



**SHRI DHANWANTRY AYURVEDIC
COLLEGE AND HOSPITAL, CHANDIGARH**

**HANDBOOK ON INTERNAL
QUALITY ASSURANCE CELL
(IQAC)**

आयुर्वेदोऽमृतानाम्

**ALL 75 TRAINING
MODULE 2025**



ACADEMIC SECTION

आयुर्वेदोऽमृतानाम्

SDACH



1. Vision and Mission of the Department → SDG 4 (Quality Education), SDG 3 (Good Health and Well-being)

To design and report the **Vision and Mission of the Department** in alignment with **SDG 4 (Quality Education)** and **SDG 3 (Good Health and Well-being)**, a systematic and evidence-based process must be followed. The steps are as follows:

1. Contextual Analysis and Need Assessment

The department should begin by reviewing the current status of Ayurveda education and healthcare delivery within the institution. This includes identifying gaps in teaching-learning practices, healthcare services, student engagement, and community outreach. The aim is to ensure the vision and mission are not generic but contextually rooted in the realities of education and healthcare systems.

2. Stakeholder Consultation

Vision and Mission statements should be co-created through discussions with faculty, postgraduate and undergraduate students, hospital staff, alumni, and community representatives. For SDG 4, the focus is on enhancing competency-based education, lifelong learning opportunities, and research-oriented training. For SDG 3, the emphasis should be on quality patient care, preventive and promotive health, and integration of Ayurveda with modern evidence-based practices.

3. Drafting Vision and Mission Statements

- **Vision:** The long-term aspirational statement that reflects the department's ultimate goal—such as becoming a national and global leader in Ayurveda diagnostics and education, fostering innovation, and contributing to global health.
- **Mission:** Practical and actionable statements that specify how the department will achieve this vision—through high-quality teaching, patient-centered care, translational research, skill-based training, and community service. Each mission component should be mapped to **SDG 4 targets** (competency-based education, inclusivity, lifelong learning) and **SDG 3 targets** (universal health coverage, health promotion, disease prevention).

4. Alignment with Institutional and National Policies

The drafted statements must be cross-verified with:

- **NCISM guidelines** (competency-based Ayurveda education).
- **National Health Policy of India (2017)** and **National Education Policy (NEP 2020)**.
- **Global health frameworks** such as WHO Traditional Medicine Strategy. This ensures that the Vision and Mission are not only aspirational but also policy-compliant.

5. Validation and Feedback

The drafted statements should be circulated for feedback:



- **Internal validation** through faculty council meetings, academic committee, and IQAC.
- **External validation** by alumni, industry experts, healthcare professionals, and academic peers. Constructive feedback helps refine the language, making it concise, achievable, and relevant.

6. Finalization and Dissemination

Once validated, the final Vision and Mission statements should be:

- Published on the college website, student handbook, and departmental brochures.
- Displayed prominently in classrooms, laboratories, and hospital units to serve as a daily reminder.
- Included in official reports submitted to NAAC, QCI, and accreditation agencies to demonstrate institutional clarity and direction.

7. Implementation Strategies

- **For SDG 4 (Quality Education):** Introduce modern teaching-learning methods (CBL, PBL, simulation labs), continuous faculty development programs, ICT-enabled learning, and interdisciplinary research projects.
- **For SDG 3 (Good Health and Well-being):** Organize preventive health camps, integrate Ayurveda wellness programs, strengthen clinical diagnostic facilities, and promote evidence-based Ayurvedic interventions.

8. Monitoring, Evaluation, and Reporting

The department should develop measurable indicators to assess the impact of Vision and Mission:

- **Key Performance Indicators (KPIs) for SDG 4:** student performance, skill certification, research output, faculty development participation.
- **KPIs for SDG 3:** patient satisfaction surveys, number of preventive health programs conducted, integration of diagnostics with clinical services. Annual reports should highlight progress against these indicators with supporting documentation (photos, reports, testimonials).

9. Periodic Review and Updation

Vision and Mission are dynamic and must evolve with changing educational and healthcare landscapes. A review should be scheduled every **3–5 years** to realign departmental goals with updated SDG targets, accreditation requirements, and societal needs.

Teaching–Learning Assessment and SDG 4 (Quality Education)

To design and report **Teaching–Learning Assessment (TLA)** in alignment with **SDG 4 (Quality Education)**, the process begins with establishing a **learner-centered framework** that ensures inclusivity, competency development, and measurable outcomes. The first step is **curriculum mapping**, where every course outcome (CO) is linked with graduate attributes and SDG 4 objectives—such as equal access to quality learning, skill development, and lifelong



learning. This mapping helps in setting **clear, measurable, and achievable learning objectives** for each subject and competency.

Next, the department must design **diverse teaching–learning methods** to accommodate different learning styles—lectures, small-group discussions, problem-based learning (PBL), case-based learning (CBL), simulation, ICT-enabled learning, and experiential clinical exposure. This variety ensures that students are not just passive recipients of knowledge but active participants in the learning process.

Once the methods are fixed, the focus shifts to **assessment design**. Both **formative assessments** (class tests, assignments, quizzes, OSCE/OSPE, reflective writing) and **summative assessments** (university exams, competency evaluations, dissertations) must be structured in line with Bloom’s Taxonomy and Miller’s Pyramid to assess cognitive, psychomotor, and affective domains. Importantly, assessments should measure not only content recall but also **application of knowledge, critical thinking, problem-solving, and ethical reasoning**—hallmarks of SDG 4.

To ensure quality, **rubrics and structured evaluation tools** must be developed for transparency and fairness. These include predefined criteria for viva voce, practical demonstrations, seminar presentations, and research activities. Incorporating **feedback mechanisms**—both teacher to student and student to teacher—forms a critical component. Students’ self-assessment, peer assessment, and reflective logs also enhance engagement and responsibility in learning.

After assessment, **reporting and documentation** are vital. The department should prepare **annual assessment reports** that compile student performance data, analysis of strengths and gaps, action taken for low achievers (remedial classes, mentoring, additional assignments), and innovative practices adopted. These reports should highlight how assessments are contributing to quality education (SDG 4), supported by evidence like photographs, attendance, exam records, and feedback forms.

Finally, a cycle of **review and improvement** must be followed. Regular meetings of the Academic Committee and IQAC should review assessment strategies, benchmark them with national standards (NCISM, NAAC, QCI), and incorporate innovations such as digital assessment platforms and competency checklists. This ensures a **continuous quality improvement (CQI) cycle** where Teaching–Learning Assessment is not a one-time activity but an evolving practice aimed at enhancing learning outcomes, employability, and lifelong learning, in complete alignment with SDG 4 (Quality Education).

Remedial Classes and their Alignment with SDG 4 & SDG 10

The design and reporting of **Remedial Classes** must be undertaken as a structured academic intervention to ensure **equitable and inclusive education** (SDG 4) while addressing **academic and social inequalities** among students (SDG 10). The first step is **identification of learners who need support**, which can be achieved by analyzing formative and summative assessment results, classroom participation, attendance patterns, and faculty observations. Diagnostic tests or bridge assessments can also be conducted to pinpoint gaps in understanding, skills, or language proficiency.

Once identified, the department should carry out **need assessment and categorization of learners**. Students may require remedial support due to diverse factors such as socio-economic background, language barriers, health issues, or different learning speeds. Categorizing them



into groups (e.g., weak in theory concepts, weak in practical/skills, or requiring language/communication support) ensures targeted teaching.

The next step is **curriculum planning for remedial classes**. This includes designing simplified content delivery, personalized study plans, peer-assisted learning, and bridge courses. Teaching methodologies must differ from routine classes—using slow-paced lectures, small-group discussions, one-to-one mentoring, use of vernacular language where necessary, ICT tools for self-paced learning, and interactive demonstrations. These pedagogies reduce academic inequalities and foster confidence among learners.

Implementation should be systematic and flexible. Classes should be scheduled at convenient timings, without overburdening students, and should ensure accessibility for all, including those from marginalized backgrounds. Faculty members should be sensitized to approach remedial teaching with empathy and encouragement, avoiding stigmatization. Peer mentors, senior students, or alumni may also be involved to provide a supportive ecosystem.

To ensure **assessment and effectiveness**, progress of students attending remedial classes must be monitored through short tests, practical demonstrations, feedback sessions, and reflective logs. Comparative analysis of their performance before and after remedial support should be documented to provide evidence of improvement.

For **reporting**, the department should maintain structured records including:

- List of students identified for remedial support.
- Diagnostic test results and need assessment outcomes.
- Timetable and attendance records of remedial classes.
- Teaching methods and materials used.
- Feedback from students and faculty reflections.
- Outcome analysis showing improvements in academic results and confidence.

When these reports are compiled into the **annual academic quality report**, they demonstrate the institution's commitment to **SDG 4 (ensuring inclusive and equitable quality education and promoting lifelong learning opportunities)** and **SDG 10 (reducing inequalities in academic achievement across different student groups)**.

Finally, **continuous improvement measures** must be adopted by integrating remedial outcomes into curriculum revision, mentoring systems, and academic audits. Periodic review by IQAC and Academic Committees ensures that remedial classes are not treated as isolated interventions but as an integral part of the **equity and quality assurance framework** of the department.

ICT Usage and its Alignment with SDG 4 & SDG 9

The design and reporting of **ICT (Information and Communication Technology) usage** within an academic department should aim to simultaneously strengthen **educational quality and inclusivity (SDG 4)** while fostering **innovation and digital infrastructure (SDG 9)**. The process begins with a **needs assessment**, identifying gaps in traditional teaching–learning practices that ICT can bridge—such as access to e-learning resources, integration of digital tools for simulations, online assessments, and the use of data-driven teaching aids. This ensures ICT adoption is purposeful and linked to measurable improvements in learning quality and institutional infrastructure.



The next step is **planning and resource allocation**. The department should define clear objectives—such as enabling blended learning, developing digital repositories, ensuring accessibility of online content, and promoting research through digital platforms. At this stage, institutional ICT infrastructure is strengthened by upgrading computer labs, digital libraries, smart classrooms, and high-speed internet facilities. Collaboration with industries and IT providers can be sought to enhance innovation and sustainability of these platforms, directly linking to SDG 9.

Implementation involves embedding ICT into everyday teaching–learning. Teachers should be trained in the effective use of ICT tools like PowerPoint, animations, simulation software, digital microscopes, e-databases, and virtual labs. Students should be encouraged to use e-learning portals, online journals, MOOCs, and clinical case repositories. Online teaching platforms (Zoom, Google Meet, LMS systems) should be used not only for remote learning but also to promote collaborative, self-paced, and inclusive education. Importantly, ICT usage must focus on **equitable access**—providing alternative digital formats, translations, or assistive technologies to ensure no learner is left behind, thereby aligning with SDG 4’s inclusivity.

For **assessment and monitoring**, the impact of ICT usage should be measured through both qualitative and quantitative metrics: student engagement in e-learning, exam performance improvement, feedback surveys, faculty usage statistics, and case studies of innovation in teaching or research. ICT-enabled evaluations (online quizzes, OSCE/OSPE through digital tools, e-portfolios) ensure transparency, objectivity, and efficiency.

In terms of **reporting**, the department should maintain systematic documentation such as:

- ICT resources available (smart classrooms, software, LMS).
- Number and type of ICT-based sessions conducted.
- Evidence of faculty and student participation in digital learning.
- Research and innovation facilitated by ICT (e.g., digital labs, e-databases used in publications).
- Outcomes achieved in terms of student performance, accessibility, and research productivity.

The annual reports should highlight how ICT has contributed to **enhancing learning quality (SDG 4)** and **building resilient academic infrastructure and innovation (SDG 9)**. Photographs, digital attendance, screenshots of online sessions, LMS usage data, and student testimonials can serve as concrete evidence for NAAC, QCI, and IQAC records.

Finally, a **review and improvement cycle** should be adopted. Regular workshops and faculty development programs (FDPs) in digital pedagogy, upgradation of ICT infrastructure, and incorporation of emerging technologies like AI-based learning analytics, telemedicine integration, or virtual reality in diagnostics will sustain innovation. This continuous upscaling ensures that ICT usage is not a static feature but a dynamic contributor to both educational excellence and institutional innovation.

Mentor–Mentee System and its Alignment with SDG 4 & SDG 3

The **Mentor–Mentee system** is a structured academic and personal guidance mechanism that fosters both **quality education (SDG 4)** and **health and well-being (SDG 3)**. To design and report it effectively, the first step is **framework creation**. The department should clearly define objectives: (i) academic support and performance monitoring, (ii) personal, psychological, and



health counseling, and (iii) career guidance and holistic growth. This ensures the system is not only about academics but also about student welfare and well-being.

The next step is **allocation of mentors and mentees**. Each faculty member is assigned a small group of students (mentees), maintaining an optimal ratio (e.g., 1:10 or 1:15) so that individual attention can be given. The allocation list must be formally recorded and circulated among faculty and students to ensure clarity.

