



KLE University
Annual Quality Assurance Report
2015-2016

Submitted to
National Assessment and Accreditation Council (NAAC)
Bengaluru

The Annual Quality Assurance Report (AQAR) of the IQAC

All NAAC accredited institutions will submit an annual self-reviewed progress report to NAAC, through its IQAC. The report is to detail the tangible results achieved in key areas, specifically identified by the institutional IQAC at the beginning of the academic year. The AQAR will detail the results of the perspective plan worked out by the IQAC. (Note: The AQAR period would be the Academic Year. For example, July 1, 2012 to June 30, 2013)

Part – A

AQAR for the year (for example 2013-14)

2015-2016

1. Details of the Institution

1.1 Name of the Institution

KLE Academy of Higher Education & Research

1.2 Address Line 1

JNMC Campus

Address Line 2

Nehru Nagar

City/Town

Belagavi

State

Karnataka

Pin Code

590 010

Institution e-mail address

info@kleuniversity.edu.in

Contact Nos.

0831-2444444 / 2444300

Name of the Head of the Institution:

Prof. (Dr.) Chandrakant K. Kokate

Tel. No. with STD Code:

0831-2444444

Mobile:

09448072777

Name of the IQAC Co-ordinator:

Dr. Seema Hallikerimath

Mobile:

09448110562

IQAC e-mail address:

iqackleuniversity@gmail.com
iqac@kleuniversity.edu.in

1.3 NAAC Track ID (For ex. MHCOGN 18879)

KAUNGN10155

OR

1.4 NAAC Executive Committee No. & Date:

*(For Example EC/32/A&A/143 dated 3-5-2004.
This EC no. is available in the right corner- bottom
of your institution's Accreditation Certificate)*

EC(SC)/11/A&A/57.2

1.5 Website address:

<http://www.kleuniversity.edu.in>

Web-link of the AQAR:

<http://www.kleuniversity.edu.in/AQAR2015-16.doc>

For ex. <http://www.ladykeanecollege.edu.in/AQAR2012-13.doc>

1.6 Accreditation Details

Sl. No.	Cycle	Grade	CGPA	Year of Accreditation	Validity Period
1	1 st Cycle	A	3.16	28 th March 2010	28 th March 2015
2	2 nd Cycle	A	3.34	19 th Jan 2016	19 th Jan 2021
3	3 rd Cycle	-	-	-	-
4	4 th Cycle	-	-	-	-

1.7 Date of Establishment of IQAC :

06-04-2007

1.8 Details of the previous year's AQAR submitted to NAAC after the latest Assessment and Accreditation by NAAC ((for example AQAR 2010-11 submitted to NAAC on 12-10-2011))

AQAR submitted after first accreditation :-

- i. AQAR – 2010-2011 submitted to NAAC on 02-06-2011
- ii. AQAR – 2011-2012 submitted to NAAC on 30-04-2012 & 25-09-2012
- iii. AQAR – 2012-2013 submitted to NAAC on 18-05-2013
- iv. AQAR – 2013-2014 submitted to NAAC on 22-05-2014

The latest Assessment and Accreditation by NAAC was in January 2016. AQAR 2015-16 will be the first submission.

1.9 Institutional Status

University State Central Deemed Private

Affiliated College Yes No

Constituent College Yes No

Autonomous college of UGC Yes No

Regulatory Agency approved Institution Yes No

(eg. AICTE, BCI, MCI, PCI, NCI)

Type of Institution Co-education Men Women

Urban Rural Tribal

Financial Status Grant-in-aid UGC 2(f) UGC 12B

Grant-in-aid+ Self financing Totally Self-financing

1.10 Type of Faculty/Programme

Arts Science Commerce Law PEI (Phys Edu)

TEI (Edu) Engineering Health Science Management

Others (Specify)

Diploma and Certificate courses in Music

1.11 Name of the Affiliating University (for the Colleges)

1.12 Special status conferred by Central/ State Government-- UGC/CSIR/DST/DBT/ICMR etc

Autonomy by State/Central Govt. / University

University with Potential for Excellence	<input type="text" value="N/A"/>	UGC-CPE	<input type="text" value="N/A"/>
DST Star Scheme	<input type="text" value="-"/>	UGC-CE	<input type="text" value="-"/>
UGC-Special Assistance Programme	<input type="text" value="-"/>	DST-FIST	<input type="text" value="-"/>
UGC-Innovative PG programmes	<input type="text" value="-"/>	Any other (Specify)	<input type="text" value="-"/>
UGC-COP Programmes	<input type="text" value="-"/>		

2. IQAC Composition and Activities

2.1 No. of Teachers	17
2.2 No. of Administrative/Technical staff	15
2.3 No. of students	04
2.4 No. of Management representatives	05
2.5 No. of Alumni	07
2.6 No. of any other stakeholder and community representatives	03
2.7 No. of Employers/ Industrialists	-
2.8 No. of other External Experts	03
2.9 Total No. of members	54

2.10 No. of IQAC meetings held

2.11 No. of meetings with various stakeholders: No. Faculty
Non-Teaching Staff Students Alumni Others

2.12 Has IQAC received any funding from UGC during the year? Yes No

If yes, mention the amount

2.13 Seminars and Conferences (only quality related)

(i) No. of Seminars/Conferences/ Workshops/Symposia organized by the IQAC - **NIL**

Total Nos. International National State Institution Level

(ii) Themes

2.14 Significant Activities and contributions made by IQAC

<ul style="list-style-type: none"> • Conducted regular quarterly meetings with specific agenda and review the work done by all constituent units is carried out at specific intervals. • Student satisfaction index, academic growth of students from disadvantage section of society carried out. • “Earn while you learn” is a scheme initiated by University based on discussions in IQAC meetings to promote and support students from rural and low economic background. • Green Audit, Gender Audit and academic and administrative Audit was done. • IQAC has been channelizing the efforts and measures of the colleges towards academic excellence. • Self Study Report of KLE Academy of Higher Education and Research with Track ID No. KAUNGN10155 was submitted to NAAC office, Bengaluru on 20th May 2015 and was uploaded on University Website www.kleUniversity.edu.in. • Peer team of NAAC visited the University from 28th September to 1st October 2015. • Received quality profile from NAAC on 19th January 2016 with CGPA 3.34.
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2.15 Plan of Action by IQAC/Outcome

The plan of action chalked out by the IQAC in the beginning of the year towards quality enhancement and the outcome achieved by the end of the year.

Plan of Action	Achievements
Preparation of Self-Study-Report of KLE University.	Started on 5 th August 2014 and completed on January 2015.
To submit Letter of Intent	Submitted on 13 th December 2014
Submission of Self-Study-Report	<ul style="list-style-type: none"> • Self-Study-Report hoisted on KLE University website on 23rd March 2014. • Hard copies of SSR submitted to NAAC on 20th May 2014.
To check preparedness of all constituent units	NAAC Internal peer team visits to all constituent units from 13 th May

	2015 to 3 rd June 2015
NAAC peer team visit for 2 nd Cycle	28 th September to 1 st October 2015.
Reaccreditation by NAAC	Received Quality Profile from NAAC on 19 th January 2016 with CGPA 3.34.

** Attach the Academic Calendar of the year as Annexure.*

2.15 Whether the AQAR was placed in statutory body Yes No

Management

Syndicate

Any other body

Academic Council meeting and Board of Management
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Provide the details of the action taken

The AQAR was approved by the members of Academic council and Board of Management.

Part – B

Criterion – I

1. Curricular Aspects

1.1 Details about Academic Programmes

Level of the Programme	Number of existing Programmes	Number of programmes added during the year	Number of self-financing programmes	Number of value added / Career Oriented programmes
PhD	05	02	07	-
PG	68	01	69	-
UG	14	-	14	-
PG Diploma	21	-	21	-
Advanced Diploma	-	-	-	-
Diploma	02	-	02	-
Certificate	23	02	25	-
Others	25 (02+23) (8 Super Spec; 15 Fellowship)	-	25	-
Total	158	05	163	-
Interdisciplinary	-	-	01	-
Innovative	-	-	01	-

1.2 (i) Flexibility of the Curriculum: CBCS/Core/Elective option / Open options

(ii) Pattern of programmes:

Pattern	Number of programmes
Semester	03
Trimester	-
Annual	160

1.3 Feedback from stakeholders* Alumni Parents Employers Students
(On all aspects)

Mode of feedback : Online Manual Co-operating schools (for PEI)

**Please provide an analysis of the feedback in the Annexure*

1.4 Whether there is any revision/update of regulation or syllabi, if yes, mention their salient aspects.

- **2nd Professional BAMS syllabus revised:** In Agadatantara & Dravyaguna.
Added 1 Disaster Management and 2. Environment studies syllabus as per UGC New Delhi, instructions
- **MD/MS(Ayurveda) part-2 syllabus was revised :** Salient aspects-added in practicals for RS BK syllabus –One month Peripheral posting for GMP certified Pharmacy/Industry is mandatory and In house posting is compulsory.
- Agadatantra: Theory contents & added- Visha & upavisha;
- Practical added-Adulteration detection text, Preparation of Agada yogas-10,;
- Medico legal cases presentation
- Kaumaabriya:-Theory contents added- Navajatashishu kaksha prabhandhana
- **PG Part-1 & Part-2 New Syllabus were added :**
 1. Shalakyatantra
 2. Rasayana Vajikarana
 3. Swasthawritta
- **MD/MS(Ayurveda) part-1 syllabus was revised:** Theory contents were added.
 1. Shalyatantra:
 - Basics of clinical microbiology Hernias: Types of hernias, repair techniques
 - Breast Diseases: Benign breast disorders, investigations, screening, genetics, Breast Cancer
 - Thyroid Disorders: Solitary nodule, investigations, multi nodular goitre, Graves disease, Appendicitis, Hydrocele, Ano-rectal diseases, Diseases of bone, pathology and concepts of bone healing.
 - Shalya Tantra - X-rays, U.S.G., Endoscopies (for diagnostic and treatment purposes), MRI, CAT scanning and other recent diagnostic tools. Concept and applicability of Sadhya-Asadhya (Prognosis) - Arishthalakshana. Knowledge of life saving drugs.
 - Acute abdominal conditions :Assessment of acute abdomen, Peritonitis, Intestinal obstruction Strangulated hernia, Acute Ano-rectal sepsis , Acute conditions of urological disease-Diagnosis and management of Pranashtha Shalya
 2. Kaumarabhritya:Theory contents were added:

- Concept of BalaRasayana and its application in physical and mental health of children
- Concept of Vyadhi-KshamatvaavamVardhanopaya.
- Concept of immunity and immune enhancing measures including immunization. Concept of Dhupana and Raksha karma and their clinical application in pediatric practice.

