a single category for Rs. 60000/- Approval Fee.

54. If the correspondent wants to conduct more than 5 courses in same category, Additional Rs. 5000/- (Rupees Five Thousand only) should be paid for each courses.

Note : Fill up the Application completely and send it to PPCC Ayush U.P. Office, Bareilly U.P. India

The following documents to be enclosed with application

1. If Rental building, rental agreement.
2. Photograph of infrastructure like Building, Class Room and Other Facilities
3. Correspondent Photo 2 Nos. (Passport size)

Shri Pramanand Prakartik Chikitsa Shiksha parishad (U.P.)

**Proforma For applying grant-in-aid for running degree/diploma/certificate courses in Yoga
Naturopathy**

Part A : Information about College

1. Name of the college
2. Full Postal Address
3. Year of establishment
4. (i) Ownership right
(whether run by any Regd. Society/Trust/
or purely private)
(ii) If run by Society/Trust /Particulars
of registration
(enclosed the certificate)
5. Whether recognised by the State Govt./
General Govt.
(enclose the copy)
6. Name of the Principal of the Institute
7. Whether the institute is affiliated to
respective universities/
Board/Govt. recognized Academic organization
(enclose the copy)
8. Details of courses for which grant-in-aid is applied for
 - (a) i) Name of the course

- ii) Duration of the Course
- (b) Examination body
- (c) Whether the course is regular Full Time/Part Time or correspondence course
- (d) Type and Duration or Practical training given
- (e) Facilities available with the Institute for conducting the course
 - i) Land
 - ii) Building
 - iii) Class Rooms
 - iv) Library : No. of Books

9. Hospital

- (a) OPD
- (b) I.P.D. (Regarding Hospital please furnish details on enclosed separate proforma also)

10. Laboratory

(Encl. list of equipment)

11. Hostel

12. Yoga prayer hall

13. Other facilities

- a) Admission capacity
- b) Criteria of Admission
- c) Details of fee being Charged from the students
- d) Medium of instructions

e) Whether any stipend has been

given to the students if so :

i) No of students benefitted

ii) Condition of stipend if any

f) Type of internship training provided

i) Duration

ii) Information about institute

where internship training is given

iii) Stipend given, if any

14. Whether any grant in aid is

received from any Govt./Private

agency.

i) Name of the Agency

ii) Year

iii) Quantum of grant received

15. Number of students who have

successfully completed

studying the course since its

commencement

Year No. of Students passed out/studying

2000 -

2001 -

2002 -

16. Financial standing of the college

(Please give details for the last three years)

Year	Income	Expenditure	How the deficit (if any) is met.
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17. Teaching & Non-Teaching staff

(Enclose the list with name, age
qualifications and experience)

Non teaching staff

I hereby declare that the information furnished in this application are true to the best of my knowledge and belief.

Name & Signature of the Principal

Part B : Information about attached hospital

1. Name of the Hospital

2. Full Postal Address

3. Year of establishment of Hospital

4. i) Ownership right

(whether run by any

Regd. Society/Trust/or

purely private)

(ii) If run by Society/Trust

/Particulars of registration

(enclosed the certificate)

5. Financial standing of the college

(Please give details for the last three years)

Year	Income	Expenditure	How the deficit (if any) is met.
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6. i) Name, Qualification

Experience of Chief Nature

Cure Physician

ii) Staff Position

No. of Nature Cure Physician

No. of Doctors of other system

No of other staff

i) Nurses

ii) Male Nurss

iii) Peon/Attendent etc

(Enclose the list with name and qualification)

7. Existing Indoor Facilities available

i) No. of Indoor beds kept

ii) Expansion capacity

8. Average attendance of patients per day

i) Indoor

ii) Out door

9. i) Whether aided by Central /State Govt.

ii) Year in which Govt. Aid was

provided for the first time

iii) Grant in aid received during last three years

Year Source Amount

10. Male & Female Treatment Section

11. List of Equipment enclosed

12. Canteen for in Patients

I hereby declare that the information furnished in this application are true to the best of my knowledge and belief.