Following allocation, the system moves to **structured interaction and planning**. Mentors conduct regular one-to-one or group meetings with mentees to discuss academic progress, learning difficulties, attendance, and examination performance. Beyond academics, mentors address lifestyle, stress management, nutrition, and preventive health practices, aligning with **SDG 3's focus on well-being**. Students are also guided towards career opportunities, skill development, and research activities, aligning with **SDG 4's emphasis on lifelong learning and employability**.

For **implementation**, the department should maintain proper records such as mentor–mentee meeting registers, feedback forms, progress sheets, and health referral notes when necessary. Mentors should be sensitized to maintain confidentiality, empathy, and non-judgmental support, thus creating a safe environment for students to share concerns. In cases of health or psychological needs, mentors should guide students to institutional health facilities, counseling centers, or hospital support systems.

Assessment and monitoring form the next crucial step. Outcomes of the mentor–mentee system can be tracked through improved attendance, academic performance, reduced stress levels, student satisfaction surveys, and fewer dropouts. Mentors can provide semester-wise progress reports to the department, highlighting interventions, improvements, and challenges. This data forms the evidence base for linking the system with **SDG 4 (academic progress and inclusive education)** and **SDG 3 (mental and physical well-being)**.

For **reporting**, the department should compile annual records containing:

- List of mentors and mentees with allocation details.
- Frequency and mode of mentor–mentee meetings.
- Common issues identified (academic gaps, stress, health-related problems).
- Interventions made (remedial support, counseling, referrals).
- Outcomes observed (improved grades, better attendance, student

satisfaction). Supporting evidence like feedback forms, meeting minutes, and action taken reports should be included for accreditation and quality audits.

Finally, a **review and improvement cycle** is essential. Regular meetings of mentors under the Academic Committee/IQAC should analyze the effectiveness of the system, identify gaps, and suggest innovations such as digital mentor–mentee portals, anonymous feedback channels, or wellness workshops. Periodic refresher training for faculty mentors also ensures sensitivity and competence in handling diverse student needs.

Certifiable Skills and their Alignment with SDG 4 & SDG 8

The **design and reporting of certifiable skills** must ensure that students acquire **practical competencies recognized by regulatory or industry standards**, thus strengthening both **quality education (SDG 4)** and **employability and economic growth (SDG 8)**. The first step is **identification of relevant skills** based on curriculum requirements, NCISM guidelines, healthcare sector needs, and local community demands. For an Ayurveda college, this may



include skills like history-taking, basic diagnostic procedures, lab techniques, preparation of Ayurvedic formulations, ICT-based research skills, and patient counseling. These should be aligned with both traditional competencies and modern healthcare expectations.

The second step is **curriculum integration and design of training modules**. Each certifiable skill should be mapped to specific learning outcomes, teaching–learning methods (demonstration, simulation, hands-on training, clinical exposure), and assessment methods. The training modules should specify the hours of instruction, practical exposure, teacher responsibilities, and student tasks. This structured design ensures clarity and uniformity across all learners.

Implementation follows, where students undergo systematic training under supervision. This may be through laboratory sessions, clinical postings, skill labs, ICT-enabled simulations, and field-based practice. Students must maintain **logbooks or e-portfolios** where every certifiable skill performed is documented, validated, and signed by faculty. For broader recognition, collaboration with professional bodies, industry, or government agencies can be established to provide joint certification, thus directly linking education to employability.

The next step is **assessment and certification**. Objective Structured Clinical Examinations (OSCEs), Direct Observation of Procedural Skills (DOPS), checklists, and viva assessments can be used to evaluate competence. Certification should be issued only when a student has successfully demonstrated mastery of the skill to a predefined standard. The certificate should clearly state the skill, the certifying authority (department/institution/industry partner), and its scope of application, thereby enhancing professional credibility.

For **reporting**, the department should maintain and periodically update:

- List of certifiable skills offered.
- Number of students trained and certified each year.
- Training schedules, modules, and resource persons involved.
- Student logbooks/skill portfolios as evidence.
- Outcomes achieved, such as employability data, placements, entrepreneurship ventures, or successful application in clinical practice.

This documentation, when compiled in annual reports and submitted to IQAC/NAAC/QCI, showcases the department's contribution to **SDG 4 (by promoting inclusive, skill-based, lifelong learning opportunities)** and **SDG 8 (by enhancing employment prospects, entrepreneurship skills, and economic growth through a skilled workforce)**.

Finally, a **review and improvement cycle** is crucial. Feedback from students, alumni, and employers should be collected to update skill lists, introduce new industry-relevant certifications (e.g., telemedicine, clinical data management, research methodology), and phase out obsolete skills. Periodic benchmarking against national skill development programs (like Skill India, AYUSH Skill Development initiatives) ensures relevance and sustainability.

Value-Added Courses and their Alignment with SDG 4 & SDG 8

The **design and reporting of Value-Added Courses (VACs)** should focus on providing students with additional knowledge, skills, and competencies **beyond the prescribed curriculum**, thereby enhancing their **quality of education (SDG 4)** and preparing them for **decent work and economic growth (SDG 8)**. The process begins with a **needs assessment**. The department should identify areas where students require additional skills to become more employable, entrepreneurial, or research-oriented. For Ayurveda, this may include courses on



medical coding, clinical diagnostics, pharmacovigilance, biomedical research methods, yoga and wellness, entrepreneurship in herbal medicine, communication skills, or ICT in healthcare. The next step is **course design**. Each VAC should have clearly defined **objectives, outcomes, duration, credits, teaching-learning strategies, and assessment methods**. The content should complement the main curriculum and focus on competency building. For example, a VAC on “Basics of Clinical Laboratory Skills” can cover sample collection, handling instruments, and preparing lab reports, while one on “Entrepreneurship in Ayurveda” can include product development, licensing, and marketing strategies.

Implementation is carried out through lectures, demonstrations, workshops, industry collaboration, online modules, and field visits. Experts from industry, healthcare organizations, and alumni can be invited to ensure the course remains **practical, relevant, and aligned with real-world needs**. Scheduling VACs during semester breaks, evenings, or weekends ensures students can attend without disturbing the regular curriculum.

Assessment and certification form the next crucial step. Students should be evaluated using assignments, practical demonstrations, case studies, or project work. Upon successful completion, **certificates** should be issued jointly by the department and collaborating industry/agency wherever possible. This official recognition enhances the value of the course, adds to the students’ professional portfolio, and strengthens their employability.

For **reporting**, the department should maintain records including:

- List of value-added courses introduced annually.
- Course structure (objectives, duration, resource persons, mode of delivery).
- Student enrollment and completion data.
- Assessment outcomes and certificates issued.
- Evidence such as photographs of workshops, resource material, student feedback, and placement or entrepreneurship outcomes linked to the course.

These records should be compiled in the annual academic and IQAC reports to demonstrate how VACs contribute to **SDG 4 by enhancing lifelong learning opportunities** and **SDG 8 by creating a workforce equipped with modern skills, entrepreneurship potential, and better employability**.

Finally, a **review and improvement mechanism** is essential. Feedback from students, faculty, alumni, and industry should be analyzed to refine existing VACs and introduce new ones based on emerging trends (e.g., AI in healthcare, telemedicine, integrative health). This ensures VACs remain future-ready and continue to bridge the gap between classroom learning and workplace expectations.

Programs Conducted (Academic/Learning) and their Alignment with SDG 4

The design and reporting of **academic/learning programs** should aim to enhance student learning opportunities, strengthen inclusivity, and ensure measurable quality improvement in education, thereby directly supporting **SDG 4 (Quality Education)**.

The first step is **need identification and planning**. The department should analyze gaps in the curriculum, student feedback, and emerging academic trends to decide the nature of programs required—seminars, workshops, webinars, guest lectures, faculty development programs, simulation-based learning, or skill enhancement sessions. The purpose should be aligned with SDG 4 targets, such as ensuring lifelong learning, promoting innovation in teaching, and offering equal learning opportunities.



The next step is **program design**. Each program must have clear objectives, expected learning outcomes, target audience, resource persons, and mode of delivery (offline, online, blended). The schedule, duration, and teaching–learning strategies (interactive lectures, group discussions, case-based learning, practical demonstrations) should be outlined in detail. A linkage to curriculum outcomes and competencies ensures the program is not an isolated activity but contributes directly to educational quality.

Implementation involves organizing the program systematically—finalizing resource persons, preparing reading materials, arranging venues or ICT platforms, and ensuring active participation by students and faculty. A strong emphasis should be placed on inclusivity (allowing participation across gender, socio-economic, and academic backgrounds) so that no student is left behind, which resonates with SDG 4.

Evaluation and assessment are crucial for quality assurance. Pre- and post-program tests, feedback surveys, reflections, or skill demonstrations can be used to measure knowledge gain and competency development. This ensures that academic programs are outcome-driven and not just event-oriented.

For **reporting**, the department should maintain structured documentation, including:

- Program details (title, date, objectives, resource persons).
- List of participants (students, faculty, external experts).
- Photographs, brochures, and attendance records.
- Feedback analysis and outcome reports.
- Evidence of skills/knowledge gained (certificates, portfolios, performance improvement).

These reports should be compiled annually and submitted to the IQAC/NAAC/QCI as evidence of the department's contribution to **enhancing quality education (SDG 4)**. Highlighting innovation in pedagogy, student engagement, and inclusivity strengthens the institutional narrative.

Finally, **review and improvement** are necessary. Program outcomes should be reviewed by faculty and academic committees, and feedback should be used to redesign or improve future programs. Linking programs to broader initiatives such as national educational policies (NEP 2020), NCISM mandates, or global educational trends ensures sustainability and relevance.

PG Students Status (Thesis and Other Activities) and its Alignment with SDG 4

The **design and reporting of PG students' status** in terms of their **thesis work and academic activities** plays a central role in ensuring **quality education (SDG 4)**, since it directly reflects the department's contribution to research, innovation, and competency-based learning.

The first step is **systematic documentation of thesis work**. Each PG student must submit their thesis synopsis for departmental and institutional approval as per NCISM and university guidelines. The department should maintain a **thesis tracking system**, recording details such as title, objectives, methodology, ethical clearance, progress status, submission timelines, and publications derived from the thesis. This ensures transparency, accountability, and continuous monitoring of research quality.

The second step is **integration of thesis with learning outcomes**. Thesis topics should be designed to address contemporary healthcare challenges, integrate Ayurvedic principles with modern diagnostics, and promote innovation. This aligns with SDG 4's emphasis on **relevant skills for sustainable development** and research that contributes to the global knowledge pool. Students should be encouraged to use advanced methodologies—statistical tools, ICT



applications, laboratory-based research, and clinical studies—thereby enhancing academic rigor.

Beyond the thesis, PG students should also be engaged in **other academic activities** such as seminars, journal clubs, case presentations, workshops, conferences, community outreach, and value-added courses. Each activity should have **clear objectives and assessment criteria**, ensuring students develop competencies in research, teaching, clinical skills, and leadership. Faculty mentors must supervise and guide students in balancing academic, clinical, and research responsibilities.

Assessment and monitoring are essential for maintaining standards. The department should conduct **regular progress review meetings** (monthly or quarterly) where students present updates on their thesis, research challenges, and academic contributions. Feedback and corrective measures should be documented to show continuous improvement.

For **reporting**, the department must maintain consolidated records including:

- Thesis details (titles, stages of completion, ethical clearance, submission date).
- Publications, conference presentations, and awards received by PG students.
- Participation in teaching activities (UG classes, demonstrations, mentoring).
- Involvement in departmental research projects, extension services, and interdisciplinary collaborations.
- Progress reports, supervisor feedback, and action taken notes.

When compiled in annual departmental and IQAC reports, these records provide strong evidence of how PG education contributes to **SDG 4—ensuring inclusive, quality, and research-oriented higher education with opportunities for lifelong learning**.

Finally, a **review and improvement cycle** must be followed. Based on outcomes, the department should refine research training, offer workshops on methodology, writing, and publishing, and establish collaborations with external research centers. This ensures PG scholars receive continuous exposure to best practices, strengthening both their academic profile and the institution's standing.

Students' Achievements (Academic) and their Alignment with SDG 4

The design and reporting of **students' academic achievements** serve as a vital measure of educational quality and the effectiveness of teaching–learning processes, thereby contributing directly to **SDG 4 (Quality Education)**. The first step is **defining the scope of academic achievements**. This includes university examination results, ranks, awards and scholarships, paper/poster presentations, publications, participation in conferences, competitive examinations (AYUSH NET, UPSC, PG entrance), innovation projects, and recognition in academic competitions. By establishing this scope clearly, the department ensures comprehensive documentation.

The next step is **identification and collection of data**. Each department should systematically gather evidence of students' achievements through examination records, certificates, participation proofs, publications, and faculty validations. Students can also be encouraged to maintain academic portfolios containing their certificates, abstracts, and research outputs, ensuring accuracy and completeness of records.