3. Agadatantra:

- Knowledge about Sthavara visha
- Knowledge of Jangama visha
- Knowledge of Kritrima visha
- Revision of Syllabus - **Subject revised** – Biochemistry, Computer application., Pathology and Microbiology, P T Surgery, PT CVTS, Biostatistics , P T Neuro, PT Ortho
- **New Subject added** -NSS in 1st 2nd and 3rd year, English and Kannada in 1st year Physiotherapy in Pediatric in 4th year
- **Reshuffling of subject**
3rd year to 4th year- Clinical Orthopedic, Neurology and neurosurgery
4th year to 3rd year- Physiotherapy in general medicine and general surgery Including OBG, Physiotherapy in CVT S Conditions

1.5 Any new Department/Centre introduced during the year. If yes, give details.

- Pallavva Panchakarma for Paediatric in Karveer ward started on 01/05/2015 in KLE Sri B. M. Kankanwadi Ayurveda Mahaviadyalaya, Belagavi.
- Oncology Physiotherapy - 4 seats approved by Academic Council.

Criterion – II

2. Teaching, Learning and Evaluation

2.1 Total No. of permanent faculty

Total	Asst. Professors	Associate Professors	Professors	Others
888	188	132	193	375

2.2 No. of permanent faculty with Ph.D.

83

2.3 No. of Faculty Positions Recruited (R) and Vacant (V) during the year

Asst. Professors		Associate Professors		Professors		Others		Total	
R	V	R	V	R	V	R	V	R	V
61	08	07	10	12	03	50	01	130	22

2.4 No. of Guest and Visiting faculty and Temporary faculty

13

13

0

2.5 Faculty participation in conferences and symposia:

No. of Faculty	International level	National level	State level
Attended	215	181	503
Presented papers	77	79	131
Resource Persons	17	97	90

2.6 Innovative processes adopted by the institution in Teaching and Learning:

- Integrated Seminars & Case Discussions for Post Graduate Students
- Horizontal Integrated Teaching for undergraduates.
- PG orientation workshop and Collaborative Institutional Training Initiative (CITI) on line test
- Smart board installed for better teaching and learning
- Viva cards for uniform and fair assessment
- Simulators for pre-clinical Radiology training
- Case based discussion and learning
- Remedial Classes for slow learner (Paper/ Poster Presentations)
- Use of audio and television during treatment.
- Yearly Dr. W. C. Roentgen week since 4 years (2012)
- OSPE/OSCE, Workshops, Role play.

- Case based and problem based discussions and learning.
- Use of audio and television as a mode of distraction for pediatric patients during treatment.
- Drawing materials are being distributed to children during their visit and they are displayed in waiting room.
- Play station is put up to encourage their interest in dental visits. Feedback forms filled by the parents at the completion of treatment
- Workshop on Journal Browsing for Teachers
- “Training to Teachers
- Learner centered teaching methods through didactic lectures.
- ICT enabled flexible teaching system.
- Self directed active learning system through assignments, tutorials/remedials.
- Emphasis on development of required skills, adequate knowledge and appropriate attitude to practice nursing through clinical postings, clinical presentations, case discussions, demonstrations in the skill labs.
- Summer Research projects for B. Pharm students.
- **Blue book continuous evaluation: (in some constituent units)** This continuous evaluation is conducted on completion of a topic in each subject. This will help to evaluate slow and advanced learners.

2.7 Total No. of actual teaching days during this academic year

252

2.8 Examination/ Evaluation Reforms initiated by the Institution (for example: Open Book Examination, Bar Coding, Double Valuation, Photocopy, Online Multiple Choice Questions)

- Bar coding, double valuation
- MCQs
- Photocopy
- Intimation of results through SMS / email
- Three external evaluators for Ph.D thesis evaluation.

2.9 No. of faculty members involved in curriculum restructuring/revision/syllabus development as member of Board of Study/Faculty/Curriculum Development workshop

144	222	185
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2.10 Average percentage of attendance of students

80% - 90%

2.11 Course/Programme wise distribution of pass percentage :

Title of the Programme	Total no. of students appeared	Division				
		Distinction %	I %	II %	III %	Pass %
Medical						
MBBS Phase I	210	8	80	83	4	83
MBBS Phase II	72	-	1	11	23	49
MBBS Phase III / I	50	-	11	15	12	76
MBBS Phase III / II	51	-	5	14	17	71
MD / MS	76	2	-	-	-	66
PG Diploma	59	-	-	-	-	52
Dental						
July 2015 – BDS						
1 st B.D.S. (RS-2)	96	2	40			95.83
2 nd B.D.S.	96	7	47			92.71
3 rd B.D.S.(R.S.)	92	-	11			94.57
4 th B.D.S. (R.S.)	89	-	30			82.02
Jan 2016 – BDS						
1 st B.D.S. (RS-2)	7					42.86
2 nd B.D.S. (RS-1)	10					80%
3 rd B.D.S. (RS-1)	9		1			100%
4 th B.D.S. (R.S.-1)	19					100%
Postgraduate April - 2015	41					97.56%
97.56%	1					100%
						-
Ayurveda						
1st Year BAMS (2014 Batch)	75	08	62	02	-	96%
3 rd Year BAMS (2012 Batch)	65	06	54	01	-	94%
2 nd Prof.BAMS (2013 Batch)	72	12	58	02	-	100%
3 rd Pro BAMS (2011 Batch)	69	09	59	-	-	99%
KLE University MD/MS Results from April 2015 to March 2116						
Title of the Programme	Total no. of students appeared	Distinction %	I %	II %	III %	Pass %
1 st Year MD/MS (2014 Batch)	25	-	21	03	-	96%
Final Year MD/MS (2012 Batch)	37	03	31	03	-	100%

Physiotherapy						
Result of July 2015						
I YEAR B.P.T	80	03	43	13	-	73.75%
II YEAR B.P.T	62	-	34	12	-	74.19%
III YEAR B.P.T	42	-	18	19	-	88.09%
IV YEAR B.P.T	37	-	34	03	-	100%
I YEAR M.P.T	19	-	05	09	-	73.68%
II YEAR M.P.T	12	-	08	04	-	100%
Result of January 2016						
I YEAR BPT	21	-	-	-	12	57.14%
II YEAR BPT	31	-	05	08	16	93.55%
III YEAR BPT	15	-	01	09	05	100%
IV YEAR BPT	07	-	07	-	-	100%
I YEAR MPT	05	-	-	-	05	100%
II YEAR MPT	-	-	-	-	-	-
Nursing						
B.Sc(N)	275	28	206	13	--	--
P.B.B.Sc (N)	61	01	54	03	--	---
M.Sc(N)	15	09	06	--	--	---
Pharmacy College Belagavi,						
B. Pharm	50	10	32	06	--	96
Pharm. D	29	01	16	--	02	65
M. Pharm	67	10	57	--	---	100
M. Sc (Clinical Research)	03	02	01	--	--	100
Pharmacy college, Hubballi						
B.Pharm.	19	21.05	73.68	5.26	--	--
M.Pharm.	06	66.66	33.33	--	--	--
Pharmacy college, Bengaluru						

B.Pharm	II Sem	52	3.85	32.69	30.77	3.85
	IV Sem	31	6.45	45.16	19.35	12.90
	VI Sem	25	8.00	20.00	36.00	8.00
	VIII Sem	17	5.88	35.29	29.41	0.00
M.Pharm I Year	Ph. Ceutics	10	10.00	40.00	0.00	0.00
	Ph. Cology	01	0.00	100.00	0.00	0.00
	Ph. Chemistry	04	0.00	75.00	0.00	0.00
M.Pharm II Year	Ph. Ceutics	12	0.00	83.33	16.67	0.00
	Ph. Cology	03	0.00	100.00	0.00	0.00
	Ph. Chemistry	01	0.00	100.00	0.00	0.00
Pharm.D	I Year	28	3.57	57.14	0.00	3.57

2.12 How does IQAC Contribute/Monitor/Evaluate the Teaching & Learning processes :

- | |
|---|
| <ul style="list-style-type: none"> • Regular feedback on teaching from students. • Peer feedback for Teachers evaluation. • Patient feedback for assessment of clinical work. • Students feedback for departmental assessment. • Feedback from academic colleagues for syllabus and curriculum revision. |
|---|

2.13 Initiatives undertaken towards faculty development

<i>Faculty / Staff Development Programmes</i>	<i>Number of faculty benefitted</i>
Refresher courses	879
UGC – Faculty Improvement Programme	0
HRD programmes	39
Orientation programmes	34
Faculty exchange programme	03
Staff training conducted by the University	122
Staff training conducted by other institutions	43
Summer / Winter schools, Workshops, etc.	163
Others	313
Total	1596

2.14 Details of Administrative and Technical staff

Category	Number of Permanent Employees	Number of Vacant Positions	Number of permanent positions filled during the Year	Number of positions filled temporarily
Administrative Staff	475	-	04	-
Technical Staff	176	-	02	-