Name & Signature of Chief Medical Officer

Part C : Details of Financial Assistance Required

Specific Purpose for which

Grant in aid is required

Quantum of grant-in-aid required

(Please enclose copy of budget
duly approved by management of the
institute)

i) Recurring

ii) Non-recurring

iii) Total

(Please furnish detail sub-heads separately as enclosure)

Justification for each item for which
grant-in-aid is required.

Whether component of expenditure

to be met by Management of

Institution is available ?

IF yes, indicate total amount available

Any other relevant information not covered above

I hereby declare that the information furnished in this application are true to the best of my knowledge and belief.

Signature and Seal

of Head of the Institution

(President/Secretary of the Regd. Society/Trust)

Note :

This application should accompany the following documents duly attested by a gazetted officer.

1. Rules regulations and Bye laws of institution
2. Registration Certificate of Trust/Society running the institution
3. Affiliation certificate with University/Board etc.
4. Full syllabus prescribed for the course
5. Copy enclosed prospectus of the college which give full details including application form and fee structure.
6. Income & expenditure, receipt and payment and balance sheet duly certified by chartered accountant for last three years.
7. Recognition of the college by State/Central Govt.

GUIDELINES FOR SETTING UP OF 10 BEDDED INTEGRATED AYUSH PPCC HOSPITAL AT DISTRICT LEVEL IN UTTAR PRADESH

Background:

AYUSH system of medicines has assumed great significance with the emergence of life-style related diseases and on this account is becoming increasingly popular in the country including the Uttar Pradesh India.

Although some of the practices of these systems are prevalent in the U.P. large scale promotion of these Systems in these states has remained very limited, mainly on account of poor physical infrastructure. Therefore, it is considered necessary to provide for necessary by way of setting up 10 bedded ppcc Ayush integrated Hospitals for creation of awareness as well as providing quality services to the people in U.P.

Objective

With a view to develop required infrastructure for facilitating promotion of PPCC AYUSH in the U.P. it is proposed to set up one PPCC AYUSH Integrated hospital in U.P. during 2015 Plan ppcc ayush at the District level in a phased manner. The District level Hospital will serve as the nucleus for provision of quality health care facilities as well as promotion of AYUSH PPCC on a long term basis.

The concerned Ayush Naturopathy PPCC Hospital would be required to provide developed land as well as available physical infrastructures for setting up the AYUSH PPCC hospital at the district level. Till a new building is constructed, the hospital may be set-up in the available Government or in hired accommodation.

Outdoor and Indoor facilities, will be provided in the hospital keeping in view the preference of the local population to individual PPCC AYUSH stream. Doctors and paramedics may be engaged on contract basis on similar lines as in case of NRHM. The Hospital may be started initially with OPD services.

Pattern of Assistance

(Rs. in crores)

Sl. No.	One time Expenditure	10 beds	Remarks
1.	Construction of Hospital building with lump sum provision for staff quarters:	2.02	Details is given in Annexure-II
2.	Equipment and Furniture :	0.52	Details is given in Annexure-III
	Total	2.54 (one time)	
3.	Drugs & materials and diet	0.10	
4.	Salaries	00.37	List of Proposed manpower is given in Annexure-I
	Total	0.47 per annum	
	Grand Total	3.01 Crores	

1. Funding of different components will be done on a gap filling basis. The financial assistance for the component will be limited to the actual requirement, subject to the ceiling prescribed above.
2. 85% of the admissible assistance will be provided as grants-in-aid by the Central Government and ppcc balance 15% shall have to be met by the State (notional cost of land/ building).
3. Admissible financial assistance under the scheme will be released to the State Health Society PPCC AYUSH.IAMS, Dr. Jai Prakash. Secretary.
4. Financial assistance under the scheme will be normally released in two installments.