Validation and categorization follow, where achievements are grouped into categories such as curricular (exam results, ranks), research (publications, presentations), innovation (projects, patents), and professional development (scholarships, fellowships, awards). This



categorization allows for easier reporting and mapping to SDG 4 indicators such as quality higher education, skill development, and research excellence.

Documentation and reporting are the next crucial steps. Departments should prepare structured reports containing:

- List of student achievements with year, type of achievement, and level (institutional, university, state, national, international).
- Supporting evidence (certificates, photographs, abstracts).
- Analysis of trends (number of achievers per year, improvement in ranks, participation growth).
- Outcomes (improved academic visibility, enhanced employability, contribution to research and innovation).

These records should be compiled annually into **departmental reports, IQAC documentation, and NAAC/QCI submissions**, highlighting how student achievements demonstrate the effectiveness of teaching-learning assessment, mentoring, remedial measures, and skill development initiatives.

Finally, a **review and improvement mechanism** should be in place. The Academic Committee should analyze student achievement data to identify strengths (e.g., consistent university ranks) and gaps (e.g., low participation in research presentations). Based on this, targeted strategies—such as encouraging more students into research, providing writing workshops, organizing academic competitions, and offering mentorship for competitive exams—can be implemented. This ensures that achievements are not isolated but reflect a **culture of excellence and continuous improvement in education**.

Result (Formative and Summative Assessment) and SDG 4

The **design and reporting of results** from **formative and summative assessments** are essential for ensuring **quality education (SDG 4)** as they provide direct evidence of student learning, competency acquisition, and teaching effectiveness. The first step is **planning the assessment framework**. Formative assessments (class tests, quizzes, assignments, viva, OSCE/OSPE, case presentations) are designed to monitor continuous learning, provide timely feedback, and guide remedial actions. Summative assessments (mid-term exams, semester-end exams, university examinations) are designed to evaluate overall achievement of course outcomes at the end of an instructional period.

The second step is **systematic data collection**. For formative assessments, performance data should be recorded in assessment registers or digital platforms, with detailed rubrics and faculty feedback. For summative assessments, official university/college examination results and grade distributions should be compiled.

Analysis and interpretation follow. Formative results are analyzed to identify learning gaps, patterns of difficulty, and progress of individual students. Summative results are analyzed in terms of pass percentage, distinction rate, and comparison across subjects, batches, or years. Both analyses help in evaluating curriculum delivery, teaching methods, and student preparedness.

The next step is **documentation and reporting**. Reports should include:

- Tabulated results of formative and summative assessments.
- Comparative analysis (subject-wise, year-wise, pre- and post-remedial interventions).
- Graphical representation of performance trends.
- Action taken (remedial classes, mentoring, changes in teaching methods).



Finally, a **feedback and improvement cycle** ensures that results are used not just for record-keeping but for enhancing education quality. Weak areas identified through formative results can guide remedial measures, while summative results guide long-term curriculum revision and teaching–learning reforms.

Scholarship and its Alignment with SDG 4 & SDG 10

The **design and reporting of scholarships** must focus on making education **inclusive, equitable, and accessible (SDG 4)** while addressing socio-economic barriers that hinder learning, thereby contributing to **reducing inequalities (SDG 10)**. The process begins with **need identification and eligibility framing**. Scholarships should be planned to support economically weaker students, meritorious students, or those from socially disadvantaged backgrounds, in line with national and state policies (e.g., SC/ST/OBC schemes, minority scholarships, merit-cum-means, research fellowships). This ensures that financial constraints do not prevent capable students from achieving academic success.

The next step is **awareness and communication**. The institution should create awareness among students about available government, private, and institutional scholarships through orientations, circulars, notice boards, websites, and mentor–mentee meetings. Dedicated administrative or faculty coordinators should be appointed to guide students in application processes, ensuring that no eligible candidate misses opportunities due to lack of information.

Implementation involves supporting students in filling applications, verifying eligibility, preparing necessary documents (income certificates, caste certificates, mark sheets, recommendation letters), and liaising with government or funding agencies. The department should ensure that the scholarship process is transparent, timely, and free from bias, thereby upholding SDG 10's principle of reducing inequalities in access to resources.

Monitoring and tracking form the next crucial step. The institution should maintain a scholarship register/database with details such as student name, category, type of scholarship, amount sanctioned, and year of receipt. Periodic review meetings can track how many students benefitted, whether funds were disbursed on time, and if additional institutional support is required.

For **reporting**, the department should prepare annual documentation including:

- Number and percentage of students receiving scholarships.
- Categories of scholarships (merit-based, need-based, government, institutional).
- Total financial amount disbursed.
- Impact analysis—how scholarships improved student attendance, academic performance, and reduced dropout rates.
- Success stories or testimonials of students who benefitted.

This reporting not only highlights inclusivity but also provides measurable evidence of how scholarships contribute to **quality education (SDG 4)** by promoting continuous learning opportunities and **reduced inequalities (SDG 10)** by bridging socio-economic divides.

Finally, a **review and improvement cycle** must be adopted. Feedback from beneficiaries should be collected to identify challenges (delayed disbursement, complex paperwork, insufficient amount) and suggest improvements such as simplifying processes, introducing more institutional fellowships, or tying up with NGOs/industry for scholarship support. This ensures sustainability and equity in financial assistance.



Literary (Academic/Creative) Activities and their Alignment with SDG 4

The **design and reporting of literary activities**—both academic and creative—play a vital role in fostering critical thinking, communication, innovation, and holistic learning, all of which directly contribute to **SDG 4 (Quality Education)**. The first step is **planning and defining scope**. Literary activities should encompass both academic writing (research papers, essays, reviews, conference proceedings) and creative expressions (poetry, short stories, debates, elocution, essay competitions, magazine contributions). This dual focus ensures that students develop scholarly writing skills alongside creativity and self-expression.

The next step is **curriculum integration and planning of activities**. Departments should design annual literary calendars, integrating activities like academic writing workshops, journal clubs, debate competitions, creative writing contests, and student magazine publications. Themes can be aligned with academic subjects (Ayurveda, health sciences, diagnostics) as well as interdisciplinary issues (ethics, sustainability, culture), thereby strengthening knowledge and awareness beyond the classroom.

Implementation involves providing platforms and guidance for students to showcase their academic and creative works. Faculty mentors should encourage participation in national essay competitions, poster presentations, and institutional magazines. Training in research methodology, referencing, academic integrity, and creative expression should be part of literary development programs. By promoting multilingual contributions and inclusive participation, the department ensures equitable access to literary activities, resonating with the inclusivity goal of SDG 4.

Evaluation and recognition form the next stage. Participation and performance in academic/creative literary activities can be evaluated through published outputs (papers, magazines, newsletters), prizes won in competitions, or student reflections. Institutions should formally recognize achievements through certificates, awards, and publications, motivating wider participation.

For **reporting**, the department should document:

- List of academic and creative literary events conducted annually.
- Number of student and faculty participants.
- Details of publications (journals, magazines, conference proceedings).
- Achievements such as awards, recognitions, or invited contributions.
- Outcomes like improved writing skills, creativity, and student confidence.

Reports must include **supporting evidence** such as brochures, event photographs, certificates, and copies of publications. This not only showcases the institution's efforts toward holistic education but also provides verifiable evidence for NAAC, QCI, and IQAC submissions.

Finally, a **review and improvement cycle** should be built in. Feedback from students, faculty, and judges should be analyzed to improve the quality and inclusivity of future literary activities. Introducing digital platforms (online literary clubs, e-magazines, blogs) and interdisciplinary themes will further expand outreach and impact.

Curricular Revision and its Alignment with SDG 4

The **design and reporting of curricular revision** are central to ensuring that education remains **relevant, inclusive, and competency-driven**, directly fulfilling the goals of **SDG 4 (Quality Education)**. The process begins with **need assessment and gap analysis**. The



department must periodically review the existing curriculum by analyzing student performance, feedback from learners and faculty, results of formative and summative assessments, employability trends, and feedback from alumni and employers. Benchmarking against national standards (NCISM guidelines, NEP 2020, UGC frameworks) and international trends ensures the curriculum is globally competitive while locally relevant.

The next step is **stakeholder consultation**. Inputs should be collected from students, faculty, alumni, industry partners, healthcare providers, and external experts to identify areas needing enrichment, innovation, or restructuring. This ensures inclusivity and alignment with real-world needs, strengthening SDG 4's emphasis on lifelong learning and employability.

Designing the revised curriculum follows, where learning objectives are updated, new competencies are introduced, outdated content is removed, and innovative teaching–learning methods are integrated (problem-based learning, simulation, ICT-enabled strategies, interdisciplinary exposure). Each component should be mapped to program outcomes (POs), course outcomes (COs), and graduate attributes to maintain academic rigor and measurable quality standards. Value-added elements such as skill certifications, research training, entrepreneurship, and professional ethics may also be included to prepare students for diverse career paths.

Approval and implementation are then undertaken. The revised curriculum should be presented to the departmental curriculum committee, Board of Studies (BoS), Academic Council, and affiliating university for formal approval. Once approved, the implementation plan must include faculty orientation, preparation of teaching-learning materials, and restructuring of assessment strategies to ensure smooth transition for students.

Monitoring and evaluation are critical. The department should regularly assess how the revised curriculum impacts student learning outcomes, employability, research output, and overall academic performance. Feedback loops must be built in—faculty can document teaching experiences, students can provide course evaluations, and performance data can be analyzed semester-wise to check whether the intended learning outcomes are being achieved.

For **reporting**, the department should maintain:

- Minutes of meetings of curriculum revision committees.
- Stakeholder feedback records.
- Drafts and final versions of the revised syllabus.
- Mapping of curriculum to POs/COs and SDG 4 targets.
- Evidence of implementation (lesson plans, revised assessments, faculty training reports).
- Outcome analysis showing improvements in results, skill acquisition, research participation, or student satisfaction.

Finally, **continuous review and future readiness** must be ensured. Curricular revision should be a cyclical process, reviewed every 3–5 years or sooner if required by policy changes. The department should also integrate emerging areas such as digital health, research methodology, artificial intelligence in healthcare, and interdisciplinary collaborations, thus maintaining relevance with future educational needs.

Interdisciplinary and Interdepartmental Courses and their Alignment with SDGs

The **design and reporting of interdisciplinary and interdepartmental courses** ensure that education is **holistic, innovative, and collaborative**, addressing multiple Sustainable Development Goals—**SDG 4 (Quality Education)** by enhancing knowledge beyond silos,



SDG 9 (Innovation & Infrastructure) by integrating science, technology, and research with traditional knowledge, and **SDG 17 (Partnerships)** by building collaborations within and outside the institution.

The first step is **need assessment and theme identification**. The department should identify thematic areas where knowledge from multiple disciplines can be integrated—such as Ayurveda and modern diagnostics, pharmacology and pharmaceutical sciences, public health and environmental sciences, or ICT and medical education. This ensures relevance to both academic learning and real-world problem solving.

The second step is **collaborative planning**. Faculty members from different departments should come together to design course objectives, outcomes, modules, and teaching strategies. External experts from industry, research institutions, or allied health sciences may also be consulted. This collaborative design phase directly supports **SDG 17 (Partnerships)** by encouraging shared ownership of knowledge.

Course design must focus on blending multiple perspectives—traditional knowledge with modern science, theoretical content with practical exposure, and academic knowledge with industry insights. Each module should be co-taught by faculty from different departments, thereby exposing students to diverse expertise. Innovative pedagogies such as problem-based learning, interdisciplinary case studies, simulation exercises, and collaborative projects should be integrated.

Implementation involves careful scheduling and resource sharing. Laboratories, skill centers, ICT platforms, and libraries from multiple departments should be utilized collectively, thereby optimizing institutional infrastructure in line with **SDG 9**. Students should be encouraged to participate in joint projects, field studies, or internships that require applying interdisciplinary approaches to real-world challenges.

Assessment and certification are crucial. Evaluation should be designed to capture integration of knowledge, teamwork, creativity, and problem-solving ability, not just subject-specific recall. Certification jointly issued by participating departments or in collaboration with external partners enhances credibility and adds value to student learning.

For **reporting**, the department must maintain:

- List of interdisciplinary/interdepartmental courses conducted annually.
- Objectives, content, and learning outcomes of each course.
- Faculty and departments involved, along with external partners if any.
- Student participation numbers and feedback.
- Evidence of innovation (projects, research outputs, publications, or patents).
- Outcomes in terms of skill enhancement, employability, and collaborative research opportunities.

Finally, **review and improvement** ensure sustainability. Feedback from students, faculty, and industry stakeholders should be analyzed to refine future courses. Introducing emerging themes such as AI in healthcare, integrative medicine, sustainable health practices, and digital innovation ensures that courses remain future-ready and impactful.