Criterion – III

3. Research, Consultancy and Extension

3.1 Initiatives of the IQAC in Sensitizing/Promoting Research Climate in the institution

- Basic Science Laboratory Facility is available.
- Faculty are given incentives for publications.
- Faculty are given study leave/sabbatical leave for pursuing higher education.
- Full-time research scholar are given stipend.
- Scientific paper presentations and publications are considered during promotions.
- Financial support towards participation in the conferences.
- Orientation programme conducted on research.
- Staff & students are encouraged to undertake research by providing faculty & time.
- Identification of thrust areas and research work in those areas.
- Orientation towards research facilities, funding agencies, grant writing training, scientific writing workshops etc.
- The Institutional Research Committee exists & It evaluates the research proposals of the M.Sc (N) students and monitors research projects.
- The Institution has Institutional Nursing Ethical Clearance Committee that permits ethical clearance and examines the ethically sensitive research works.
- The institution has a separate budget to support the research activities & development.
- University Department of Education for Health Professionals (UDEHP) conducts regular training programs for research scholars regarding research methodology.
- To promote teaching staff to apply for grants to various Govt. Agencies (DBT, DST, CCMR etc.,)

3.2 Details regarding major projects

	Completed	Ongoing	Sanctioned	Submitted
Number	61	113	15	24
Outlay in Rs. Lakhs	48,40,000	1,83,84,355	68,72,000	36,00,000

3.3 Details regarding minor projects

	Completed	Ongoing	Sanctioned	Submitted
Number	196	374	0	04
Outlay in Rs. Lakhs	30,0000	0	0	1,60,000

3.4 Details on research publications

	International	National	Others
Peer Review Journals	206	125	60
Non-Peer Review Journals	-	-	-
e-Journals	-	-	-
Conference proceedings	45	14	29

3.5 Details on Impact factor of publications:

Range	5.114 - 0.2	Average	3.831-0.4655	h-index	0-38	Nos. in SCOPUS	1-24
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3.6 Research funds sanctioned and received from various funding agencies, industry and other organisations

Nature of the Project	Duration / Year	Name of the funding Agency	Total grant sanctioned	Received
Major Projects	2012-2018	<ul style="list-style-type: none"> NICHD, USA Bill and Melinda Gates Foundation CSIR- IGIB AYUSH & Public Health New Delhi VGST, Department of Information Technology, Biotechnology and Science & Technology, Govt. of Karnataka 	1,91,10,145	5,20,21,025
Minor Projects	-	VGST	4,00,000	4,00,000
Interdisciplinary Projects	-	-	-	-
Industry sponsored	2015-16	<ul style="list-style-type: none"> Green Chem Herbal Extracts and Formulations, Bangalore VASU Research Center (Division of Vasu Health care Pvt Ltd) Vadodara, Gujarat 	Rs.40,000/-	4,99,210
Projects sponsored by the University/ College	2015-18	<ul style="list-style-type: none"> KLE University, Belgaum. IISC, Bangalore 	96,220	14,000
Students research projects <i>(other than compulsory by the University)</i>	6 months	VGST	30,000	30,000
Any other(Specify)	12	Self funded	Self funded	Self funded
Total			1,96,76,365	5,29,64,235

3.7 No. of books published i) With ISBN No. Chapters in Edited Books

ii) Without ISBN No.

3.8 No. of University Departments receiving funds from

UGC-SAP CAS DST-FIST
 DPE DBT Scheme/funds

3.9 For colleges

Autonomy CPE DBT Star Scheme
 INSPIRE CE Any Other (specify)

CSIR, Public Health Initiative,
 Vasu Research Centre, National
 Mission for Manuscript

3.10 Revenue generated through consultancy

3.11 No. of conferences organized by the Institution

Level	International	National	State	University	College
Number	04	06	04	04	104
Sponsoring agencies	UKIERI British Council Shri Dhootpapeshwar Pvt Ltd	DDE & KLE VK IDS KLEU ICMR	KLE VK IDS UDEHP, KLE University, Belagavi	KLEU College of Pharmacy, Hubballi	KLE VK IDS

3.12 No. of faculty served as experts, chairpersons or resource persons

3.13 No. of collaborations International National Any other

3.14 No. of linkages created during this year

3.15 Total budget for research for current year in lakhs :

From Funding agency	4,98,94,309	From Management of University/College	1,51,13,000
Total	6,50,07,309		

3.16 No. of patents received this year

Type of Patent		Number
National	Applied	-
	Granted	-
International	Applied	-
	Granted	-
Commercialised	Applied	-
	Granted	-

3.17 No. of research awards/ recognitions received by faculty and research fellows Of the institute in the year

Total	International	National	State	University	Dist	College
40	10	19	2	09	-	-

3.18 No. of faculty from the Institution who are Ph. D. Guides and students registered under them

51
50

3.19 No. of Ph.D. awarded by faculty from the Institution

13

3.20 No. of Research scholars receiving the Fellowships (Newly enrolled + existing ones)

JRF	01	SRF	-	Project Fellows	01	Any other	41
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3.21 No. of students Participated in NSS events:

University level	545	State level	35
National level	34	International level	-

3.22 No. of students participated in NCC events: NA

University level	-	State level	-
National level	-	International level	-

3.23 No. of Awards won in NSS:

University level	<input type="text" value="04"/>	State level	<input type="text" value="03"/>
National level	<input type="text" value="-"/>	International level	<input type="text" value="-"/>

3.24 No. of Awards won in NCC: NA

University level	<input type="text"/>	State level	<input type="text"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.25 No. of Extension activities organized

University forum	<input type="text" value="-"/>	College forum	<input type="text" value="2103"/>
NCC	<input type="text" value="-"/>	NSS	<input type="text" value="199"/>
		Any other	<input type="text" value="29"/>

3.26 Major Activities during the year in the sphere of extension activities and Institutional Social Responsibility

- College has organised regular Health Check-up Camps in and around Belagavi, providing not only check-ups but also free medication and treatment (medical and surgical) to the referred patients.
- Celebration of Children’s Day, Disabled Day, tobacco screening camps, Swachha Bharat Abhiyan, National Youth Day , Dr G. V. Black week, Food & Health, No Tobacco Day, International Day of Yoga, World’s Antidrug Abuse Day, Digital India Week , Independence Day Celebration , World Youth Skills Day, Nutraceuticals-Let food be your Medicine National Nutrition Week, NSS Foundation Day, National Youth Day, World Environment Day, World Diabetes Day, World Pharmacist Day, International Women’s Day and programs by Youth Red Cross are regular features.
- Participation in NSS Adventure camps.
- Blood donation camps.
- Conducted “First aid training” for the staffs of NWKRTC Belagavi division.
- Health awareness program on “Pneumonia in children” at Rukmini Nagar, UHC, Belagavi
- Health Awareness Program on the occasion of “World Environmental Day 2015” at Vantamuri village.
- Health Awareness Program on “Importance of Exclusive Breast Feeding” at Rukmini Nagar UHC, Belagavi.
- Health Awareness Program on “Dengue Fever” at Rukmini nagar, UHC, Belagavi.
- Health Awareness Program on “Prevention of Vitamin Deficiency” at Agasaga village.

- Health Awareness Program on “Child Obesity” at Govt. School, Mahantesh Nagar, Belagavi.
- Health talk on “Mental hygiene” at Govt. Kannada School, Kakati
- Health talk and posture exhibition on “Misconception about Mental illness and prevention of substance abuse” at Kinaye.
- Rally on “World No Tobacco Day” at Kinaye
- Awareness programme for Adolescent girls on Menstrual cycle their issues and self management at higher primary school, Agasaga.
- Health awareness programme and pamphlet distribution on breast self examination at B.K. College, Belagavi.
- Free Physiotherapy camps to the surrounding rural villages.
- Vanamohostav Day
- NSS Day and Voter awareness.
- Responsible Use of Antibiotics Saves Lives
- Special NSS camp was conducted in Mannur Village and various health related activities have been organized during this one week programme
- Two mega Health camps have been organized by Pharmacy practice department and medicines were distributed during this camp
- Antibiotic resistance awareness rally was organized by IPA local branch as part of Pharmacy week celebration and number of awareness lectures were given to the different forums during this week
- Health and Hygiene Education Program
- Gandhi Jayanthi and Swachh Bharat Abhiyan
- Pulse Polio Immunization Programme
- Skill India Campaign
- NSS Special Camp
- NSS Day – Induction and Orientation Program
- National Adventure Camp at Atal Bihari Vajpayee Institute of Mountaineering and Allied Sports, Manali.
- Collection for Earthquake Relief Fund Victims.
- World AIDS Day Rally

Criterion – IV

4. Infrastructure and Learning Resources

4.1 Details of increase in infrastructure facilities:

Facilities	Existing	Newly created	Source of Fund	Total
Campus area	142.33 acres	-	AYUSH and KLE University	142.33 acres
Class rooms	91	02	KLE University	-
Laboratories	149	-	-	-
Seminar Halls	50	-	-	-
No. of important equipments purchased (\geq 1-0 lakh) during the current year.	198	33	AICTE, VGST & KLE University	
Value of the equipment purchased during the year (Rs. in Lakhs)	3,22,08,315	1,90,25,547		1,13,56,153
Others	-	-	-	-

4.2 Computerization of administration and library

- Administration of all colleges is computerised.
- All circulars, correspondences and notices are circulated through E- Mail.
- All financial transactions of the institute are computerized.
- 24x7 Wi-Fi facility is available.
- Libraries are computerised (Issue and return of books, journals is computerized) with Hi-Tech Digital Library.
- Internet facility with broad band connectivity of 40 MBPS is provided through leased line in the digital library of the University, constituent colleges & hospital where simultaneously, 222 students can access the facility.
- All the digital library computers are centralized and managed with WINDOWS 2008 Active Directory and Group Policy Security System based HP server, 106 Client Computers, 2 VMware Virtual DNS & DHCP Servers, networked with 1 GB LAN and Central Managed Antivirus System.
- BMJ Case Report and Best Practices are subscribed for the benefit of postgraduates and

faculty which can be accessed on Wi-Fi in any part of the campus with IP linked user password.

