



केन्द्रीय होम्योपैथी परिषद्
CENTRAL COUNCIL OF HOMOEOPATHY

आयुर्वेद, योग और प्राकृतिक चिकित्सा, यूनानी,
सिद्ध तथा होमियोपैथी (आयुष) मंत्रालय, भारत सरकार के अधीन विधिक निकाय
A Statutory Body under the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Govt. of India
Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathy Anusandhan Bhavan
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No.15-4/2019-CCH/ 9657

Dated:

03 FEB 2020

To

The Dean/Director/Principals of all Homoeopathy Colleges

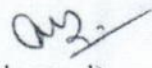
Sub: **Guidelines/instructions for colleges regarding visitation (2020-21)**

Madam/Sir,

Reference to the subject cited above, I am directed to forward herewith a copy of Guidelines/instructions for the colleges regarding visitation during the session 2020-21. You are requested to adhere the above guidelines during inspection of the college.

This may kindly be treated as *Most Urgent*.

Yours faithfully,


(Dr. Kumar Vivekanand)
Secretary

CENTRAL COUNCIL OF HOMOEOPATHY
GUIDELINES/INSTRUCTIONS FOR COLLEGES REGARDING VISITATION (2020-21)

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 according to list provided by the council with necessary annexure to all the visitors for verifying and crosschecking.
2. Videography of visitation is mandatorily to be arranged by the college. It should be arranged by the college and if not then by the visitor. It should be supervised by the visitors and submitted to the council. Photography also has to be arranged by the college and provide hard and soft copies of group photo along with names to visitors. Both Videography and Photography in CD/DVD/USB (Pen Drive) to be provided to the visitors for submitting to the council.
3. Those teachers present in the college on the date of visitation shall be considered / counted as working in the said college subject to the condition that, necessary applications in the CCH Online Teacher Management System (www.cchindia.com) have been found placed on the date of visitation in respect of their appointments. However appointments/eligibility of such teachers will only be accepted if their applications placed online are approved after due verification by CCH on or after the day of visitation. Any disputes/claims regarding relieving of teacher from the college shall be disposed of according to the guidelines issued by CCH from time to time in this regard.
4. Self declaration of all the teaching staff on notarized affidavit in prescribed format (copy enclosed) mentioning the details of qualifications and experience duly signed by the concerned teacher and counter signed by the Dean/Director/Principal of the Institution are to be handed over to visitors to submit to the council. These should be kept ready in advance.
5. Inspection fees/Application Fees for 12C as per gazette notification dated 29th April, 2019 if not already paid online to the **CCH** shall be handed over to the visitor(s) as Demand Draft in favour of the "Central Council of Homoeopathy" payable at New Delhi. The recommendations shall not be forwarded by CCH to GOI in case of pending fees of any category from the college.
6. Offering favours or facilitations to the visitors/inspectors in any manner must be discouraged otherwise Council will cancel the visitation and may not accept the report.
7. The following documents shall be provided to the visitors along with all relevant documents for verification.
 - a. Three Annexure (I) Teaching Staff details, (II) Non-Teaching Staff details and (III) Details of Hospital Staff filled by the college and duly signed by Principal.
 - b. Self declaration of teaching staff on notarized affidavit in prescribed format.
 - c. Declaration of Principal and Management ensuring that Homoeopathy doctors who are working as **Teachers/Hospital/Clinical Staff/Consultants possess permanent registration in Concerned State Board/Council where the college/hospital is located.** (This mandate is not applicable to those doctors who have applied for any Govt. Job which requires registration in the concerned state which would be the prospective place of work after the recruitment).
 - d. Documents as required by the visitor.
8. If college has any queries/ doubt/ other information required regarding the visitation of college is requested to contact CCH or send an email to cchindia123@yahoo.com.

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(---prescribed format of notarized affidavit to be filled up and submitted by all teachers of Homoeopathic colleges for the year 2020-21 to the visitors of CCH---)

Passport Size Photograph of teacher (To be attested by Principal)

I Dr./Mr./Mrs./ (NAME OF THE TEACHER), aged ____ Years, S/o or D/o (FATHER'S NAME) joined in this (NAME OF THE COLLEGE), on (DATE OF JOINING) and the details of my qualification and experience are mentioned below.

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher					
2.	Teacher's code					
3.	Date of Birth (dd/mm/yyyy)					
4.	UG Qualification	Name of Degree				
		Passing Year				
		University				
5.	PG Qualification	Name of Subject				
		Passing Year				
		University				
6.	Additional qualification P.G.Diploma /Ph.D.	Subject				
		Passing Year				
		University				
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date (dd/mm/yyyy)	To date (dd/mm/yyyy)			
8.	Presently working Department (Subject)					
9.	Present Designation					
10.	Nature of present appointment (regular/contract/deputation)					
11.	Permanent Residential Address					
12.	Local Residential Address					
13.	State Board / Council Registration details	Registration Number				
		Name of State Board				
14.	Mobile Number					
	Email ID					
15.	Name of the Principal of college					

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false, I shall be liable for any disciplinary action.

Date:
Place:

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place:

Signature of Principal with Stamp