Cross-Cutting Issues and their Alignment with SDGs

The **design and reporting of cross-cutting issues**—such as ethics, human values, gender sensitivity, environment, sustainability, health rights, and social responsibility—are an essential component of NAAC requirements. These themes go beyond subject-specific



knowledge and nurture **responsible citizenship, ethical professional conduct, and sustainable practices**, directly contributing to **SDG 4 (Quality Education)** and **SDG 16 (Peace, Justice, and Strong Institutions)**.

The first step is **need identification and theme selection**. The department should identify priority cross-cutting issues relevant to healthcare and education—medical ethics, research integrity, patient rights, environmental sustainability in healthcare practices, gender equity, legal awareness, and social justice. These themes should be mapped to both institutional values and global SDG priorities.

The second step is **curriculum integration**. Cross-cutting issues should not remain stand-alone lectures but be embedded across courses and activities. For example, **ethics** can be integrated into clinical postings and case discussions, **environmental sustainability** into pharmacology (green pharmacy) and community medicine, and **gender sensitivity** into gynecology, psychology, or sociology modules. This ensures that every student encounters these values in multiple contexts, reinforcing their importance.

Program design and implementation should include structured activities such as workshops, seminars, debates, guest lectures, field visits, awareness drives, and student projects. For example: a seminar on *bioethics in clinical research*, an awareness campaign on *waste management in hospitals*, or a role-play on *patient rights and responsibilities*. These hands-on approaches help transform abstract principles into real-world understanding.

Assessment and evaluation must be built into the design. Students' engagement with cross-cutting issues can be assessed through reflective writing, project reports, viva voce, or presentations. This reinforces that these issues are integral to academic rigor and not optional add-ons. Faculty can also maintain observation records during clinical interactions or community programs to evaluate application of ethical and social values.

For **reporting**, the department should compile:

- List of cross-cutting programs/activities conducted (with theme, date, resource persons).
- Evidence of integration in curriculum (lesson plans, CO–PO mapping, assessment rubrics).
- Student participation data and feedback.
- Outcomes achieved (e.g., improved ethical reasoning, environmental awareness, gender sensitivity).
- Supporting evidence (photos, brochures, certificates, reflection logs).

Such reports, submitted annually to IQAC/NAAC, highlight how the department addresses NAAC Key Indicator requirements on cross-cutting issues while fulfilling SDGs. They also serve as verifiable proof of institutional commitment to **building socially responsible graduates**.

Finally, a **review and improvement mechanism** must be adopted. Feedback from students, faculty, and stakeholders should be analyzed to refine cross-cutting initiatives, making them more practical, engaging, and impactful. Periodic updates should introduce **emerging global concerns** such as climate change and bioethics in AI and digital healthcare, ensuring the institution remains future-ready.

Student Academic Activities and their Alignment with SDG 4

The **design and reporting of student academic activities** are crucial to demonstrate active learner participation, skill enhancement, and the development of lifelong learning habits, all of



which directly contribute to **SDG 4 (Quality Education)**. The first step is **planning and scope definition**. Student academic activities should extend beyond routine classroom teaching and cover a wide range of engagements such as seminars, journal clubs, debates, quizzes, workshops, model presentations, research projects, paper/poster presentations, internships, and academic competitions. Clearly defining the scope ensures that activities target both cognitive learning and skill-building.

The second step is **integration with curriculum and competencies**. Each activity should be mapped to course outcomes (COs) and program outcomes (POs) so that they directly contribute to curricular goals. For instance, journal clubs improve critical appraisal skills, research projects strengthen inquiry-based learning, and seminars enhance communication and analytical skills. This mapping ensures activities are not extracurricular add-ons but integral components of quality education.

Implementation involves organizing these activities systematically throughout the academic year. Activities may be student-led with faculty guidance, encouraging responsibility, creativity, and peer-to-peer learning. Platforms such as departmental academic societies, clubs, or forums should be created to foster continuous engagement. Inclusivity must be ensured by encouraging participation from all categories of students, thereby promoting equity in academic opportunities.

Assessment and recognition are key to reinforcing learning. Activities should have evaluation criteria—such as rubrics for presentations, scoring systems for quizzes, or faculty feedback for research projects. Students' performance and participation should be recognized with certificates, prizes, or academic credits. This motivates learners while also adding value to their professional profiles.

For **reporting**, the department should document:

- List of academic activities conducted (with title, date, objectives, and resource persons).
- Student participation (names, number of participants, levels—departmental, inter-college, national).
- Evidence of student outcomes (improved performance, awards, publications, skill acquisition).
- Supporting materials (photos, brochures, certificates, abstracts, feedback reports).
- Analysis of impact (e.g., increased student involvement in research, better results in assessments).

These reports should be compiled annually into departmental and IQAC submissions as evidence of holistic academic engagement. They demonstrate how student activities are designed to strengthen learning outcomes and promote **lifelong learning opportunities**, thereby aligning with SDG 4.

Finally, a **review and improvement cycle** ensures sustainability. Student feedback should be taken after every activity to assess relevance, effectiveness, and areas of improvement. Future activities can then be designed to address gaps, introduce emerging themes, or enhance student leadership, ensuring continuous innovation in academic engagement.

Building Talent in Students and its Alignment with SDGs

The **design and reporting of talent-building initiatives** are crucial to ensure that students not only excel academically but also develop the **skills, competencies, and creativity** needed for employability, entrepreneurship, and lifelong learning. This directly contributes to **SDG 4**



(Quality Education) by enhancing holistic learning opportunities and **SDG 8 (Decent Work & Economic Growth)** by preparing students for the workforce and self-reliance.

The first step is **identification of talent domains**. Talent-building must go beyond classroom academics and cover domains such as research aptitude, clinical/practical competencies, ICT proficiency, entrepreneurship, innovation, cultural creativity, communication, leadership, and problem-solving. These areas should be identified based on student strengths, institutional goals, and industry/community needs.

The next step is **program design and integration**. Talent development activities should be embedded into the academic calendar through workshops, seminars, competitions, talent hunts, hackathons, innovation challenges, research projects, and value-added courses. For example, a research talent-building program can include journal clubs, thesis writing workshops, and conference presentations, while a skill-building program can include simulation-based learning, ICT tools, and entrepreneurship training. Each activity should have clear objectives, expected outcomes, and evaluation methods.

Implementation involves systematic execution of these programs. Faculty mentors should guide students in identifying and nurturing their strengths, while providing equal opportunities to all students irrespective of socio-economic or academic background. Collaborations with industries, research organizations, and NGOs can be encouraged to give students exposure to real-world contexts, thus aligning with **SDG 8** by connecting education to employability and entrepreneurship.

Assessment and recognition are essential components. Students' talents should be assessed using measurable criteria such as performance in competitions, research output, creative projects, leadership roles, or entrepreneurship initiatives. Achievements must be recognized formally through awards, certificates, publications, or placements. Recognition not only motivates students but also serves as tangible evidence for NAAC.

For **reporting**, the department should compile:

- List of talent-building activities organized annually.
- Number of students participating and benefitting.
- Evidence of outcomes (awards, publications, placements, start-ups, innovations).
- Student feedback and reflection on skill/talent enhancement.
- Supporting evidence (photos, certificates, project reports, media coverage).

These reports should be linked with **academic outcomes (SDG 4)** and **career outcomes (SDG 8)**, showing how talent-building translates into higher employability, entrepreneurship, and societal contribution.

Finally, a **review and improvement cycle** should be adopted. Feedback from students, alumni, and employers should be analyzed to refine talent-building initiatives. Emerging areas like digital health, artificial intelligence in diagnostics, or green entrepreneurship can be introduced to ensure that students' talents remain relevant to future industry and societal needs.

E-Content Development, Repository, and Resources: Alignment with SDGs

The **design and reporting of e-content, repositories, and digital resources** are essential in modern education as they ensure **inclusive, accessible, and innovative learning opportunities**, directly contributing to **SDG 4 (Quality Education)** and **SDG 9 (Industry, Innovation, and Infrastructure)**.

The first step is **needs assessment and planning**. The department must identify the gaps in traditional teaching and decide which areas require digital learning support. For example,



practical demonstrations, simulation-based lessons, interactive case studies, and audiovisual modules can be prioritized. At this stage, the institution also decides the format of e-content—video lectures, podcasts, e-modules, digital manuals, animations, or interactive simulations. The second step is **design and development of e-content**. Faculty should prepare structured modules with clear learning objectives, mapped to curriculum outcomes. Content creation should follow academic rigor and digital standards—using tools like PowerPoint with narration, video recording, animations, and interactive quizzes. Quality checks must be in place to ensure accuracy, clarity, accessibility, and copyright compliance. Collaborative content creation across departments ensures interdisciplinary richness.

Next is **repository creation and resource sharing**. Developed e-content should be stored systematically in a **digital repository or Learning Management System (LMS)** such as Moodle, Google Classroom, or institutional intranet. This repository should be well-categorized (by subject, course, semester) and accessible to students and faculty. By building this digital infrastructure, the institution strengthens **SDG 9 (Innovation & Infrastructure)**. If possible, repositories can also be linked to national platforms like SWAYAM, NPTEL, or AYUSH portals, contributing to knowledge sharing at a wider scale.

Implementation and usage monitoring are critical. Students should be oriented on how to access and utilize these resources for self-paced learning, revision, and research. Faculty can integrate e-content into teaching by blending it with live discussions and assessments (flipped classroom model). Usage data—such as login counts, module completion rates, or feedback—should be regularly tracked to evaluate effectiveness.

Assessment and improvement involve evaluating the impact of e-content on learning outcomes. Pre- and post-tests, student feedback, and performance comparisons with previous years can measure effectiveness. Regular updates, new resource additions, and incorporation of emerging technologies (AI-based adaptive learning, AR/VR for clinical skills) ensure that the repository remains dynamic and future-ready.

For **reporting**, the department should compile:

- List of e-content developed (titles, type, duration, subject area).
- Repository details (LMS/portal used, number of modules uploaded).
- Student usage statistics and feedback.
- Evidence of outcomes (improved exam results, better concept clarity, increased student engagement).
- Documentation (screenshots, video links, repository snapshots).

These reports should be submitted to IQAC/NAAC as verifiable evidence of innovation in pedagogy, fulfilling **SDG 4 by enhancing inclusive, lifelong learning opportunities** and **SDG 9 by strengthening digital academic infrastructure and innovation**.

Capability Enhancement and its Alignment with SDGs

The **design and reporting of capability enhancement programs** are central to ensuring that students and faculty develop **holistic skills, confidence, and equal opportunities**, directly contributing to **SDG 4 (Quality Education)** and **SDG 5 (Gender Equality)**.

The first step is **needs assessment and identification of target groups**. The institution must analyze gaps in student and faculty competencies through feedback, exam results, mentoring records, and placement data. Areas may include communication skills, soft skills, ICT proficiency, leadership, language improvement, research methodology, health and wellness, and gender sensitivity. Special attention should be given to groups that face academic or social



disadvantages (first-generation learners, women students, marginalized backgrounds), ensuring inclusivity in line with **SDG 5**.

The second step is **program design**. Capability enhancement programs should be structured into short-term workshops, certificate courses, bridge programs, mentorship initiatives, counseling sessions, and training modules. For example, **soft skills workshops** improve employability, **gender sensitization sessions** promote equality, and **ICT workshops** bridge digital divides. Each program should have clear objectives, learning outcomes, resource persons, and evaluation methods, ensuring alignment with curriculum and career development. **Implementation** involves organizing these programs systematically across the academic year. Faculty members, external experts, NGOs, and industry partners can be engaged to provide training. Programs should be designed in a way that both men and women students participate equally, with provisions to encourage women's leadership, self-defense training, financial literacy, and awareness about rights. This ensures **empowerment and gender balance** in participation and outcomes.

Assessment and monitoring are critical. Feedback surveys, pre- and post-program tests, and reflective assignments should be used to measure the effectiveness of programs. Gender-wise analysis of participation and outcomes can highlight inclusivity and impact. Documentation of individual progress (like improvement in communication, research output, or confidence levels) should be maintained to showcase success stories.

For **reporting**, the department should prepare structured records including:

- List of capability enhancement programs conducted (title, date, resource person).
- Number and profile of participants (with gender distribution).
- Evidence of outcomes (certificates, skill demonstrations, improvement in performance, placements).
- Student feedback and reflections.
- Supporting evidence (photographs, brochures, testimonials, media coverage).

These reports should clearly show how programs promote **inclusive and equitable quality education (SDG 4)** while ensuring **equal participation, empowerment, and opportunities for women (SDG 5)**.

Finally, a **review and improvement mechanism** ensures sustainability. Feedback from students, faculty, and employers should be analyzed to design future programs in emerging areas like digital health, entrepreneurship, financial literacy for women, and research ethics. Periodic audits by IQAC or academic committees ensure that capability enhancement remains a continuous process and not a one-time activity.

Gender Sensitisation and its Alignment with SDGs

The **design and reporting of gender sensitisation initiatives** are critical for building an academic environment that promotes equality, inclusivity, and respect. Such programs directly address **SDG 5 (Gender Equality)** by promoting awareness of gender equity and empowering women, and **SDG 10 (Reduced Inequalities)** by creating fair opportunities for all regardless of gender, background, or socio-economic status.