- KIOSK and Institutional Repository software are in place for information deployment.
- The library has provision for research scholars, UG, PG students and faculty for free download of research articles through Science Direct, HELINET Consortium, OVID SP, BMJ and OUP (Oxford University Press), etc.
- Libraries have E-learning resources like e-database, e-books, e-journals ICT and smart class, production of teaching modules and interactive learning, MED RC Server, Helinet, Science Direct , Access to Cochrane database, INFLIBNET and “Sakshat.ac.in” through 1 GBPS lease line obtained through NMEICT. Institution has various software computing facilities like WINDOWS XP, WINDOWS 7, MS OFFICE 2007, MS OFFICE 2010, Adobe reader, Customized Application Software for administrative purpose, Tally-ERP-9 for account section, SPSS software latest version no. 21 for research, website updation software, etc.
- The hardware computing facilities at the University are above dual core processor which includes DDR 2 and 3 and includes, more than 200 GB of hard disk with TFT / LED monitor along with network printer.
- Students attendance and internal assessment marks are sent to the parents through email.
- Availability of Kiosk in the central library.
- HRMS software available
- Easylib software.
- OPAC- Online Public Access Catalogue.
- Implementation of server and digital language software for teaching.
- Helinet consortium facility.
- E-Charaka Samhita and Sushruta Samhita made available in KLE Sri BMK Ayurveda college.
- Library uses KOHA, E-lib Library Management Software.

4.3 Library services:

	Existing		Newly added		Total	
	No.	Value	No.	Value	No.	Value
Text Books	50454	2,08,54,807.86	2432	15,72,660.55	52886	2,29,07,376.31
Reference Books	46141	3,54,35,041.01	2201	28,83,863.81	48284	38318904.82
e-Books	5025	-	3877	-	4122	-
Journals	380	10,10,38,304.91	353	1,81,88,156	361	11,92,26,460.91
e-Journals	526	16,91,716	464	7,43,596	693	29,35,312
Digital Database	1547	1413401	145	185000	1698	1598401
CD & Video	2192	1,37,772	327	0	2332	1,37,772
Others (specify)	-	-	01	1,85,000	01	1,85,000

4.4 Technology up gradation (overall)

	Total Computers	Computer Labs	Internet	Browsing Centres	Computer Centres	Office	Departments	Others
Existing	883	137	40 mbps / 1GBPS	21	01	72	485	92
Added	25	0		0	0	0	05	03
Total	908	137	40 mbps/ 1GBPS	21	01	72	490	95

4.5 Computer, Internet access, training to teachers and students and any other programme for technology upgradation (Networking, e-Governance etc.)

<ul style="list-style-type: none"> • Regular Basic computer training programme for teaching & non teaching staff. • Wi-Fi facility in the campus. • Digital Library/ Multi media room – CITI training. • Intranet for all computers systems in the institute. • Facility for e-Governance. • Helinet consortium facility. • Implementation of server and digital language software for teaching. • E-Charaka Samhita and Sushruta Samhita made available in institute of Ayurveda. • Computer Science is one of the subject taught at undergraduate level in KLE college of Pharmacy Hubballi.

4.6 Amount spent on maintenance in lakhs :

i) ICT	12,21,384
ii) Campus Infrastructure and facilities	3,54,18,828
iii) Equipments	64,68,555
iv) Others	67,70,602
Total :	4,98,79,369

Criterion – V

5. Student Support and Progression

5.1 Contribution of IQAC in enhancing awareness about Student Support Services

- IQAC of all constituent units organise orientation to fresher's about students support services like Mentorship Programme, availability of Counsellor, remedial class for slow learners etc.
- Collects feedback from stakeholders.
- Conducts parent teacher meetings.
- 24/7 helpline for girl students.
- IQAC takes inputs from student representatives.
- Academic guidance and financial assistance are given to students to participate in various inter-collegiate, state level and national level competitions / conferences. Information on such events is displayed on the departmental and common notice boards.
- Students participate regularly in the HUMBO and TRINITY conducted by the University.
- Students are encouraged to publish in magazine and newsletters. Students write articles, jokes, poems, and health talk in souvenir.
- Training is provided to non-teaching staff in computers and computerization of office activities.

5.2 Efforts made by the institution for tracking the progression

- Internal Assessment exams for UG's and PG's conducted periodically. Performance & attendance of students are mailed to the parents quarterly.
- Regular staff meetings, interaction of the students and regular updates from the mentors.
- Mentorship programme.
- Peer feedbacks from the teachers.
- Student's feedback about teachers.
- Student mentorship programme.
- Encouraged student's participation in co-curricular and extra-curricular activities.
- Blue Books for continuous evaluation in some constituent units.

5.3 (a) Total Number of students

UG	PG	Ph. D.	Others
2662	522	31	66

(b) No. of students outside the state

(c) No. of international students

Men	No	%	Women	No	%
	602	35		1135	65

Last Year						This Year					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
1174	40	41	193	0	1448	1359	46	41	285	0	1731

Demand ratio
 Dropout %

5.4 Details of student support mechanism for coaching for competitive examinations (If any)

- Coaching for competitive examinations is conducted on weekends and Holidays.
- Placement cell organizes career guidance lectures for interns in different specialities & scope for higher education in India and abroad.
- Personal counselling is done to students by respective mentors.
- Students are encouraged to attend coaching classes for competitive exams.
- Guest lectures are conducted to create awareness regarding civil service examination
- Weekly special classes have been conducted by faculty with respective subject expert for GPAT examination.

No. of students beneficiaries

5.5 No. of students qualified in these examinations

NET	<input type="text" value="-"/>	SET/SLET	<input type="text" value="-"/>	GATE	<input type="text" value="03"/>	CAT	<input type="text" value="01"/>
IAS/IPS etc	<input type="text" value="-"/>	State PSC	<input type="text" value="-"/>	UPSC	<input type="text" value="-"/>	Others	<input type="text" value="18"/>

5.6 Details of student counselling and career guidance

- University has full time student counsellor who is involved in academic, personal and career counselling.
- The Career Guidance and Placement Cell of University is active and provides appropriate information about the procedures for applying for higher studies and employment.
- The University constituent units invite companies/ health agencies / hospitals / industries for campus interviews.
- List of meritorious students is sent to different industries to enhance their placement opportunities.
- Job vacancies are displayed regularly on the notice board for benefit of students.
- Recommendation / reference letters to students are processed faster for higher education and placement.
- Letters of enquiry for credential verification of students who go abroad for higher studies or employment are promptly replied to help the students.
- Personality and skill development programmes / workshops, CME and orientation programs are conducted for interns and PG's wherein the issues on setting up a private nursing home, group practice dynamics, rural practice, techniques of successful interview, leadership, etc. are addressed to enhance entrepreneurship skills.
- Students are posted to industries and NGO's for training and many are employed in the same centres after completion of the course.
- Career guidance is also provided through mentors.
- Institutes conduct regular meets of Alumni Associations which provide a forum for students to interact for career guidance and job placement.
- Institutions subscribe regular employment news bulletins.

No. of students benefitted

559

5.7 Details of campus placement

<i>On campus</i>			<i>Off Campus</i>
Number of Organizations Visited	Number of Students Participated	Number of Students Placed	Number of Students Placed
12	228	68	02

5.8 Details of gender sensitization programmes

- University conducts gender sensitization programs for its faculty and students.
- University Cell for Women conducts regular programmes like entrepreneurship, leadership education, legal rights of women, Human Trafficking” & POCSO Act 2012 women’s health and safety, harassment at work place, Women rights and cyber law etc.
- Sensitization on health issues, self protection and self motivation are part of routine programs organized by constituent units.
- International Women’s Day is celebrated on March 8th every year.
- 24 X 7 help line for girl students is available.
- Self defence training for girls students is organized yearly by NSS.
- Gender sensitization through value education program “Right life- life’s right”.

5.9 Students Activities

5.9.1 No. of students participated in Sports, Games and other events

State/ University level National level International level

No. of students participated in cultural events

State/ University level National level International level

5.9.2 No. of medals /awards won by students in Sports, Games and other events

Sports : State/ University level National level International level

Cultural: State/ University level National level International level

5.10 Scholarships and Financial Support

	Number of students	Amount
Financial support from institution	279	12,60,73,015
Financial support from government	148	30,69,380
Financial support from other sources	Full Time PhD student	1,20,000
Number of students who received International/ National recognitions	-	-

5.11 Student organised / initiatives

Fairs : State/ University level National level International level

Exhibition: State/ University level National level International level

5.12 No. of social initiatives undertaken by the students

5.13 Major grievances of students (if any) redressed: NIL

Criterion – VI

6. Governance, Leadership and Management

6.1 State the Vision and Mission of the institution

The University made its humble beginning with a clear vision and mission in mind and as guided by vision and mission of the sponsoring society with the sole aim of imparting quality education.

Vision:

“To be an outstanding University of excellence ever in pursuit of newer horizons to build self-reliant global citizens through its assured quality health science programmes”.

Mission:

- “To promote sustainable development of higher education in general and health science education in particular.
- To provide and plan continuously upgraded infrastructure and learning resources required for meaningful teaching-learning process.
- To stimulate and extend the frontiers of knowledge through the faculty development and continuing education programmes.
- To make research a significant activity involving faculty, students and other stakeholders of education.
- To promote University-industry collaborations at regional, national and international levels with other bench marked universities.
- To establish health system for communication among all stakeholders for vision-oriented growth.
- To fulfill the national obligation through Rural Health Mission.
- To become international leader in the highest quality patient care, research, education and public service.
- To become 21st century model for an academic health science and service centre.

6.2 Does the Institution has a management Information System

Yes. The University has Management Information System to analyze and facilitate strategic and operational activities in the constituent units.

- The teaching hospital is computerized and is managed by Hospital Information Resource Planning System. This software has more than 30 modules that cover all aspects of management and operations of hospital.
- It is designed to achieve best clinical outcomes, optimal financial performance and most importantly, patients and employees satisfaction.
- The work of Medical Record Section is also computerized which helps to retrieve the information for research and to prepare various statistical inputs required to be sent to the Government. One dedicated server is assigned and daily basis backup is maintained.
- Hospital Information System (HIS) is timely upgraded by IT staff.