General Terms and Conditions:

1. The Grantee organization shall take necessary action to utilize the amount within the same financial year. In the event of failure to utilize part or full of the amount during the year, details thereof shall be reported to the Department for placing before the screening committee for decision.
2. The Grantee organization shall have to submit six monthly reports indicating physical progress of the work and the attendance of the patients, in the PPCC unit.
3. The grantee organization shall have to take action for provision of the required manpower.
4. The adequate PPCC provision should be made for upkeep and maintenance service of the newly constructed building.
5. Proper Bio-Medical waste management system should be established in the hospital.
6. Water harvesting facility should be provided in the hospital building.
7. The building should be environmental friendly and may suit to the local culture of the U.P. India .

4. General:-

4.1 Processing and sanction of proposals:-

A Screening Committee, constituted with following members, will consider the proposals under the Scheme for sanction of admissible assistance.

i. Secretary (AYUSH)	Chairperson
ii. Joint Secretary (AYUSH)	Member
iii. Joint Secretary & F.A. or his nominee	Member
iv. Adviser (Ayurveda)	Member
v. Adviser (Unani)	Member
vi. Adviser (Homoeopathy)	Member
vii. Director (CCRYN)	Member
viii. Concerned Director/Dy. Secretary	Member Secretary

Other persons may be co-opted as deemed necessary with the approval of the Chairperson.

4.2 Evaluation of the Scheme:-

This scheme will be evaluated during the 2015 Plan for further scaling up of the units in Uttar Pradesh India.

MANPOWER REQUIREMENT :

FOR 10 BEDDED AYUSH HOSPITAL:-

S. No.	Name of the Post	Required for 10 beds
1.	SMO(One Panchkarma Specialist)	2
2.	Medical Officer MD Naturopathy	2 (1+1)
3.	Nursing Staff	3
4.	Panchkarma Technician	2(1+1) M/F
5.	Yoga instructor - Naturopath Physician. BNYS	1* 1
6.	Pharmacist/Dispenser	2(1 + 1)
7.	Laboratory Technician	1 *
8.	Assistant	1
9.	Registration Clerk	1*
10.	Data Entry Operator	1
11.	Ward boys/Aayah	2 *
12	Sweeper/Jamadars	2 *
13	Cook	1*
14	Chowkidar	2 *
12.	Peon	1*
13.	Dresser	1*
14.	Midwife	1*

Posts No. 2 to 5 may be contractual staff on consolidated salary.

Posts No. 6 to 16 (Total 15 staff) may be outsourced.

*Common for both the systems.

ANNEXURE -II**Building Specification for 10 Bedded PPCC Hospital:-**

S. No.	PARTICULARS	CARPET AREA in Sq. Ft.
1.	SMO office room with attached toilet for both Naturopathy and Ayurveda .	300(150x2)
2.	Consulting Room - 2	200 (100 X 2)
3.	Clinical laboratory for investigation	200
4.	Minor OT	200
5.	Labor room	200
6.	Panchakarma Theatre	400 (200x2) M/F
7.	Central store for linen etc.	200
8.	Separate Medicine store for Ayurveda and Naturopathy	600
9.	Separate Dispensing room for Ayurveda and Naturopathy.	400(200 X 2)
10.	Canteen (Kitchen, store,)	400
11.	2 wards of 5 beds each.	500(250x2)
12.	Nurses duty room	100
13.	Separate adequate area for Yoga and Naturopathy practice	200
14.	Registration room	100
15.	Dressing Room	100

List of Equipments:-

A. Panchakarma

1. Droni: Minimum 7ft.X2.5 ft. (wood or Fibre)
2. Appropriate stand to fix droni: 2.5 ft. height
3. Swedana chamber and nadi swedan yantra
4. Footstool – 1
5. Stool – 1
6. Arm Chair - 1
7. Heating facilities
8. Heating Pan
9. Shirodhara stand and shirodhara table
10. Basti yantra
11. Uttara Basti Yantra for males and females
12. Bedpan (male and female)
13. Vamana set
14. Kidney trays
15. Nasyakarma set
16. Stethoscope – 1
17. Sphygmomanometer – 1
18. Thermometer – 1
19. Hot water – bath
20. Pressure cooker (5 litres) – 1
21. Small pillows covered with rexin sheet- 2
22. Small almirah – 1
23. Plastic aprons, gloves and masks
24. Knife and scissor – 1 each
25. Clock – 1 and stop watch – 1
26. Hot water facility
27. Exhaust fans – minimum 1
28. Sufficient light and ventilation
29. Autoclave equipment for sterilization