The first step is **need identification and policy alignment**. Institutions must analyze challenges faced by students and staff in terms of gender bias, unequal opportunities, or lack of awareness about rights and responsibilities. This analysis should be aligned with national frameworks such as UGC/NAAC directives, POSH (Prevention of Sexual Harassment) guidelines, and constitutional provisions for equality.



The second step is **program design**. Gender sensitisation initiatives should be structured as workshops, seminars, debates, awareness campaigns, counseling sessions, film screenings, and role-plays. Topics may include gender stereotypes, workplace equality, women's health and safety, rights and responsibilities, and inclusivity of marginalized genders. Programs must be designed to encourage participation from all genders, not only women, to foster mutual understanding and collaboration.

Implementation involves conducting structured programs throughout the academic year. The Women Development Cell, Internal Complaints Committee, or Student Welfare Committee should coordinate these activities. Experts from legal, healthcare, psychology, and social sectors may be invited as resource persons to bring diverse perspectives. Awareness campaigns on days like *International Women's Day* or *National Girl Child Day* can strengthen community participation.

Assessment and monitoring are crucial for effectiveness. Feedback forms, reflective essays, participation data, and gender-wise analysis of involvement should be collected. The department should also monitor tangible outcomes such as improved awareness of rights, increased female participation in academic and leadership roles, and reduction in gender-related grievances.

For **reporting**, the department should maintain documentation that includes:

- List of gender sensitisation activities conducted (title, theme, date, resource person).
- Number of participants with gender-wise distribution.
- Outcomes achieved (awareness created, behavioral changes, increased participation).
- Student reflections, feedback summaries, and success stories.
- Supporting evidence (brochures, photographs, attendance, media coverage).

These records, when compiled into annual reports and NAAC/IQAC submissions, demonstrate institutional commitment towards **empowering women, promoting equality, and reducing inequalities in academic opportunities**.

Finally, a **review and improvement mechanism** must be built into the process. Feedback should guide future programs to make them more impactful—such as introducing self-defense training, leadership workshops for women, or sessions on inclusivity for LGBTQ+ communities. By evolving with changing societal needs, gender sensitisation remains relevant and effective.

Inclusive Environment and its Alignment with SDGs

Creating and reporting an **inclusive environment** is a key expectation under NAAC since it ensures that education is accessible, equitable, and holistic. This directly supports **SDG 10 (Reduced Inequalities)** by minimizing barriers due to socio-economic background, gender, disability, or cultural differences, and **SDG 4 (Quality Education)** by providing equal learning opportunities for all.

The first step is **need identification and policy framing**. Institutions must evaluate the diversity of their student and faculty population, including differences in socio-economic background, language, learning abilities, gender, and physical or psychological challenges. Based on this assessment, institutional policies should be framed for inclusivity—covering anti-discrimination, equal opportunity, disability support, and gender sensitivity—aligned with national guidelines (UGC equity initiatives, Rights of Persons with Disabilities Act, etc.).

The second step is **designing inclusive academic and support systems**. Academic inclusivity involves bridge courses for slow learners, remedial classes, flexible teaching methods, and the



use of ICT for accessible learning. Support systems include scholarships, fee concessions, health care, counseling, and peer mentoring. Infrastructure must also be inclusive, with ramps, accessible washrooms, digital learning aids, and language support for students from varied backgrounds.

Implementation requires integrating inclusivity into daily institutional practices. Faculty should adopt **inclusive pedagogy** such as collaborative learning, problem-based learning, and bilingual teaching when required. Student clubs and committees should actively promote cultural diversity, gender equality, and social integration. Special attention must be given to students from disadvantaged groups (SC/ST/OBC, minorities, economically weaker sections, differently-abled) to ensure they participate fully in academic and extracurricular activities.

Monitoring and evaluation are essential. Institutions should collect data on the participation and performance of diverse groups of students, track improvements in academic outcomes, and assess the impact of support measures. Feedback mechanisms from students, faculty, and parents help identify challenges and refine inclusivity initiatives.

For **reporting**, the department should compile:

- List of inclusive policies and programs (bridge courses, remedial classes, language support, disability-friendly initiatives).
- Data on scholarships and concessions for disadvantaged students.
- Participation of diverse groups in academic, research, and extracurricular activities.
- Evidence of inclusive infrastructure (ramps, ICT-enabled resources, counseling centers).
- Outcomes such as improved access, reduced dropout rates, better performance of disadvantaged students, and enhanced diversity in academic representation.

Such reports, when compiled annually and presented to IQAC/NAAC, serve as verifiable evidence that the institution provides **equal opportunities, a barrier-free environment, and quality education for all learners**.

Finally, a **review and improvement cycle** ensures sustainability. Based on outcomes and feedback, the institution should refine support systems, introduce new inclusive initiatives (like digital inclusion, gender-neutral spaces, mental health support), and align with evolving societal needs. This continuous process guarantees that inclusivity remains a **living institutional practice rather than a static compliance measure**.

National and International Day Celebrations and their Alignment with SDGs

The **design and reporting of National and International Day celebrations** in an academic institution are not merely ceremonial; they are structured activities that foster awareness, education, and values of peace, justice, and global citizenship. Such observances directly strengthen **SDG 4 (Quality Education)** by providing platforms for experiential and value-based learning, and **SDG 16 (Peace, Justice & Strong Institutions)** by promoting civic responsibility, inclusivity, and respect for national and international frameworks.

The first step is **identification and selection of days to be observed**. Institutions should prepare an academic calendar highlighting significant days such as *World Health Day, International Yoga Day, Constitution Day, International Women's Day, Earth Day, Human Rights Day, World Mental Health Day*, etc. Selection should be linked to institutional values, curricular relevance, and broader societal goals, ensuring that celebrations reinforce both academic and civic learning.



The second step is **program design**. For each day, the department should design academic awareness activities such as guest lectures, panel discussions, debates, essay/poster competitions, exhibitions, health camps, rallies, and cultural events. Activities should have clear educational objectives—for instance, Constitution Day programs may focus on awareness of democratic values and rights, while World Health Day may emphasize preventive healthcare and Ayurveda’s contribution to wellness. This ensures alignment with the knowledge-building goals of **SDG 4** and the institution-building goals of **SDG 16**.

Implementation requires coordinated planning. Faculty, student committees, and resource persons (experts, NGOs, government officials) should collaboratively organize events. Inclusivity must be ensured by encouraging participation from all sections of students and faculty, creating a sense of unity and shared responsibility. Programs should also adopt interactive and participatory approaches, allowing students to engage actively rather than passively.

Assessment and reflection are essential for ensuring impact. Feedback forms, student reflections, and participation records can help measure how much awareness was created. Documentation of outcomes such as improved knowledge of civic responsibilities, environmental consciousness, or health awareness provides evidence of quality learning beyond textbooks.

For **reporting**, the department should compile:

- List of national and international days celebrated annually.
- Program details (theme, date, objectives, resource persons).
- Number and profile of participants.
- Photographs, brochures, and media coverage.
- Outcomes (awareness created, values instilled, academic linkages).
- Reflection on how the celebration contributed to **Quality Education (SDG 4)** and **Peace, Justice & Institutions (SDG 16)**.

Such reports can be consolidated into the institutional annual quality assurance document (IQAC/NAAC), providing evidence of civic and academic enrichment.

Finally, a **review and improvement cycle** ensures sustainability. Student and faculty feedback should be used to make future celebrations more impactful—for example, introducing community outreach, collaborative events with other institutions, or integration of cultural diversity and global perspectives. This keeps celebrations meaningful and aligned with **sustainable development and institutional strengthening**.

Integration of AYUSH and its Alignment with SDGs

The **design and reporting of AYUSH integration** within academics and healthcare delivery is an essential NAAC requirement. It emphasizes the role of traditional knowledge systems in promoting holistic health and enriching education. This directly contributes to **SDG 3 (Good Health and Well-being)** by expanding healthcare choices, preventive health strategies, and wellness approaches, and to **SDG 4 (Quality Education)** by promoting inclusive, competency-based, and culturally relevant learning.

The first step is **policy alignment and need identification**. Institutions must analyze how Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH) systems can be meaningfully integrated into teaching, clinical services, and community health programs. This should be aligned with NCISM/Ministry of AYUSH guidelines and NAAC benchmarks to ensure quality and compliance.



The second step is **curriculum integration**. AYUSH concepts should be woven into various subjects by mapping competencies with modern medical sciences, diagnostics, and public health. For example, Ayurveda's *Swasthavritta* principles can be aligned with preventive healthcare, Yoga modules with mental health and lifestyle diseases, and pharmacology teaching can integrate Ayurvedic formulations with modern pharmacovigilance. Value-added courses, electives, and interdisciplinary projects can also be designed to strengthen AYUSH integration into higher education.

Implementation involves academic and clinical activities. Academic integration includes AYUSH-based workshops, guest lectures, research projects, and student exchange programs across AYUSH disciplines. Clinical integration involves providing AYUSH services in institutional hospitals, incorporating traditional therapies (Panchakarma, Yoga therapy), and conducting community outreach camps that combine modern diagnostic tools with AYUSH interventions. This dual academic–clinical approach ensures practical application of AYUSH knowledge.

Monitoring and evaluation are crucial for measuring impact. Academic performance (exam scores, project outcomes), student feedback, patient outcomes in AYUSH-based clinics, and participation data in AYUSH programs should be systematically tracked. This not only demonstrates the academic value (SDG 4) but also health outcomes achieved (SDG 3).

For **reporting**, the department should document:

- List of AYUSH-integrated academic modules, courses, and workshops.
 - Evidence of student participation in AYUSH training, research, or clinical postings.
 - Details of AYUSH-based health camps, wellness programs, and patient outcomes.
 - Publications, theses, and projects involving AYUSH integration.
 - Outcomes such as improved student competencies, patient well-being, and interdisciplinary collaboration.
- Supporting evidence (photos, course modules, research papers, camp reports) should be annexed for NAAC/IQAC submissions.

Finally, a **review and improvement cycle** ensures sustainability. Annual curriculum and hospital committee reviews should evaluate the effectiveness of AYUSH integration, introduce new AYUSH-based research opportunities, and foster partnerships with AYUSH research councils, universities, or wellness industries. This guarantees that AYUSH remains a **living, evolving part of education and healthcare**, not just a symbolic inclusion.

Classical Way of Ayurveda Learning and its Alignment with SDGs

The **design and reporting of classical Ayurveda learning** as per NAAC is vital for preserving the authenticity of traditional knowledge systems while aligning with modern academic quality standards. This directly strengthens **SDG 3 (Good Health and Well-being)** by promoting holistic, preventive, and curative health approaches, and **SDG 4 (Quality Education)** by ensuring inclusive, competency-based, and culturally rooted education.

The first step is **need assessment and curriculum mapping**. Institutions must identify the classical teaching methodologies embedded in Ayurveda texts (*Guru–Shishya Parampara, Adhyayana, Adhyapana, Anushthana, Pathana, and Swadhyaya*) and map them to current NCISM/NAAC-prescribed learning outcomes. This ensures that traditional approaches like memorization of *shlokas*, interpretation of *sutras*, and clinical application of classical principles are integrated with modern teaching–learning methods.

The second step is **program design**. Classical Ayurveda learning should be structured through activities such as *shloka recitation sessions, Tarka (logical debate), Samvada (interactive*



dialogue), *Roganidana Adhyayana* (clinical study of diseases with textual correlation), and practical demonstrations of *Dravyaguna*, *Panchakarma*, and diagnostic techniques. To align with **SDG 4**, these programs should clearly specify objectives (e.g., mastery of textual knowledge, integration with clinical diagnosis), learning outcomes (ability to apply classical knowledge in practice), and teaching–learning strategies (demonstration, storytelling, group chanting, and clinical case-based discussions).

Implementation involves blending classical methods with contemporary pedagogy. For instance, *shloka learning* may be supplemented with digital tools for pronunciation practice, while clinical case discussions may integrate both *Charaka Samhita* interpretations and modern diagnostic approaches. Faculty must act not only as instructors but as mentors in the classical sense, guiding students in ethics, discipline, and holistic healing philosophy.

Monitoring and evaluation are crucial. Students' engagement in classical learning can be assessed through oral recitations, written interpretations, clinical application of textual knowledge, reflective journals, and OSCE/OSPE evaluations linking Ayurveda concepts to patient care. Regular feedback from students and faculty ensures that classical learning remains relevant and impactful.

For **reporting**, the department should document:

- List of classical learning activities (shloka recitation, debate, textual analysis, clinical correlations).
- Number of students and faculty involved.
- Integration with curriculum outcomes (e.g., competencies achieved through shloka recitation or Roganidana textual study).
- Outcomes such as improved retention of textual knowledge, confidence in applying Ayurveda concepts clinically, and alignment with holistic health practices.
- Supporting evidence (photos, videos, feedback, lesson plans, and reflective reports).