6.3 Quality improvement strategies adopted by the institution for each of the following:

6.3.1 Curriculum Development

- UDEHP organizes Workshops on Curriculum Development. Based on these workshops the curriculum revision is discussed in all BOS and the resolutions thereof are consolidated in the meeting of the Chairman of BOS with their Deans of different faculties. These consolidated resolutions are put up for approval in the Academic Council.
- Curricular revision is done every 3 years and latest revision was in 2014-15.
- As per the guidelines of UGC, “Law- Indian constitution” and “Environmental Science” is introduced for all programmes.
- All the constituent units conduct regular workshops on Curriculum Designing, OSCE, OSPE, framing question papers, syllabus review, feedback analysis etc. through University Department of Education for Health Professionals.

6.3.2 Teaching and Learning

- All the teaching activities are closely monitored.
- The clinical bed-side teaching is monitored through CCTV cameras

- PG teaching activity report is sent by all HODs monthly and this is analysed
- Clinical Skills Lab gives hands-on experience to UG & PG students on procedural skills.
- Academic Co-ordinators have been appointed for over-viewing all UG teaching.
- UG students are encouraged to participate in external quiz programs.
- UG CPCs are conducted.
- Focus group discussion
- Horizontal integrated teaching
- Viva- cards are made
- Remedial classes for learners
- Interdisciplinary teaching
- Regular workshops for Guest lectures, symposia for updating knowledge
- PG Debates organized
- Radiographic simulation
- Case scenarios CD's
- One minute preceptor a teaching learning model for radiographic interpretation skill

6.3.3 Examination and Evaluation

- Evaluation is done on the basis of grading sheets and internal assessment allotted in theory and end-posting examinations.
- The course plan for undergraduates and postgraduates includes number of teaching, clinical, laboratory and practical hours, as per regulatory council and KLE University guidelines.
- The postgraduate course plan also includes information regarding number of seminars / journal clubs / case presentations / dissertation / research paper publications and participation in conferences and workshops.
- Heads of the Departments along with other faculty members in the concerned department discuss on the allotment of the time for theory, practical's, tutorials, clinical postings and internal examinations.
- Lesson planning is carried out in all Departments of constituent units.
- Evaluation is formative and summative. In the formative evaluation, innovative evaluation systems are being tested.
- Semester system of evaluation has been for programs in B. Pharm, MPH.
- Feedback of the outcomes of the formative evaluation is provided through marks system, as they have three evaluations before the summative evaluation and, this helps to

improve their performance in subsequent formative evaluation and outcome at the summative evaluation.

- Continuous Internal Assessment carries 20% weightage.
- Three parallel and independent question paper sets are provided.
- Double valuation system is adopted at the University examination.
- Practical and viva examinations are conducted by two examiners (one internal and one external).
- Photocopy of answer paper is provided whenever demanded.
- The work of Examination Branch is computerized. This facilitates declaration of results within 15 working days from the last date of examination.
- Multiple Choice Questions in University examinations have up to 20% to 25% weightage.
- The students are posted in small groups to the outpatient departments on rotation basis during which faculty conducts case discussions that includes case evaluation and demonstration of treatment techniques.
- Outpatient teaching plan is prepared by Head of the Department and outpatient Department In-charge staff. OPD schedules for the postgraduates and interns on rotation are planned by departments.
- The concerned staff plans type of cases to be taught to students and type of cases to be handled by the students under supervision of the faculty and independently.
- Teaching aids such as posters, videos and models enable effective outpatient teaching.
- Inpatient teaching forms an integral part of clinical training for undergraduates and postgraduates.
- The Head of the Department plans the inpatient teaching schedule and individual teacher plans the type of case and treatment procedure to be discussed and demonstrated to the students on day-to-day basis.
- Three external evaluators are appointed for Ph.D thesis evaluation.

6.3.4 Research and Development

- Faculty are encouraged for scientific research, paper presentations and publications.
- Best Ph.D Thesis Award
- Best Post-Graduate Dissertation Award
- Cash Award / Incentive for publication of Text Book / Reference Book
- Best Scientist Award

- Best Young Scientist Award
- Cash incentive to the faculty members on the financial grant received from funding agencies.
- Travel grants for paper/poster presentation
- Faculty are deputed for seminars and workshop for enhancing their research activities.
- ICMR projects are undertaken by UG and PG students
- Summer research projects for UG students
- Faculty is encouraged to pursue their PhD
- Basic Science research lab provides facilities to carryout research,
- Research is facilitated by providing study leave, infrastructure, materials & equipment and Incentives for publication are granted.
- Regularly scientific writing, GLP, GCP and other workshops are conducted to develop research temperament in the campus.
- PG students and staff are deputed to various research centres like ICMR, BSRC, cancer institute for hands on training and workshops.

Research Collaboration of institute of nursing with UKIERI

- An Agreement between UK India and Education Research Initiative (UKIERI) through British Council which awards the Grant for the purpose of conducting activities under Strand III, UKIERI Institutional Capacity Building proposal titled (“Enhancing midwifery and neonatal care through capacity building of midwifery lecturers”).
- KLE University’s Institute of Nursing Sciences, Belgaum, has signed a MOU with Br.Nath Pai Shikshan Sanstha Shindudurg, Maharashtra for Academic and Clinical programs.
- KLE University’s Institute of Nursing Sciences, Belgaum, has signed a MOU with Shree Anant Smriti Charitable Trust Kasal’s Institute of Nursing, Kasal, Shindudurg, Maharashtra for Academic and Clinical programs.

6.3.5 Library, ICT and physical infrastructure / instrumentation

- Campus is Wi-Fi, e-learning facilities like Smartech, medRC, Helinet consortium of RGUHS with 300+ on-line journal access is available.
- Availability of digital library in all constituent units library and in teaching hospital.
- Convention Centre with 3 AC halls of 600, 300 & 150 seating capacity is available.

- All the library operations are computerized by using Easylib 4.3.2/4.3.6 with SQL 2005 server.
- BMJ Case Report and Best Practices are subscribed for the benefit of postgraduates and faculty which can be accessed on Wi-Fi in any part of the campus with IP linked user password.
- The University's Institutional Repository is the digital archive of the research output of PG dissertations submitted by PG Students and Ph.D thesis of various faculties. Anyone can browse the documents by title, author, department, date, key words, etc. It also includes question papers of previous years.
- All the digital library computers are centralized and managed with WINDOWS 2008 Active Directory and Group Policy Security System based HP server, 106 Client Computers, 2 VMware Virtual DNS & DHCP Servers, networked with 1 GB LAN and Central Managed Antivirus System.
- The University is part of HELINET consortium and INFLIBNET / DELNET for resource sharing.
- The Medical Education Research Centre (MEd-RC) for Educational Technologies is a pioneer and thought leader in digitally enabling healthcare education.
- Question bank of theory papers, Question bank for entrance examination and Validated MCQ question bank is made available.
- KIOSK and Institutional Repository software are in place for information deployment.
- The Library Search Engine is a web-enabled search engine that can be accessed on Intranet, as well as, on Internet through EZ PROXY software.
- MEDLINE & IPA Facility is provided.
- Regular addition of latest books and instruments.
- Books and CDs are provided for department library.

6.3.6 Human Resource Management

- Faculty recruitment is done as per UGC guidelines.
- Faculty are given incentives for publications, study leave for higher education and deputation for attending workshops and conferences.
- Better faculty retention is there due to policies of the institution like incentives to clinicians in the hospital, allowing permission to clinicians to restricted practice, KTC quota in UG & PG seat allotments, etc.
- Transparent System of Working.
- Teaching and non teaching faculty are selected through merit.

- Regular orientation programmes are arranged for teaching and non teaching staff.
- Faculty are assessed through feedbacks and annually obtaining performance appraisal
- Best Teacher Awards, Best Non-Teaching Staff Awards, Incentives.
- Applying new approaches to work process design, succession planning, career development and inter-institutional mobility.
- Managing the implementation and integration of technology through improved staffing, training and communication with employees.

6.3.7 Faculty and Staff recruitment

- Faculty and staff recruitment is done as per UGC guidelines and as per apex bodies norms.
- Vacancy requirement is published in newspapers as and when it arises.
- At any given time the number of faculty is 30% more than that required as per the Governing Body (MCI).
- Retention of staff members has been a great strength of University as is evident by the fact that approximately 50% of faculty members are serving for more than 10 years in constituent units of the University.
- Non-teaching and other support service staffs are also appointed as per the norms of KLE University and parent society.

6.3.8 Industry Interaction / Collaboration

- Interaction with Pharmaceutical Companies for Clinical Drug Trials.
- NIH, Dental craniofacial centre NIH Bethesda , Maryland , USA, Boston University
- Interactive Research school for Health affairs (IRSHA).
- Bio- Plasmic modulation.
- Inspectorate of Factories & Boilers, Institute of Safety, Occupational Health & Environment, Goa.
- An Agreement between UK India and Education Research Initiative (UKIERI) through British Council which awards the Grant for the purpose of conducting activities under Strand III, UKIERI Institutional Capacity Building proposal titled (“Enhancing midwifery and neonatal care through capacity building of midwifery lecturers”) at institute of nursing.
- The institute has understanding with HLL factory, Volga and Vega factory. Institute extends its services in form of guest lecture and treatment camp.
- Research projects are taken up with industries (SPI Pharm, Green Chem) by College of Pharmacy, Bengaluru.

