

SCHEDULE XII

Minimum Essential Requirements of Department of Roganidana and Vikriti Vijnana

| Serial number | Specification | Requirement as per intake capacity | | | | Available Quantity | Deficiency |
|------------------------------|--|------------------------------------|-----|-----|-----|--------------------|------------|
| | | 60 | 100 | 150 | 200 | | |
| 1. | Computer with internet | 1 | 1 | 1 | 1 | 01 | |
| 2. | Printer | 1 | 1 | 1 | 1 | 01 | |
| 3. | Electronic-display (smart board or smart television or light emitting diodes display) | 1 | 1 | 2 | 2 | 01 | |
| Roganidana Laboratory | | | | | | | |
| 4. | Microscope (trinocular with digital camera, including software for projection through liquid crystal display or smart board or smart television for demonstration of histology and others) | 1 | 1 | 1 | 1 | 01 | |
| 5. | Microscope (binocular with eyepiece (wide field), objectives (10x, 40x spring loaded, 100x oil immersion spring loaded), built-in illumination) | 5 | 10 | 15 | 20 | 30 | |
| 6. | Bio chemistry analyser | 1 | 1 | 1 | 1 | 01 | |
| 7. | Cell counter (haematology) | 1 | 1 | 1 | 1 | 01 | |
| 8. | Digital spirometry | 1 | 1 | 1 | 1 | 01 | |
| 9. | Electrocardiogram | 2 | 4 | 6 | 8 | 02 | |
| 10. | Enzyme linked immune-sorbant assay reader | 1 | 1 | 2 | 2 | 01 | |
| 11. | X-ray view box | 2 | 2 | 2 | 2 | 02 | |
| 12. | Blood pressure apparatus- non mercury | As required | | | | 30 | |
| 13. | Stethoscope | As required | | | | 30 | |
| 14. | Clinical thermometer | As required | | | | 20 | |
| 15. | Tongue depressor | As required | | | | 01 | |
| 16. | Knee hammer | As required | | | | 10 | |
| 17. | Measuring tape | As required | | | | 01 | |
| 18. | Ear nose throat examination set | As required | | | | 01 | |
| 19. | Weighing scale | As required | | | | 01 | |
| 20. | Tuning forks | As required | | | | 29 | |
| 21. | Nasal speculum | As required | | | | 01 | |
| 22. | Laryngoscope | As required | | | | 01 | |
| Consumables | | | | | | | |
| 23. | Hepatitis-B antigen kit | As required | | | | 01 | |
| 24. | Human immunodeficiency virus kit-Tridot | As required | | | | 01 | |
| 25. | Clotting time and Bleeding time kit | As required | | | | 01 | |
| 26. | Renal profile, Liver function test kit, lipid profile, blood sugar kit, electrolytes | As required | | | | 01 | |
| 27. | Sterile disposable lancet or needle | As required | | | | 01 | |
| 28. | Glass rods | As required | | | | 09 | |
| 29. | Syringe needle destroyer | As required | | | | 01 | |
| 30. | Cover slip | As required | | | | 01 | |
| 31. | Microscopic slides | As required | | | | 01 | |




Principal
 Sawkar Ayurvedic Medical College &
 Sawkar Ayurvedic Hospital, Satara

Signature of Member

Signature of Member

Signature of Chairman