This documentation, when compiled annually, provides strong evidence for NAAC that the institution is preserving traditional Ayurveda pedagogy while aligning with modern quality education practices.

Finally, a **review and improvement cycle** must be adopted. Faculty committees should evaluate the relevance and effectiveness of classical teaching methods in modern contexts, explore innovative ways of combining them with ICT-enabled teaching, and create interdisciplinary linkages (e.g., Ayurveda concepts with integrative medicine or global health). This ensures sustainability and evolution of classical Ayurveda learning as a living tradition.

Implementation of Ayurveda Practice and its Alignment with SDG 3

The **design and reporting of Ayurveda practice** in both academic and clinical contexts, as per NAAC, is essential to ensure that traditional healthcare knowledge is effectively translated into patient care, skill training, and community wellness. This contributes directly to **SDG 3 (Good Health and Well-being)** by strengthening preventive, promotive, curative, and rehabilitative health services through Ayurveda.

The first step is **policy alignment and framework development**. Institutions should align Ayurveda practice with NCISM regulations, NABH/NABL standards, and NAAC benchmarks. A structured framework must define how Ayurveda principles (e.g., *Swasthavritta*, *Dinacharya*, *Panchakarma*, *Roga–Rogabala Pareeksha*) will be implemented in teaching and clinical settings.

The second step is **academic integration**. Ayurveda practice should be incorporated into teaching–learning through practical demonstrations, clinical case discussions, simulation-



based training, and supervised patient care. Students should be trained in classical diagnostic methods (e.g., *Nadi Pareeksha*, *Mutra Pareeksha*, *Jihva Pareeksha*) as well as modern tools, ensuring holistic diagnostic capacity. Skill-based training in *Bhaishajya Kalpana*, *Panchakarma procedures*, *Agada Tantra* management, and preventive Ayurveda should be structured into the curriculum.

Clinical implementation involves strengthening hospital services. Departments should conduct OPDs and IPDs where Ayurveda treatment protocols are followed, including *Ahara* (diet), *Vihara* (lifestyle advice), *Aushadha* (medicines), and *Karma* (therapies like *Panchakarma*, *Ksharasutra*, *Jalaukavacharana*). Community health camps, school health programs, and wellness clinics should be organized to extend Ayurveda practice into society. Integration with modern diagnostics (lab reports, imaging, serology) supports evidence-based Ayurveda practice.

Monitoring and evaluation are crucial to ensure the quality of academic and clinical practice. This includes tracking student participation in clinical postings, assessing skill acquisition through logbooks and OSCE/OSPE formats, and analyzing patient outcomes through case records, feedback, and follow-up reports. Indicators such as patient satisfaction, reduction in disease burden, and student competency levels must be documented.

For **reporting**, the department should compile:

- Details of Ayurveda-based clinical services offered (types of therapies, OPD/IPD records, health camps).
- Academic integration evidence (classroom demonstrations, practical sessions, logbooks, research projects).
- Patient outcome data (case reports, recovery rates, patient satisfaction surveys).
- Student training outcomes (skills certified, clinical case-handling capacity).
- Supporting documentation (photographs of therapies, registers, feedback forms, published case studies).

These reports, consolidated annually, demonstrate institutional commitment to **holistic healthcare delivery and competency-based education**, directly fulfilling **SDG 3 (ensuring healthy lives and promoting well-being for all at all ages)**.

Finally, a **review and improvement cycle** ensures sustainability. Regular meetings of the hospital committee, IQAC, and academic boards should evaluate the outcomes of Ayurveda practice, identify gaps (e.g., need for more Panchakarma units, advanced diagnostic support), and suggest innovations like tele-Ayurveda consultations, integrative clinics, or lifestyle modification modules. This continuous loop ensures quality improvement and global relevance of Ayurveda practice.

Local Health Traditions and their Alignment with SDGs

The **design and reporting of Local Health Traditions (LHTs)** within academic institutions highlight the importance of preserving indigenous healthcare knowledge and aligning it with modern education and healthcare delivery. This directly contributes to **SDG 3 (Good Health and Well-being)** by ensuring community health through time-tested traditional practices, and **SDG 11 (Sustainable Cities and Communities)** by safeguarding cultural heritage and promoting sustainable healthcare solutions.

The first step is **documentation and knowledge mapping**. Institutions should begin by identifying and recording local health traditions practiced in the surrounding communities—such as folk remedies, household health practices, seasonal regimens, use of local herbs,



maternal–child health customs, bone-setting, and preventive rituals. Collaborations with traditional healers, elders, and community groups should be undertaken respectfully, ensuring ethical knowledge documentation.

The second step is **curriculum integration**. Local Health Traditions should be incorporated into teaching modules, fieldwork, and practical demonstrations for students. For example, lessons in *Dravyaguna* can include study of locally used medicinal plants, while *Swasthavritta* classes may explore regional dietary practices and seasonal health regimens. This approach ensures that students learn both codified Ayurveda and non-codified folk practices, reinforcing **SDG 11's cultural sustainability aspect**.

Academic activities can include heritage walks, ethnomedicinal surveys, herbarium development, community-based student projects, and workshops with local practitioners. These initiatives foster experiential learning and connect students with the community's living traditions.

Clinical and community implementation follows. Local health practices such as home remedies, preventive rituals, or traditional dietetics can be validated, adapted, and introduced in wellness programs, health camps, and outreach services. For instance, demonstrating local formulations for seasonal ailments or diet plans for community wellness can enhance acceptance and health awareness. This creates a bridge between **traditional wisdom and modern clinical practice**.

Monitoring and evaluation should assess both academic and community outcomes. Academic indicators include student participation, field project reports, and reflective learning. Community indicators include increased awareness of sustainable local practices, adoption of preventive health behaviors, and improved community engagement in healthcare programs.

For **reporting**, the department should compile:

- List of documented local health traditions (plants, remedies, practices).
- Academic integration evidence (lesson plans, student projects, surveys).
- Community engagement records (health camps, awareness drives, outreach programs).
- Outcomes (improved student knowledge, preservation of heritage, community adoption of safe practices).
- Supporting evidence (photos, field survey reports, herbarium samples, community testimonials).

Such documentation, when submitted to IQAC/NAAC, demonstrates that the institution values **cultural heritage in healthcare (SDG 11)** while contributing to **good health and preventive wellness (SDG 3)**.

Finally, a **review and sustainability mechanism** must be established. Regular review meetings should evaluate the relevance and accuracy of local traditions, ensure ethical validation, and update academic modules to reflect evolving community practices. Partnerships with AYUSH bodies, local governments, and NGOs can further sustain and scale LHT initiatives.

Rare Plants (Academic & Conservation) and their Alignment with SDG 15

The **design and reporting of rare plant initiatives** in academics and conservation is vital for preserving biodiversity, safeguarding medicinal resources, and ensuring sustainable use of



natural ecosystems. This directly contributes to **SDG 15 (Life on Land)**, which emphasizes protecting, restoring, and promoting sustainable use of terrestrial ecosystems and halting biodiversity loss.

The first step is **identification and documentation of rare plants**. The department must begin by conducting field surveys, collaborating with botanists, local communities, and forest departments to identify rare, endangered, or threatened species, especially those used in Ayurveda and traditional medicine. Documentation should include botanical names, local names, ethnomedicinal uses, habitats, and conservation status. This creates a scientifically validated database that can be used for both academic and conservation purposes.

The second step is **curriculum integration**. Rare plants should be systematically included in academic teaching, herbarium collections, and field visits for students of *Dravyaguna*, *Rasashastra*, and *Swasthavritta*. Digital resources such as e-herbaria, photo atlases, and databases can supplement physical specimens. By learning about rare plants, students understand biodiversity's link with healthcare and sustainability, aligning with **SDG 15's educational and conservation goals**.

Conservation measures are then implemented. Institutions should establish *Nakshatra Vanas*, *herbal gardens*, *medicinal plant nurseries*, or *seed banks* to grow and preserve rare species. Practices like controlled propagation, in vitro tissue culture, and ex-situ conservation in greenhouses can protect endangered species. Simultaneously, *in-situ conservation* through awareness drives, plantation programs, and collaboration with local communities ensures sustainability at the ecosystem level.

Research and innovation form an important dimension. Students and faculty should be encouraged to undertake projects on pharmacognosy, phytochemistry, and conservation biology of rare plants. This supports both academic inquiry and practical conservation strategies. Partnerships with research councils (e.g., CCRAS, NMPB) and biodiversity boards provide recognition and additional resources.

Monitoring and evaluation should track both academic and ecological outcomes. Indicators include the number of rare plants documented, conserved, and propagated; student participation in field surveys; and impact on awareness levels in communities. Survival rates of rare species in institutional gardens or nurseries should also be recorded.

For **reporting**, the department should compile:

- List of rare plants identified and documented.
- Academic activities (lectures, projects, herbarium development, student fieldwork).
- Conservation initiatives (nurseries, gardens, seed banks, plantation drives).
- Outcomes (number of rare plants conserved, awareness among students and community, publications).
- Evidence (photographs, field reports, herbarium sheets, plantation records, collaborations with government/NGOs).

These reports should be submitted annually to IQAC/NAAC, demonstrating how the institution is contributing to biodiversity conservation and sustainable resource use.

Finally, a **review and sustainability cycle** ensures continuity. Conservation programs should be periodically reviewed to identify new rare species, assess threats (deforestation, climate change, overharvesting), and update conservation strategies. Engaging students, faculty, local healers, and policymakers in continuous dialogue ensures rare plant initiatives remain **living academic and community-driven practices**.



Student Feedback (Department, Topic-wise, Assessment-wise) and its Alignment with SDG 4

The **design and reporting of student feedback systems** are essential to ensure continuous improvement in teaching–learning quality, aligning directly with **SDG 4 (Quality Education)** which emphasizes inclusive and equitable learning opportunities and lifelong learning.

The first step is **framework development and planning**. Institutions must design structured feedback mechanisms at multiple levels—(i) **Department-level feedback** (overall teaching, facilities, support services), (ii) **Topic-wise feedback** (clarity of explanation, relevance, depth, teaching methods), and (iii) **Assessment-wise feedback** (fairness of exams, difficulty level, alignment with taught content, effectiveness of formative/summative assessments). This framework ensures holistic evaluation of both teaching and learning outcomes.

The second step is **designing feedback tools**. Well-structured questionnaires or digital forms should be prepared with a mix of quantitative items (Likert scale ratings) and qualitative items (open-ended comments). Questions should be mapped to Course Outcomes (COs) and Program Outcomes (POs) to link feedback with competency-based education. Confidentiality and anonymity should be ensured so that students feel free to give honest inputs.

Implementation involves administering feedback systematically at fixed intervals—mid-semester (for timely improvements), end-of-semester (for overall evaluation), and post-assessment (to evaluate exam quality). Feedback can be collected through online forms, student portals, classroom surveys, or mentor–mentee meetings. Faculty and the academic committee must encourage participation to ensure high response rates and representativeness.

Analysis and interpretation follow. Feedback data should be compiled, and statistical analysis (mean, percentage, trend comparison) must be conducted for quantitative questions, while thematic coding should be applied to qualitative comments. Topic-wise feedback helps identify areas requiring better teaching strategies, while assessment-wise feedback helps improve question paper design, evaluation fairness, and student learning support.

For **reporting**, the department should prepare structured feedback reports containing:

- Participation data (number of respondents, year, program).
- Consolidated results of department, topic-wise, and assessment-wise feedback.
- Graphical representation of strengths and gaps.
- Action Taken Reports (ATRs) highlighting how feedback was addressed (e.g., introducing remedial classes, improving ICT use, redesigning question papers).
- Evidence of improvement in subsequent feedback cycles.

This reporting must be shared with IQAC/NAAC to demonstrate commitment to continuous quality enhancement. Importantly, the **feedback loop** should be closed—students must be informed about the actions taken based on their inputs, reinforcing trust and transparency.

Finally, a **review and improvement cycle** should be institutionalized. Feedback tools should be updated periodically to reflect new curriculum requirements, emerging teaching–learning practices, and institutional goals. Faculty development programs should be linked to feedback outcomes to build teaching competencies.

SDACH



RESEARCH SECTION

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SDACH



Scientific Publications and their Alignment with SDGs

The **design and reporting of scientific publications** are vital for demonstrating the research strength, innovation culture, and academic credibility of an institution. Publications contribute directly to **SDG 4 (Quality Education)** by enhancing knowledge dissemination, fostering research-based learning, and training students in scholarly writing, and to **SDG 9 (Industry, Innovation & Infrastructure)** by supporting innovation, promoting evidence-based practices, and strengthening academic–industry collaborations.