6.3.9 Admission of Students

- Through All India Entrance exam – KLE UGEIT & PGEIT.
- UG and PG entrance examinations are conducted at 12 centres.
- Counselling is done as per the merit in the entrance examination.
- Strict confidentiality is maintained all throughout the examination.
- The University is offering professional programmes, and admission to the undergraduate, postgraduate diploma, postgraduate degree, super- specialty and doctoral programmes in all the disciplines on the basis of merit of the candidates at AIET conducted by the University and eligibility specified by the University.
- Admissions to undergraduate programme (BAMS) in ayurveda is on the basis of merit in the respective entrance examinations of the Karnataka state (for 70% seats) and KLE-UG-AIET (for 30% seats) respectively. Admissions for PG courses in Ayurveda is on the basis of merit in the respective entrance examinations of the Karnataka state(for 25% seats) and KLE-PG-AIET (for 75% seats) respectively.
- The admission process for Ph.D programmes in all courses is as per UGC norms.
- Carrier guidance counselling were carried out for higher secondary students in different states.
- Advertisements are given in news-papers.
- Admission of students are carried out through CET and Counselling.

6.4 Welfare schemes for

Teaching	<ul style="list-style-type: none"> • KLE Health Cards • Vaidyashree Health Scheme • Staff Quarters • Wi-Fi Connection • Loan Facility • Staff welfare fund • GSLI Group Gratuity
Non teaching	<ul style="list-style-type: none"> • KLE Health Cards • Vaidyashree Health Scheme • Staff Quarters • Wi-Fi Connection • Loan Facility • Staff welfare fund, GSLI Group Gratuity
Students	<ul style="list-style-type: none"> • Student Group Insurance Health • Vaidyashree Health Scheme • Hostel facility • Mess for students • Wi-Fi Connection • Transport facility

6.5 Total corpus fund generated

Rs. 3,04,04,800

6.6 Whether annual financial audit has been done Yes

No

6.7 Whether Academic and Administrative Audit (AAA) has been done?

Audit Type	External		Internal	
	Yes/No	Agency	Yes/No	Authority
Academic	Yes	External Academic Review Committee	Yes	<ul style="list-style-type: none">Internal Academic Review CommitteeIQAC
Administrative	Yes	<ul style="list-style-type: none">University approved external auditorsExternal committee constituted by University.	Yes	<ul style="list-style-type: none">College CouncilKLE University

6.8 Does the University/ Autonomous College declares results within 30 days?

For UG Programmes

Yes

Within 15 working days

No

For PG Programmes

Yes

Within 15 working days

No

6.9 What efforts are made by the University/ Autonomous College for Examination Reforms?

- Work of examination section is computerized. This facilitates declaration of results within 15 working days from the last date of examination. This has facilitated smooth conduct of academic session.
- Introduction of OSCE, OSPE and OSLM for medical courses.
- MCQs in University examination have up to 15-25% weightage and are on OCR sheets.
- Double valuation and provision of third valuation for UG. Four valuations for PG

degree, diploma and subspecialties. Three external examiners are appointed for evaluation of Ph.D thesis.

- Question paper moderation is compulsory. No complaints registered against question papers so far.
- Structuring of questions; marks allocation, divided.
- OSCE AND OSPE Method is adopted during the internal assessment examination.
- Consolidated internal assessment marks are displayed on the examination cell notice board for any discrimination.

6.10 What efforts are made by the University to promote autonomy in the affiliated/constituent colleges?

- University gives autonomous power to the institution in distributing the faculty activities.
- University has given freedom to the institution to form its own calendar of events, yearly themes, committee formations, curricular and co-curricular activities etc.
- The administration of institution is done through principal of the institute as per guidelines framed by University.

6.10 Activities and support from the Alumni Association

- All the constituent units of the University have registered Alumni Associations.
- University Alumni association works alongwith Directorate of Student Welfare and alumni associations of all constituent units.
- Alumni association also gives blueprints of its work for the entire year.
- Alumni meets are conducted regularly.
- Regular guest lecture from alumni's to the students and interneers.
- Awarding alumni for their achievement.
- Alumni Association memorial Gold Medal award for highest scorer in final BAMS installed by Alumni Association of KLEU's Shri BMK Ayurveda Mahavidyalaya on 31.3.2016.
- Rukminibai S. Bannigol Memorial Gold Medal Award for highest scorer in Shalyatantra installed by Dr, Shrinivas Bannigol Alumnus of our institution & Prof. HoD Dept of Shalyatantra Ayurveda College Hubballi & Executive member of CCIM.

6.11 Activities and support from the Parent – Teacher Association

- PTA meeting organised with valuable inputs from Parents for improvement of Students performance.
- Rules and regulations of the institution, regular activities of the institution, calendar of events etc. are intimated.
- Some of the Parents have donated towards Annapurneshwari Scheme of the KLE Hospital for giving free food to the patients.
- Suggestions and feedback of parents are taken and are discussed with the head of institution for implementation.

6.13 Development programmes for support staff

- Computer training and communication skills workshops at DOME & Digital Library
- Skills training for Technical and Para medical staff at Clinical Skills Lab
- Guest lectures on disposal of Bio Medical Waste , letter drafting etc. are conducted
- Employees' Co-Operative Society of KLE is established and its membership is optional for all the employees. Subsidized loans upto 1.5 lakhs is available for eligible employee.
- Funds generated by Vidhya Adhar an innovative scheme is used for educating children of support staff.
- Staff Welfare Scheme is introduced to help families of teaching and non-teaching staff in distress following death of a faculty member. An amount of Rs.10,000/- is given immediately and the balance amount Rs 40,000/- is given to the nominee of the deceased employee.
- Vocational training centre for women dependents of non-teaching staff.
- The institution provides quarters in the campus for the teaching and support staff.
- Teaching and non-teaching staff are provided health card for treatment in hospital. Health insurance scheme up to one lakh for staff and their dependents is in vogue.
- Awards for support staff to recognise and encourage their services to the institution.

6.14 Initiatives taken by the institution to make the campus eco-friendly

- Clean and green Environment.
- Minimum use of paper.
- Swatch Bharat Abhiyan.
- Use of plastic is banned
- Battery cars are used to prevent air pollution inside the campus.
- Plantation of trees.
- Emission testing camp.
- There is a central boiler unit which utilizes energy generated by incineration of hospital waste and which in turn, generates dry and saturated steam for the laundry, C. S. S. D and main kitchen equipments and hot water to all wards and OT's.
- Channelling the water from the roof into the ground and maintaining sink pits at different conducive places in the campus for recharging ground water.
- Water recycling unit purifies the waste water, and the same is used in maintenance of the gardens and lawns in the campus.
- The campus has solar panels at multiple places.
- Sewage treatment plant of 1000 m³/day capacity is functional in the hospital which helps to utilize the sewage from the hospital using the activated sludge process by extended aeration system. Treated sewage after chlorination is pumped for gardening in hospital complex covering 6 acres and in J. N. Medical College covering 15 acres.
- Vermi compost pits have been set up in the campuses for biodegradable waste.
- Green Audit of campus has been carried out.
- Need based use of water and electricity.
- Campus is declared as no smoking zone.
- Separate dustbins are colour coded for waste removal (organic, inorganic etc)
- Vehicle Free Zone.
- Manure generated from organic waste (plants and garden wastes) is utilized.

Criterion – VII

7. Innovations and Best Practices

7.1 Innovations introduced during this academic year which have created a positive impact on the functioning of the institution. Give details.

- **University is part of a unique “Vidhya Adhar Scheme”** wherein the old news papers of the constituent units are sold and the fund generated is used to support the educational financial needs of support staff of constituent units.
- KLE University promotes **“Swachh Bharat Abhiyaan”** for **“Swachha India Swastha India”** through practice of weekly voluntary cleaning of two hours in all its constituent units
- Digital Display of University and College Events in the lobby of the institute to assist students & visitors regarding information of upcoming events of various departments, birthday of faculty etc.
- The University has conducted Green Audit of its campuses and facilities, and regularly formulates action plans to have an eco-friendly ambience.
- The medical college has introduced central valuation of UG Internal examination answer scripts.
- Honouring the services of non-teaching staff during Ugadi celebrations.
- All constituent units have continued the existing practices like ICMR projects, departmental undergraduate survey projects, publications and presentations.
- Interns posting to PHC’s & Satellite centres.
- Rallies, road shows, role play by students and staff for benefit of society.
- Integrated teaching for undergraduates.
- Inter disciplinary seminars for postgraduates.
- Institute of Ayurveda has established a separate cell to the enhance skills of staff and to keep updated with the recent advances. It has yearly calendar of activities and conducts more than 50 programmes in various categories.
- Sanitary napkin Vending machine and Sanitary napkin destroyer machine for the benefit of female students which provides immediate access to sanitary napkins and also promotes hygienic practices among students.
- Institute of Physiotherapy has introduced regular physical fitness programme for undergraduate students as a part of weekly schedule.
- The University encourages presentation of saplings instead of flower bouquet to the guests to enrich the environment awareness.

7.2 Provide the Action Taken Report (ATR) based on the plan of action decided upon at the beginning of the year

- KLE University has been reaccredited with ‘A’ Grade by NAAC with CGPA 3.34 on 19th January 2016.
- The teaching hospital laboratory is accredited by NABL.
- The ayurveda and dental hospitals are in the process for NABL accreditation.
- The hospital is in the process of accreditation by NABH.
- New library and auditorium have been built in the Ayurveda campus.
- Green audit was conducted for the year 2015.
- **New MoUs and Collaborations.**
 1. KLE University has been signed MoU with **Global Hospital Trust and Union Bank of India** on 02/12/2015, purchase of the (hospital) land and building situated at Pune mainly to provide and strengthen the clinical and health-care facilities.
 2. An MoU has been signed with **M/s. Kaplan-LogI Quest (KLQ)**, a Division of Thinkcell Learning Solutions Private Limited, Hyderabad mainly to help and educate the Under-Graduate medical students of J.N.Medical College in USMLE and Pathway to Residency in USA. KLQ will assist and guide the medical students as regards to preparation for USMLE in case they intend to pursue higher studies in USA.
 3. An MoU has been signed with **Doctor Harisingh Gour Vishwavidyalaya SAGAR, (MP)** is a Central University catering needs of education and research in higher education particularly in centre province (Madhya Pradesh).
 4. JNMC and Dr. Prabhakar Kore Hospital & MRC, Belagavi signed an MoU with **Sankalp India Foundation, Bangalore** which is an apolitical, voluntary, non-profit secular organization working for the cause of voluntary blood donation and better healthcare to the needy since 23rd May, 2003.
- The institute of Physiotherapy has been collaborating with Department of oncology, KLE cancer hospital and KLESH & MRC.
- A community vehicle has been purchased by Institute of Physiotherapy to increase the community level rehabilitation and clinical expose to students.