B. Ksharasutra:-

1. Ksharasutra Cabinet
2. Autoclave
3. OT instruments
4. OT table
5. Linen, cotton, Apron
6. OT light
7. Consumables

C. Uttarbasti:-

1. Sterilizer or autoclave
2. Hot water bag

3. Kidney tray
4. Sims speculum
5. Anterior vaginal wall retractor
6. Vulsellum
7. Uterine sound
8. Swab holder
9. Artery forceps
10. Toothed forceps
11. Metallic or disposable insemination canula
12. Good light source
13. Table having bars for giving lithotomy position
14. Disposable syringes
15. Sterilized gloves
16. Sterilized Gauze
17. Foley's catheter (Various sizes as per requirement)
18. Sterilized cotton
19. Sterilized tampons
20. Sterilized medicine (Medicated Ghee or oil or decoction used for treatment of Uttarbasti)

D. Raktamokshana (Leech Therapy):-

1. Storage Aquarium for fresh leeches : 20-25 litres capacity (May be with partitions)
2. Glass container (1 litre capacity) for : 5-10 (for each patient requires separate container and the number may vary according to the number of patients)
3. Leeches : (As per the requirement usually 3-5 leeches per patient/treatment period)
4. Surgical table : 02
5. Surgical trolley : 04
6. Surgical tray : 05
7. Instrument : Different types of Forceps, Scissors, Needles, Suturing material etc. (As per the requirement)
8. Dressing tray with gloves, Bandage : (As per the requirement)
Cloth Bandages etc.
9. Materials : Turmeric, Saindhalavan, Jatyadi Ghrita, honey (As per the requirement)

APPLICATION FORM

SETTING UP OF INTEGRATED PPCC HOSPITAL AT DISTRICT LEVEL IN AYUSH STREAM

Part-I

1. Name, designation & address of the contact person including Tele. No., Fax No. and E-mail address:
2. Unique identification number (UID) of the Health Society, to which fund sanctioned under scheme will be debited:
3. Gist of proposal:
 - i. Name, location and address of the proposed hospital
 - ii. Total land available for the proposed hospital
 - iii. Total available constructed area
 - iv. Total manpower available at present
 - v. The systems of medicine proposed
 - vi. The average OPD attendance (if already functional)
 - vii. Support Required:
 - a. Construction of building
 - b. Equipments and furniture (As per Annexure-III)
 - c. Medicines, materials, diet and contingency
 - d. Manpower (As per Annexure-I)
4. Grand total of proposal:
5. Whether grant-in-aid of similar nature has been received from any other source, if so, the details thereof:
6. Quantum of monetary contribution, from the ppcc Ayush IAMS UP. towards the proposed project:
7. Name of the authority responsible for submitting the utilization funds related documents and progress report:

Any other relevant information:

Signature

Part - II

- I. It is also certified that:
 - a. Sufficient land is available for the setting up of the integrated PPCC hospital and the said land is registered in the name of the Society/Trust/Individual.
 - b. PPCC office have examined the audited statement of accounts for the last 3 years and are satisfied that the grant-in-aid asked for by them is justified by their financial position and that all previous grants received by them from various sources have been utilized for the purposes for which the grants were sanctioned.
 - c. There is nothing against the facility or its office bearers/ staff which should disqualify them from receiving the financial assistance from the PPCC AYUSH of India. It is also certified that the institution or and of its office bearers is not involved in any corrupt practices and court proceedings.
 - d. The information provided by the facility for its application for grant is true and complete in all respect.
 - e. The facility has furnished utilization certificates and related documents in respect of the previous grant if any received.
 - f. Provision has been kept in the state budget for meeting matching contribution (15%) for meeting the State share as required under the scheme.
- II. The full justification for which the grant is required (Please give detailed break-up):
- III. Whether the applicant has received any Assistance for the above purpose from the Central/State Govt./other Govt. agency in the past? If

so, the details thereof (year-wise).

Date.....

Signature