The first step is **planning and research capacity building**. Institutions should develop a structured plan for encouraging research and publications by training faculty and students in research methodology, statistics, writing skills, referencing tools, and ethical guidelines. Workshops, journal clubs, and mentorship programs create a culture of inquiry and prepare students to transform their projects, theses, and clinical observations into publishable research. The second step is **design and conduct of research**. Faculty and students should undertake well-structured studies—experimental, clinical, case-control, reviews, or meta-analyses—that address relevant healthcare, educational, or interdisciplinary challenges. Ethical approval and adherence to international publication standards (ICMJE, COPE) must be ensured. Data collected should be analyzed systematically, and manuscripts must be prepared with originality, clarity, and scientific rigor.

Submission and publication process comes next. Institutions should encourage faculty and students to publish in peer-reviewed, indexed, and impact factor journals (Scopus, PubMed, Web of Science, UGC-CARE). Collaborative research with industries, research institutes, and universities can enhance publication quality and visibility, directly linking to **SDG 9 (innovation partnerships)**.

Monitoring and documentation are crucial. The institution must maintain a central database of publications, recording details such as title, authors, journal name, year, indexing, impact factor, citations, and DOI. Classification of publications into categories (original articles, reviews, case reports, books, book chapters, conference proceedings) helps demonstrate research diversity. Annual publication metrics should be reviewed for growth trends and alignment with institutional research priorities.

For **reporting**, the department should compile:

- List of publications by faculty and students with full bibliographic details.
- Categorization of journals (Scopus, PubMed, UGC-CARE, peer-reviewed).
- Analysis of publication trends (number per year, faculty vs. student contribution).
- Outcomes achieved (citations, h-index, patents, policy impact, clinical practice adoption).
- Evidence (journal copies, DOIs, conference proceedings).

This reporting, included in NAAC/IQAC documentation, demonstrates how scientific output enhances the institution's role in **knowledge creation (SDG 4)** and **innovation capacity building (SDG 9)**.

Finally, a **review and improvement cycle** ensures sustainability. Institutions should analyze gaps such as low publication rates in indexed journals, lack of international collaborations, or underrepresentation of students, and design interventions like incentives, seed grants, faculty



development programs, and industry tie-ups. Over time, this strengthens the research ecosystem and global academic reputation.

Paper and Poster Presentations and their Alignment with SDGs

Paper and poster presentations are powerful academic tools that contribute directly to **SDG 4 (Quality Education)** by enhancing teaching-learning processes, promoting research culture, and developing critical thinking and communication skills among students and faculty. At the same time, they support **SDG 9 (Industry, Innovation & Infrastructure)** by fostering knowledge exchange, encouraging innovation-driven discussions, and building collaborative academic–industry–community networks.

The first step is **capacity building and orientation**. Institutions must train faculty and students in scientific writing, abstract preparation, literature review, data presentation, and design skills. Workshops on poster creation (using software like MS PowerPoint, Canva, or LaTeX tools) and oral presentation skills should be conducted. Mentorship by senior faculty ensures quality and originality.

The second step is **designing the research or case material** for presentation. Faculty and students should be encouraged to present original research, review papers, clinical case reports, innovations in pedagogy, or public health studies. Ethical clearance and adherence to scientific standards (ICMJE, COPE, conference guidelines) must be ensured. Abstracts should be prepared with clarity, addressing problem statement, methodology, results, discussion, and conclusions. Posters must be designed with visual appeal, simplicity, and focus on key findings.

The third step is **participation in academic platforms**. Presentations should be submitted to national and international conferences, seminars, workshops, and symposia. Selection in reputed events (ICMR, CCRAS, AYUSH, WHO, NAAC, NABH, medical universities, industry-academia expos) adds value to institutional visibility. Oral papers highlight scientific rigor, while posters engage diverse audiences through concise visual communication.

The fourth step is **documentation and reporting**. Departments should maintain a record of all paper and poster presentations, capturing details such as title, author(s), type (oral/poster), conference/seminar name, date, organizer, location, and outcome (awards, recognitions, collaborations). Photographs of presentation, conference certificates, abstracts in proceedings, and brochures serve as evidence. Reports must highlight the relevance of the presentation to institutional research goals and the SDGs.

The fifth step is **impact assessment**. Outcomes of paper and poster presentations should be analyzed—such as awards won, feedback received, collaborations initiated, and knowledge shared with peers. Institutions can use this feedback to enhance research skills, design future projects, or convert presented papers/posters into full-length scientific publications in peer-reviewed journals, thereby creating a **research-to-publication pipeline**.

Finally, a **review and improvement cycle** ensures sustainability. Institutions should annually analyze participation rates, quality of abstracts, diversity of themes, and alignment with SDGs. Incentives like best paper/poster awards, research grants, or recognition in annual reports can motivate faculty and students to sustain and enhance performance.

External Funded Research and its Alignment with SDGs



External funded research plays a pivotal role in strengthening an institution's academic credibility, innovation capacity, and global collaborations. It directly supports **SDG 9 (Industry, Innovation & Infrastructure)** by promoting research-driven solutions and fostering technological advancements. Simultaneously, it advances **SDG 17 (Partnerships for the Goals)** by creating meaningful partnerships between academia, industry, government, and international agencies.

The first step is **strategic planning and identification of funding opportunities**. Institutions should establish a Research and Development (R&D) or Sponsored Research Cell to track funding agencies such as ICMR, CCRAS, DBT, DST, AYUSH, UGC, WHO, NIH, and international foundations. Faculty must be trained to identify priority research areas aligned with institutional expertise, community needs, and SDG targets. This ensures proposals are well-matched to the goals of the funding body.

The second step is **capacity building for proposal writing**. Training workshops, mock proposal presentations, and mentoring by senior researchers help faculty and scholars learn how to frame research questions, prepare budgets, timelines, and methodologies. Special attention must be given to ethical approval, inter-institutional collaboration, and multidisciplinary approaches, which increase the chances of securing funds.

The third step is **design and submission of proposals**. A well-structured research proposal must include problem statement, review of literature, objectives, methodology, innovation component, budget justification, expected outcomes, and sustainability plan. Internal peer review before submission enhances quality. Collaboration with industry, healthcare centers, or international partners should be highlighted to strengthen SDG 17 partnerships.

The fourth step is **execution and monitoring**. Once approved, the funded project must be implemented according to the approved plan. Financial management and utilization of funds should be transparent and regularly audited. Progress reports, interim findings, and presentations must be shared with funding agencies as well as within the institution to promote knowledge dissemination. Capacity building of junior researchers and students during project execution should be emphasized for sustainability.

The fifth step is **reporting and dissemination**. On completion, the research outcomes should be published in peer-reviewed journals, presented in national and international conferences, and shared with policy-making bodies. Reports must include fund utilization certificates, audited accounts, research findings, patents (if any), and societal or industrial benefits achieved. Photographs, certificates, MoUs, and copies of reports serve as evidence for NAAC/QCI documentation.

The sixth step is **impact and partnership assessment**. The institution should analyze how external funded research has contributed to innovation, infrastructure development, and long-term collaborations. For instance, did the project result in new diagnostics, therapies, community interventions, or patents? Did it strengthen ties with global partners, industries, or public health agencies? This assessment creates a framework for future proposals and continuous improvement.

Finally, a **sustainability and future planning cycle** must be ensured. Institutions should encourage converting completed projects into larger consortia-based studies, public health programs, or translational research initiatives. Faculty should also be motivated through awards, seed grants, or career advancement opportunities linked to funded research.

Patents – Steps to Achieve, Design, and Report in Detail → SDG 9



The institution must first **identify innovative ideas and research outcomes** emerging from its academic, clinical, and laboratory activities that have potential for commercialization or unique application. This begins with **awareness programs, workshops, and training sessions** for faculty, researchers, and students on intellectual property rights (IPR), patent laws, and filing processes. Next, a **systematic mechanism for innovation scouting** is to be established, where every department encourages innovative projects and reports them to an **IPR cell or Research and Development (R&D) Committee**. Faculty and students must be guided to document their work in the form of **invention disclosures**, capturing novelty, utility, and potential industrial or societal application.

Once innovative research is identified, **prior art search** and literature reviews are conducted to establish novelty. The design stage includes preparing **patent specifications, claims, and diagrams** in consultation with legal/IPR experts or government-recognized patent attorneys. Collaboration with **research institutions, industries, and government bodies** enhances the scope of patent filing. The institution should establish a **funding mechanism** (internal/external) to support patent drafting, filing, and prosecution. To strengthen credibility, patents may be linked with **evidence-based Ayurvedic practices, drug formulations, diagnostic tools, laboratory devices, or digital health platforms**, thereby creating an interface of traditional knowledge with modern innovation.

For reporting, the institution should maintain a **patent register/database** containing filed, published, and granted patents with complete details such as inventor(s), application number, date of filing, and current status. Annual reports should include **department-wise and discipline-wise analysis** of patents to showcase institutional research strength. Patents should also be aligned with the **innovation and entrepreneurship ecosystem** of the institution by linking them with incubation centers, startups, or licensing opportunities. The outcomes should be showcased in **academic audits, NAAC submissions, and quality assurance reports**, highlighting how patents contribute to SDG 9 by fostering **sustainable innovation, industrial collaboration, infrastructure development, and technology transfer**. Photographs of workshops, screenshots of filing certificates, MoUs with industries, and case studies of patent commercialization must be compiled as documentary evidence for accreditation.

Thus, by integrating **awareness, scouting, documentation, expert guidance, funding support, and structured reporting**, the institution can ensure that **patent creation not only strengthens academic excellence but also contributes directly to industry, innovation, and infrastructure development** as envisioned in SDG 9.

Ph.D. Students Status – Steps to Achieve, Design, and Report in Detail → SDG 4 & SDG 9

To strengthen the **Ph.D. students' status**, the institution must first establish a **structured research ecosystem** that promotes **advanced learning, innovation, and global competitiveness**. The process begins with ensuring **eligibility and transparent admission procedures** as per UGC/NCISM guidelines, including entrance examinations, interviews, and rigorous screening to identify candidates with research aptitude. Once admitted, students must be oriented through **research methodology workshops, ethics training, and capacity-building programs**, aligning with **SDG 4 (Quality Education)** by fostering lifelong learning and high academic standards.



For designing the Ph.D. research framework, each scholar should be allotted a **recognized guide and a research advisory committee (RAC)** to monitor progress. The scholar's research plan must emphasize **innovation, technology integration, and evidence-based validation**, directly contributing to **SDG 9 (Industry, Innovation, and Infrastructure)**. Institutions should encourage **interdisciplinary collaboration**, linking Ayurveda with modern sciences such as biotechnology, molecular biology, pathology, bioinformatics, and pharmacology. In addition, MoUs and linkages with industries, national laboratories, and international universities can enrich the scholar's exposure and innovation capacity. Infrastructure support through **well-equipped laboratories, digital libraries, e-databases, and simulation facilities** is essential for facilitating high-quality research outcomes.

The reporting of Ph.D. students' status should be **systematic and transparent**. A dedicated database must capture **student details, research topics, guides, year of registration, funding source (institutional, government, or industry-supported), progress milestones, publications, patents, presentations, and thesis completion status**. Reports should highlight **quantitative indicators** (number of enrolled, ongoing, and awarded Ph.D.s) as well as **qualitative aspects** (research relevance, societal impact, employability, and entrepreneurial potential). Documentation for NAAC/QCI should include **copies of admission notifications, RAC meeting minutes, scholar progress reports, thesis submission details, publications in Scopus/Web of Science journals, patents arising from Ph.D. research, and photographs of research presentations**.

By integrating **rigorous academic standards (SDG 4)** with a focus on **innovation and infrastructure development (SDG 9)**, the institution not only ensures the academic growth of Ph.D. students but also contributes to the **global research ecosystem, industrial collaborations, and sustainable knowledge generation**. This holistic approach reflects the dual responsibility of Ayurveda institutions to preserve traditional knowledge while simultaneously creating innovative, evidence-based solutions for global health challenges.

Research Collaboration – Steps to Achieve, Design, and Report in Detail → SDG 17

To achieve impactful **research collaboration**, the institution must focus on building **strong, sustainable, and mutually beneficial partnerships** across academia, industry, healthcare sectors, and government bodies. The first step is to identify **priority research areas** relevant to Ayurveda and integrative medicine that align with **national health policies and global health agendas**. This includes subjects like Ayurveda–modern diagnostics integration, evidence-based validation of classical therapies, pharmacological studies, clinical trials, bioinformatics, and digital health. Once research domains are identified, the institution should actively engage with **universities, research councils, international institutions, pharmaceutical companies, IT firms, and NGOs** for collaboration. This fosters resource sharing, exchange of knowledge, and innovation.

In designing the collaboration framework, the institution should establish **formal agreements such as MoUs, MoAs, and joint research projects**, ensuring clarity of objectives, roles, funding, ethical approval mechanisms, and expected outcomes. Research collaboration can be strengthened by **joint seminars, workshops, webinars, exchange programs, visiting faculty initiatives, and student mobility programs**, enabling capacity building. Equally important is the creation of **multidisciplinary research hubs** where Ayurveda scholars, clinicians, modern scientists, and technologists work together to address pressing global health challenges. By



doing so, the institution contributes directly to **SDG 17**, which emphasizes **strengthening global partnerships to achieve sustainable development**.