7.3 Give two Best Practices of the institution (please see the format in the NAAC Self-study Manuals)

First Best Practice of the University

1. Title of the Practice –Faculty Development Programs: An initiative by University Department of Education for Health Professionals (UDEHP)

“The paradigm shift away from teaching to learning has encouraged power to be moved from the teacher to the student”.

2. Objectives of the practice:

- a. To train the health science professionals in basics and advances in educational science and technology.
- b. To develop competence in clinical and educational research.
- c. To achieve excellence in patient care, through evidence based practice, clinical decision making and good clinical practice.
- d. To impart leadership qualities, social and executive communication skills in order to achieve continued professional excellence.

3. The Context :

What were the contextual features or challenging issues that needed to be addressed in designing and implementing this practice (in about 150 words) ?

Under the ambit of UDEHP, the educational sub-units of the Constituent Colleges such as, Department of Medical Education (DOME), Department of Dental Education (DDE), Department of Ayurveda Medical Education (DAME), Department of Physiotherapy Education (DPE), Department of Nursing Education (DNE) and Department of Pharmacy Education (DPHE) conduct regular educational programmes to cater to the needs of the respective health science professionals.

- Due to ever-growing demand for skilled professionals and rapidly expanding science of education, there has been a paradigm shift in practice of educational science and technology.

Challenges:

- Though training in how to educate seems trivial, there is a need for training all the teachers in educational science and technology with deliberate practice of the skills learnt to achieve excellence.
- Devoting substantial faculty time into such training programs.
- Resistance to change and adapt to the newer technologies.
- Lack of mandate on quality of teaching and learning, patient-care and research by the regulatory councils.

- Failure to realize the importance of professional development by the faculty
- Lack of motivation

4. The practice :

Describe the practice and its uniqueness in the context to find a higher education. What were the constraints / limitations, if any, faced (in about 400 words)?

- The professional development initiative for the faculty by UDEHP started soon after the establishment of University, one of its kind in the country. The DOME of JNMC is one of the earliest centres to begin faculty development training program in the year 1989. The said department has conducted ten international workshops in collaboration with University of Illinois, Chicago, USA.
- To date, UDEHP has trained more than 4200 professionals under 128 such educational programs.
- The Department has also catered to the needs of the postgraduate students by conducting both, basic and advanced training programs in research methodology and Medical Education Technology. This initiative has not only inculcated the research temperament in the faculty, but also has improved the health-care. There is enhancement in quality and number of research publications and application of evidence-based practice for health-care.
- Analysis of the feedback on these programs by the participants is highly encouraging and has shown that there is improved personal and professional development in-terms of, knowledge gain, skills acquired, enhanced communication, organizational and managerial skills.

5. Evidence of Success ;

Provide evidence of success such as performance against targets and benchmarks, review results. What do these results indicate? Describe in about 200 words.

- Many of the innovative practices related to education, health-care and research have been implemented at various levels, after they were learnt through faculty development programs, like practice of Evidence Based Health Care, implementation of OSCE/OSPE at internal examination, development of

various curricula, incorporation of ICT in the classrooms, development of quality MCQ banks, etc. The innovative practices of UDEHP have been emulated by other higher education institutions.

- DOME has been functioning as **MCI recognized regional training centre** in imparting basic medical education technology for teachers of 15 medical colleges earmarked by MCI.
- DOME has also been recognized as a **Nodal Centre by MCI for training teachers of 39 medical colleges of Karnataka, Andhra, Telangana and Goa** in advanced medical education technology.
- Department of Pharmacy Education is approved by AICTE as **National Nodal Centre for training of the teachers in pharmacy** for the years 2010 to 2013.
- Fourteen teaching modules for in-service staff nurses are regularly being conducted by UDEHP.

6. Problem encountered and resources required :

Identify the problems encountered and resources required to implement the practice (in about 150 words).

- Health education which is teacher-centred and classroom-oriented system practiced in India is the legacy of British practice which is being in practice even after independence.
- The concept of a basic health professional is to serve the community, meeting the basic health care needs of a common person. However, this concept is grossly being neglected by training health care professional students, restricting them within four walls of the institute, and maintaining teacher-oriented and training in tertiary-care centres.
- Our teachers have continued to copy their teachers in transferring knowledge, skills and practices, without making any efforts to analyze whether it promotes learning in students.
- The role of present day teacher is not mere teaching, but it is teaching and learning experience. For this change to come, Herculean efforts are needed to change the mindset of a teacher. This means the teacher should be ready to accept the newer changes in teaching, learning and evaluation process.

The challenges faced were mainly in-terms of:

- Lack of motivated participants.
- Lack of devoting time by faculty into such training programs.
- Non-compliance.
- Failure to realize the importance of continuous professional

development.

- Resistance to adapt the newer trends in teaching- learning and assessment.

Resources:

Manpower – Resource Person : In-house interested faculty were identified and trained as Trainer of Trainees (ToTs) at national (JIPMER, Pondicherry, PGI, Chandigarh and FAIMER, Coimbatore) and International (Department of Medical Education, University of Illinois, Chicago, USA) centres. These trained personnel and other senior faculty members established **Department of Medical Education at J. N. Medical College in 1989** through which other constituent units ToTs were trained. These trained ToTs of constituent units established Educational Department in their respective institutions. With the inception of the University, the **UDEHP** was established which enhanced the functioning of these Educational Departments of the Institutions through various programs. For this, the paramount importance is unbridled support and encouragement of the management.

7. Notes:

Optional. Add any other information that may be relevant for adopting/ implementing the Best Practice in other institutions (in about 150 words).

The services of the faculty members of the UDHEP / DOME were appreciated by many of institutions, near and far. As a result these trained and experienced faculty in professional health education were invited by various institutions to sensitize their faculty in following areas.

1. Teaching Methodology
2. Research methodology
3. Micro-teaching
4. OSPE/OSCE
5. Evaluation Reforms

- In addition the UDEHP started the PG diploma in advanced medical education in collaboration with department of Medical Education of University of Illinois, Chicago (UIC), USA through which the in-house and other faculty members from other institutions have been benefited.
- The UDEHP also conducts training programs for the teachers of other educational institutions (including schools) at their invitation.

Second Best Practice of the University:

PUBLIC PRIVATE PARTNERSHIP IN HEALTH CARE AN INITIATIVE BY KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH: TO TAKE THE ADVANCES IN HEALTH CARE TO THE UNREACHABLE

Objectives of the practice

- a. To get insight into the community health profile.
- b. To provide the same quality of health care to the unreachable population as that is provided at corporate /advanced health facilities.
- c. To create awareness and educate the community about health / care.
- d. To update / improve the knowledge skills and attitude of the community health care providers
- e. To strengthen effective communication network between primary care facilities to tertiary care facilities
- f. To improve the overall health profile of the community.

The context:

- a. To achieve the Millennium Development Goal 4 and 5.
- b. Every health care institute must strive in preventing the deaths and disability by providing quality care.
- c. The main reasons for poor outcomes are 4 delays:
 - i. Delay in seeking care
 - ii. Delay in diagnosis
 - iii. Delay in transfer
 - iv. Delay in effective treatment at higher facility
- d. Need for comprehensive health care: which include dental, physiotherapy, pharmacy, ayurveda along with modern medicine.

Challenges:

- Being private institute, working with or co-ordinating with public sector health care providers
- Attitude / aptitude of public health care providers
- Availability of faculty, time and feasibility due to the assignment at the institute
- To create proper methodology or means to approach community

The Practice

- In 1999, the milestone collaboration was established between this institute (JNMC) and University of Illinois which helped to strengthen the collaboration.
- Due to the experience of HRRCC – 215 and with some exposure to field research

experience with ICMR since 1984, it was possible to practice.

- The faculty underwent training in research methodology through ICMR by CDC 1996.
- With historic Misoprostol trial for prevention of PPH, which is one of the leading cause of maternal mortality, a public private partnership between this institute and district health administration made humble beginning to work with 21 sub centre (ANM's) areas of 4 PHCs in Belagavi district from 2001 to 2006. Now, it covers 90/244 PHCs areas of three districts covering population of 18,83445.

Steps taken: In the community

- a. The team had series of meetings with village leaders and community members to inform about the project, the benefits and their roles/ responsibilities and to seek support for health care provider and arrange for timely transport in emergency.
- b. All health care providers, ANM's, MOs were trained and were involved in supervision. Other district health officials worked as Field Research Officers (FROs). The faculty at tertiary care centre were updated and contact information was provided to Community Health workers.

The outcome was not a single maternal death in 1620 deliveries though there were >30 referrals.

- Institute established the Research Foundation.
- Created awareness on harms of tobacco use in pregnancy by survey from 2004-2007 with support of medical officers and health care providers.
- Important areas for improvement were identified.
- Faculty members are efficiently trained.
- Involvement of public sector workers in the team.
- Use of available facilities and system practices: village health committees, monthly meetings of staff, surveys, Married Woman of Reproductive Age (MWRA) (eligible couple), etc. were further strengthened.
- Community health workers skills and knowledge updated by training.
- Support and permissions from higher health officials – state district and local obtained.
- Involvement of elected representatives as ascertained.

- Community awareness and education by series of meetings, discussions were arranged through health care providers.
- Proper network with peripheral health workers and central team members and with district health administration with improved communication details was developed.
- Provision of financial incentives for the extra work of CHWS and support staff was made.
- Quality health care with human touch at the tertiary facility was provided.
- Feedback was obtained and necessary corrective measures were taken.

