



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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डॉ. राजेंद्र शिवाजी बंगाल

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), बी.एल.बी., एल.एल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., L.L.B.

Registrar

Out No.: MUHS/Acad/E3-UG/ 375 /2024

Date: 08 /08 /2024

To,

The Dean / Principal,

Sawkar Ayurvedic Medical College & Sawkar Ayurvedic Hospital,

Satara, Gat No. 247, at Panmalwadi, Post Varye,

Tal & dist Satara 415015

Sub.: Continuation / Extension of Affiliation for Academic Year 2024-25

(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

Ref.: Academic Council Resolution No. 102/2024, dated 23/04/2024

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal for Continuation of filiation & / or Extension of Affiliation, the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2024-25 as per the provision of u/s 68 and 65(4) of MUHS Act 1998, for the Under Graduate B.A.M.S. Course of your College, subject to compliance of deficiencies as under:

- The intake capacity of students shall be 60
- Permission is granted by Central Government/ NCISM /State Government (as applicable).
- As per Academic Council Resolution Your College is having 94.11% Approved Teachers

Following deficiencies shall be strictly complied within Thirty days, without fail.

(i) Teaching Staff:

Sr. No.	Name Of Department	Professor			Reader			Lecturer		
		CCIM	Approved	Deficit	CCIM	Approved	Deficit	CCIM	Approved	Deficit
1	Samhita, Sanskrit & Siddhanta	*1		-	*1	1	-	1+1#	2+1	-
2	Rachana Sharir	*1	1	-	*1		-	1	1	-
3	Kriya Sharir	*1		-	*1	1	-	1	1	-
4	Dravyaguna	*1		-	*1	1	-	1	1	-
5	Rasashastra	*1		-	*1	1	-	1	1	-
6	Rognidan	*1		-	*1	1	-	1	1	-
7	Swasthavritta	*1		-	*1	1	-	1	1	-
8	Agadtantra	*1		1	*1		-	1	1	-
	TOTAL: 17	*8	1	1	*8	6	-	9	10	-

“ * ” Indicates either Professor or Reader. “ # ” Indicates one Should be a Sanskrit Lecturer.

“ @ ” Indicates “ Additional “. “ \$ ” Indicates Additional Higher Teaching Staff is appointed.

Req. : Indicates no. of required teaching staff as per Council norms.

Ext. : Indicates no. of Existing approved teaching staff.

Def. : Indicates no. of deficit teaching staff as per Council norms.

Inward No.- 149
Date.- 24/08/24
Sawkar Ayurvedic Medical
College, SATARA



(ii) Deficiencies for compliance :

- (a) Observation of LIC Committee :- Nil
(b) Observation of Scrutiny Committee :- Nil

(iii) Settlement of advance(s) / dues of any section of University including affiliation fees if pending with the College, please submit within 03 months, otherwise no action will be taken on teacher's proposal for approval/ Recognition received from your college.

(iv) Other: *Type of form*

- a. The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).
- b. For those UG / PG qualifications that are not yet recognized by the Central Govt., it shall be mandatory for the College to apply to the Central Govt. Commission through Central Govt. and ensure that "Permitted"/"Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such Courses.

Important Note:

- 1) This Continuation / Extension of affiliation is issued for the A.Y. 2024-2025 subject to the permission of NCISM / Govt. of India / Department of AYUSH, New Delhi and if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit the students for 1st Year of the course until receipt of permission of the NCISM / Govt. of India/ Department of AYUSH New Delhi.
- 2) The admission shall be done through the Competent Authorities only.

Thanking you.

Yours,

[Signature]
07-8-24

Registrar

Copy to:

1. The Hon'ble President, Medical Assessment and Rating Board for Indian System of Medicine (NCISM), New Delhi
2. The Director, Directorate of AYUSH, Mumbai
3. The Secretary, Admission Regulatory Authority, Mumbai
4. The Director, Directorate of Medical Education and Research, Mumbai
5. The Controller of Examinations, MUHS, Nashik
6. The H.O.D., Eligibility Section, MUHS, Nashik
7. The H.O.D., Computer Section, MUHS, Nashik

muh file
[Signature]
21/8/24