Evidence of success

It is recorded in each of these activities as follows:

c. PPH:

- i. Not a single maternal death out of 1620 deliveries in Misotrial.
- ii. Government of India brought the changes in its guidelines and accordingly misoprostol drug was included for prevention of post-partum haemorrhage, where injectable oxytocics are not available.
- iii. Now this Drug is used in more than 26 countries.
- iv. WHO included Misoprostol in essential drug list.
- v. ANM's guidelines recommended.
- vi. Published in **LANCET** in Oct-2006 with impact factor of **39.53** and citation index of **254**.

d. First Breath Study :

- i. Reduction in NMR and PNMR
- ii. Navajat Shishu Suraksha Karyakrama (National Program) is an outcome based on this study.
- iii. Innovative approaches to see and examine the new-born within 24 hours of birth.
- iv. Process of tracking every pregnancy in the community was initiated in this study,
- v. The results published in **New England Journal of Medicine (NEJM)** in 2010 with impact factor of **54.42** and citation index of **139**.

e. Emergency obstetric and new born care (EMNOC)

- i. The project improved the skills and knowledge of CHW's in maternal and new born care.

- ii. It also improved home based life saving skills in the community members.
 - iii. This project reduced PNMR, NMR and MMR in the local area thus, strengthening the NRHM programme.
- f. **Maternal New-born Health registry (MNH).**
- i. More than 150000 pregnancies are enrolled and tracked up to 42 days after delivery with 99.9% follow up.
 - ii. This is the basis of data for many interventions to take up in community.
 - iii. Today, because of this we are able to provide the correct indices rates on
 - 1. Pre-Term Labour
 - 2. Neonatal Mortality Rate-early & Late
 - 3. Still birth rate
 - 4. Maternal Mortality Rate.
 - 5. Miscarriage rates, etc.
- g. **Ante-natal Corticosteroid Trial (ACT)**
- i. Helped in identification of women with Pre-term Labour (PTL) in the community.
 - ii. Improved use of Ante-natal Corticosteroid which improved the new born survival.
 - iii. Promoted the activities of CHW's through pregnant women and mothers meetings.
 - iv. Created awareness among the scientific community with reference to morbidity and mortality in babies born after the pre-term period.
 - v. Published in **LANCET** in Oct-2014.
- h. **Helping Babies Breathe (HBB) :**
- i. This project developed the skills in CHW and care-providers at various levels of health-care facilities including, tertiary-care facilities for new born resuscitation and care.
 - ii. This improved the new-born survival.
 - iii. The daily practice of this program brought near perfection in the skills.
 - iv. The success of this procedure made to incorporate this program into the curriculum.
 - v. The manuscript based on this program is under review for publication.

i. **Pre-conceptual nutrition (women first):**

- i. Promotes optimization of health of a woman before conception.
- ii. Reduces adverse pregnancy outcomes.
- iii. Improves the maternal and new-born outcomes.
- iv. Ensures healthy-baby to a healthy-mother.
 - 1 Today this **PPP has become the role model for many national and international agencies** for operational research in the community.
 - 2 This has provided forum to conduct/implement through operational research to provide evidence based quality intervention to the unreachable with objective to improve the overall health care.
 - 3 Newer simple devices were developed and being used.
 - 4 Safe delivery kits are being provided.
 - 5 Blood loss measurement BRASS-V Drape was developed.
 - 6 Provision of international standard–Baby and women weighing scale, height measurement instrument to all PHC areas of this PPP.
 - 7 Simple BP apparatus to measure blood pressure by ASHA’s through CLIP TRIAL.
 - 8 Importantly, this **PP partnership brought up changes in curricular teaching-learning methods** and improved the research culture with many publications in high impact factor journals.

Problems encountered

Working with community and public sector employee was a challenge.

- To bring the change in their attitude /aptitude.
- Proper data collection was a greatest task.
- Poor compliance from CHWs.
- Difficulty in adjusting the timings of project workers with the community members. Since the community members are not available (as they are away in the field to earn their livelihood) during the office hours.

Solutions:

1. Motivation by repeated training, meetings/discussions with CHWs to bring the change in their attitude / aptitude.
2. Periodic review of data after audit and field visits to verify/rectify for proper

data collection

3. Identifying the persons, attempts to improve them for improved compliance from CHWs
 - a. Support from administration both, public and private sector.
 - b. Involvement of every stakeholder in the process.
 - c. To involve retired public health officials.
4. Community involvement without loss of wages suiting to their time. Repeated approaches made them to realize the advantages of these practices. The project workers were made to contact the community members in the evenings (as per the convenient time of the community members).

Notes :

- With this PPP University was able to provide the evidence based quality health care interventions to the unreachable community.
- Improved the knowledge, skills and attitude of the health care providers.
- Created the awareness in the community.
- Community education programs were strengthened
- Successful network between peripheral (primary) health care to tertiary health care could be established.
- The objectives of NRHM and Urban Health Mission (UHM) mission were strengthened.
- Improved the research culture in the institute.
- Helped to understand community needs.
- Need based changes in curriculum, teaching and learning were made eg. HBB, NSSK.
- Quality and quantity of publication could be improved.
- Exposure to the renowned international, national researchers and agencies brought improvement in scientific presentations.
- Over all, it helped to meet the objectives of the University to improve the health profile of the community in this part of the country.
- This also provided employment opportunity to identified social workers as field staff.

The PPP model with RMRC, Belagavi a division of ICMR

1. Established collaboration with University Research Foundation.
2. Ethics Committee of the University is headed by the chief of the RMRC.
3. The infrastructure of both institutions including instrumentation facility, are shared for academic and scientific meets.
4. The institute hoists national meetings with ICMR/ RMRC and university faculty.
5. Expertise of senior faculty is used as the member of Scientific Advisory Committee of ICMR and as Chairman of the Recruitment Committee for the appointment of senior scientists through formal MoU.
6. Exchange of faculty as resource persons.
7. The joint field visits are regularly organized in Western Ghats for survey of medicinal plants.

PPP model is successful in following fields as well

1. Taking over of the three primary health centres of Government of Karnataka.
2. Taking over of three urban health centres of Government of Karnataka.
3. Involvement in national blindness control programme
4. Involvement in Prevention of Parent to Child Transmission (PPTCT)
5. Establishment of Day care psychiatry centre.
6. Treatment of disability induced by leprosy
7. Implementing Revised National Tuberculosis Control Program (RNTCP)
8. Initiation of school dental health check-up programme.
9. Implementing Government sponsored schemes (Yashaswini, Balsanjiveeni, Vajpayee Arogya Shree, Arogya Bhagya, etc).
10. Strengthening of research and human resource development in the field of medicinal plants in collaboration with RMRC, ICMR.

This PPP has practically satisfied all the criteria viz. Curriculum, Teaching-Learning and Evaluation, Research, Infrastructure, Leadership above all Innovations.

The three pillars of the University **Teaching, Learning and Research**, have reached the community and have benefitted the needy and have improved the health profile.

**Provide the details in annexure (annexure need to be numbered as i, ii,iii)*

7.4 Contribution to environmental awareness / protection

- NSS activities like tree plantation, water conservation, etc.
- Strict implementation of Swachha Bharat Abhiyaan by devoting 2 Hrs per week.
- Waste disposal in the campus in a scientific way.
- Department lectures on environment Day.
- Regular participation in Swachha Bharat Abhiyaan.
- Celebration of World environmental day.
- Seminars & workshops on Biomedical waste management.
- Distribution of saplings on 'World Environmental Days'.
- Paper less campus.
- Plastic free zone campus.
- Environmental day Celebration.
- Vehicle free zone.
- Radiation safety measures as per guidelines.
- As a token of honour and gratitude for the guests, flower or bouquet is replaced by saplings.
- Faculty and students are instructed that the campus is smoke/ pollution free, mobile free.
- Campus has banned the use of tobacco and tobacco products to be eco friendly.
- University has provided battery operated vehicles to move around in the campus.
- PG students are advised to separate the organic waste, aqueous waste, solid waste in the laboratory for proper disposal.

7.5 Whether environmental audit was conducted?

Yes

No

7.6 Any other relevant information the institution wishes to add. (for example SWOT Analysis)

Institutional Strengths:

- Highly Qualified and competent faculty.
- Good Research facility and clinical material.
- Research aptitude of faculty excellent infrastructure lack of application.
- AYUSH certified ASU drug testing laboratory & Department of Ayurvedic Medical Education (DAME).

- Excellent infrastructure Facility of College, hospital, boys, girl's hostel, animal house, playground, herbal garden etc.
- The Institutes of Pharmacy have excellent infrastructure and state of the art Pilot Plant facility for solid dosage forms.
- Off campus Basic Science Research Centre was established for strengthening the research activity.
- Awareness is created for proper utility of resources like water, electricity etc.

Institutional Weakness:

- Collaborations
- Publications
- Research grants from agencies
- Misconcepts in the public regarding Ayurveda.

Institutional Challenges:

- Improving Patient care services
- To maintain quality and standard of academics, teaching, conducive environment for learning, good research output in all constituent units of KLE University.

Institutional Opportunities:

- To increase super-speciality academic programmes.
- To strengthen Oncology and Organ transplant facility.
- Available research areas & research grants from many agencies.
- Availability of clinical material in terms of patients for clinical trial & research.

8. Plans of institution for next year

- NABL of laboratory in the hospital.
- NABH of all the hospitals.
- Implementation of the Vision Document for comprehensive improvement of patient care and teaching learning activities in all constituent units.
- To establish a CBCT machine.
- To establish a tie up with cancer institution for maxillofacial rehabilitation.
- To establish CAD – CAM lab in advanced Prosthodontics.
- Initiatives in cell culture.

- IHC for routine diagnosis.
- In college of Ayurveda separate section for raw material storage.
- To Start a Vocational course in sports fitness.
- To publish a book on Neuro Rehabilitation.
- Launching alumni website.
- Faculty/student exchange programmes.
- Obtaining more funded research projects.
- Ph.D in nursing.

Dr. Seema Hallikerimath



Coordinator, IQAC

Prof. (Dr.) C.K. Kokate



Chairperson, IQAC