For reporting, the institution must maintain **comprehensive documentation** of collaborations. This includes details of signed MoUs, project titles, funding agencies, joint publications, patents, research grants received, collaborative conferences organized, student and faculty exchange records, and impact stories of collaborative research outcomes. A centralized **collaboration registry** can track ongoing and completed projects, highlighting their relevance to SDGs, number of beneficiaries, and tangible outcomes such as innovations, product development, or policy contributions. Reports should also emphasize **capacity-building outcomes**—such as skill enhancement of students and faculty through exposure to global practices and advanced research techniques.

By strategically planning, designing, and documenting collaborations, the institution demonstrates its role as a **knowledge hub that transcends institutional and national boundaries**, fulfilling the spirit of **SDG 17: Partnerships for the Goals**. Such collaborations not only enhance research visibility and academic reputation but also **create a multiplier effect**, where Ayurveda's strengths are validated and disseminated globally in partnership with diverse stakeholders, ensuring sustainable and inclusive growth of healthcare knowledge.

Consultancy Provided – Steps to Achieve, Design, and Report in Detail → SDG 9, SDG 17

To effectively achieve consultancy as an academic institution, the first step is to **identify domains of expertise** within Ayurveda and allied sciences that can be extended to industry, healthcare organizations, government agencies, NGOs, and startups. These domains may include **Ayurvedic diagnostics and pathology, Rasashastra formulations, pharmacognosy, herbal drug standardization, clinical protocol design, digital Ayurveda applications, wellness and preventive healthcare modules, and training in laboratory/clinical skills**. Once areas of consultancy are clearly defined, the institution can **create a structured consultancy policy**, outlining procedures for faculty engagement, revenue sharing, intellectual property rights, conflict of interest management, and ethical compliance.

In designing consultancy services, the institution should establish **consultancy cells or units** that serve as a single-window system to receive, evaluate, and execute consultancy projects. This design requires **collaborations with industries and government bodies** through MoUs, calls for proposals, and personal interactions in academic conferences. Faculty members can serve as resource persons for problem-solving in herbal industries, wellness centers, hospitals, startups, and even public health programs. The consultancy should also integrate **research-based innovation**—such as validation of traditional drugs, clinical trial guidance, digital diagnostic tools, or wellness program development—so that it directly contributes to **SDG 9**, which focuses on building resilient infrastructure and fostering innovation.

For reporting, every consultancy project must be **systematically documented** with details such as the client/agency name, area of consultancy, faculty involved, duration, fees charged (if any), deliverables, and tangible outcomes (new product design, technical reports, SOP development, training modules, publications, or patents). The reporting system should highlight **knowledge transfer, societal benefits, and industrial problem-solving outcomes**. If the consultancy leads to **capacity building in external organizations**, such as training of personnel in Ayurvedic diagnostic methods or technical support in herbal drug formulation, these must be recorded as measurable impacts. Reports should also map how consultancy



outcomes have **strengthened partnerships (SDG 17)** by enabling long-term engagements with industries, government bodies, and international agencies.

In the final stage, consolidated annual reports of consultancy must be presented with **quantitative (number of consultancies, revenue generated, beneficiaries) and qualitative indicators (success stories, case studies, client feedback, societal impact)**. This ensures transparency and provides evidence for NAAC, NABH, and QCI accreditations. By doing so, the institution not only enhances its **academic-industry connect** but also contributes to sustainable development by **transforming Ayurvedic knowledge into real-world applications**—fulfilling **SDG 9's call for innovation** and **SDG 17's emphasis on partnerships for mutual growth**.

To achieve **E-Courses Development (research-led learning) → SDG 4: Quality Education, SDG 9: Industry, Innovation, and Infrastructure**, a structured framework is necessary that combines academic innovation, technological integration, and quality assurance.

The **first step is needs assessment and curriculum design**. Institutions should identify gaps in traditional learning and determine subjects or modules where e-courses can add value, especially research-oriented areas. Faculty members, research scholars, and curriculum committees collaborate to design the syllabus by integrating **cutting-edge research findings**, classical knowledge (in Ayurveda/medical sciences), and contemporary methodologies. This ensures alignment with **SDG 4 (inclusive and equitable education)** by making advanced knowledge accessible beyond physical classrooms.

The **second step is technological development and platform selection**. Suitable e-learning platforms (such as Moodle, SWAYAM, or customized LMS) should be selected to host the courses. The content should be designed in a **multimedia format** (videos, animations, case-based modules, interactive assessments, and simulations) to cater to diverse learning styles. Integration of **AI-enabled adaptive learning tools and virtual labs** fosters research-led and innovation-driven education, addressing **SDG 9 (innovation and infrastructure)**.

The **third step is pilot testing and feedback incorporation**. A small batch of students and faculty should test the modules for clarity, accessibility, and relevance. Feedback should be collected systematically on aspects like user interface, technical reliability, and content accuracy. Revisions should be made to improve both pedagogical and technological quality before large-scale deployment.

The **fourth step is implementation and dissemination**. E-courses should be launched institutionally and promoted through university portals, government e-learning repositories, and international collaborations. Courses can also be made **MOOC-compatible** to reach a global audience, thereby creating wider academic and societal impact.

The **fifth step is reporting and quality assurance**. Institutions should maintain records of course enrollments, completion rates, student demographics, and impact metrics such as **research skill development, employability, and innovation outcomes**. The report must highlight contributions to **SDG 4 (inclusive access and lifelong learning opportunities)** and **SDG 9 (strengthening educational technology infrastructure and fostering innovation)**. Accreditation and peer-review mechanisms should be employed to ensure sustainability and credibility.



In summary, through systematic design, research integration, technological innovation, and transparent reporting, the development of **e-courses** strengthens both academic excellence and sustainable innovation, making it a strong driver for achieving **SDG 4 and SDG 9**.

To achieve **Faculty Contribution (research output) → SDG 9: Industry, Innovation, and Infrastructure**, institutions must adopt a structured framework that encourages faculty to actively participate in innovative research and ensures systematic reporting of their outputs.

The **first step is capacity building and identification of research priorities**. Faculty members should be encouraged to undertake research projects that are relevant to institutional goals, healthcare needs, and emerging global challenges. Regular workshops, Faculty Development Programs (FDPs), and training in research methodologies, data analysis, and publication ethics help enhance research competency. This aligns with **SDG 9**, as it equips faculty with innovative skills to contribute to sustainable development through research-driven knowledge creation.

The **second step is planning and execution of research work**. Faculty should engage in independent projects, collaborative research with industry and academia, and interdisciplinary studies. They must focus on publishing original articles, review papers, case studies, and book chapters in reputed, peer-reviewed, and indexed journals. Patents, innovations, and translational research outputs should be prioritized, as they directly strengthen the link between academic knowledge and industrial application.

The **third step is documentation and dissemination of research output**. A centralized research cell or IQAC (Internal Quality Assurance Cell) should maintain a record of faculty publications, citations, h-index, patents, funded projects, and innovations. The documentation should also capture the **societal relevance and industrial applicability** of research, emphasizing contributions to innovation and infrastructure building under SDG 9.

The **fourth step is integration into teaching and knowledge transfer**. Research findings should not remain confined to publications but must be integrated into teaching-learning modules, student research projects, and community outreach. This ensures that innovations reach learners, practitioners, and society, bridging the gap between laboratory and field applications.

The **fifth step is reporting and impact assessment**. Annual research reports should highlight faculty contributions under headings such as publications (national/international), patents filed/granted, funded projects, consultancy works, invited talks, and collaborations. The impact should be measured not only in terms of numbers but also by the **quality of innovation, contribution to industry, and influence on infrastructure development**. Reports should clearly map how faculty research contributes to **SDG 9 (building resilient infrastructure, promoting sustainable industrialization, and fostering innovation)**.

In conclusion, **faculty contribution in research output** becomes impactful when supported by capacity building, systematic execution, transparent documentation, and clear mapping to innovation outcomes. This structured approach strengthens the institution's research ecosystem and advances the objectives of **SDG 9**.



To achieve **Collaboration with Incubation** → **SDG 9 (Industry, Innovation & Infrastructure)**, **SDG 8 (Decent Work & Economic Growth)**, and **SDG 17 (Partnerships for the Goals)**, institutions must create a structured ecosystem that links academic research, innovation, and entrepreneurship with industry and societal needs, and then systematically report the outcomes.

The **first step** is **establishing institutional linkage with recognized incubation centers**. This involves signing MoUs with government-supported incubators (such as Startup India, Atal Incubation Centres), university-based innovation hubs, or private incubators. By doing so, the institution provides its faculty and students with access to mentoring, prototyping facilities, business development services, and seed funding opportunities. This step directly fosters **SDG 9**, as it creates a platform for innovation and industrial application of research.

The **second step** is **capacity building and sensitization programs**. Faculty and students should be oriented through workshops, seminars, hackathons, and bootcamps about the process of ideation, patenting, prototype development, and commercialization. This generates a culture of innovation and entrepreneurship, contributing to **SDG 8** by developing future-ready graduates who can create start-ups and employment opportunities.

The **third step** is **collaborative project design and incubation engagement**. Faculty and students may present their research-based ideas to the incubator, undergo screening and mentoring, and refine them into workable business models or technological solutions. Interdisciplinary teams should be encouraged, linking Ayurveda, medical sciences, technology, and social sciences. Collaborative incubation also builds partnerships with industry and government, mapping to **SDG 17**.

The **fourth step** is **execution and prototype development**. Under the guidance of incubators, selected ideas should move towards creating proof-of-concept, prototypes, or pilot studies. These outputs should be aligned with community needs, healthcare challenges, or sustainable development priorities. Progress should be documented at each stage, capturing the contributions of faculty, students, and industry experts.

The **fifth step** is **monitoring, evaluation, and scaling up**. A dedicated committee or innovation cell should track outcomes such as start-ups created, patents filed, products launched, and employment generated. Success stories should be documented with metrics (number of start-ups, revenue generated, job creation, societal impact). This directly supports **SDG 8 (economic growth and employment generation)**, while ensuring innovations also strengthen **SDG 9 (infrastructure and industrial growth)**.

The **sixth step** is **reporting and dissemination**. Institutions should prepare an annual **Innovation and Incubation Report** highlighting:

- Collaborations with incubation centers (MoUs signed, partnerships established).
- Number of student/faculty ideas incubated.
- Start-ups created, patents filed/granted, and products/services launched.
- Employment generated and revenue models established.
- Case studies on community impact.

Such reports should also map outcomes to **SDG 8, SDG 9, and SDG 17**, showing how academic research has been translated into industry partnerships, innovations, and entrepreneurial ventures that promote sustainable economic development.



To achieve **Workshop Conducted/Attended (research/academic) → SDG 4 (Quality Education) and SDG 9 (Industry, Innovation & Infrastructure)**, the institution must integrate workshops as structured academic and research enrichment activities, ensuring they enhance both knowledge and innovation capacity.

The **first step is need identification and goal setting**. The academic or research department should identify areas where knowledge gaps exist—whether in advanced research methodologies, new diagnostic tools, clinical training, data management, or innovations in Ayurveda and allied sciences. This ensures workshops are **relevant, purposeful, and aligned with institutional vision**. Mapping them to **SDG 4**, the focus is on delivering quality education and skill-building, while linking them with **SDG 9** emphasizes strengthening research and innovation infrastructure.

The **second step is design and planning of the workshop**. This includes preparing the concept note, defining learning objectives, identifying target participants (students, research scholars, faculty), and finalizing the structure (lectures, hands-on training, group activities, case studies). At this stage, the institution must also **collaborate with experts from academia, industry, or incubation centers**, thereby building research-industry-academic linkages that directly support **SDG 9**.

The **third step is execution of the workshop**. This involves organizing sessions with interactive pedagogy, demonstration of innovative tools or methodologies, hands-on practice, and collaborative group learning. Faculty and resource persons act as facilitators rather than mere lecturers, ensuring active participation. Documentation of participants, resource persons, session details, and photographs should be systematically maintained.

The **fourth step is assessment and feedback collection**. Participants should complete pre- and post-workshop evaluations to assess the enhancement of skills and knowledge. Feedback forms should be analyzed to evaluate the effectiveness of the workshop, resource adequacy, and future needs. This reflective practice strengthens **quality assurance in education (SDG 4)**.

The **fifth step is follow-up and integration into research/academics**. The outcomes of workshops (such as new skills, project ideas, prototypes, or collaborative research proposals) must be tracked. Faculty should encourage students to apply acquired skills in coursework, research projects, and thesis writing. Innovations or techniques introduced during workshops should be integrated into the institutional curriculum or laboratory practice, thereby building **research infrastructure (SDG 9)**.

The **sixth step is reporting and dissemination**. Each workshop conducted or attended should be reported in a **standardized workshop report**, including:

- Title, date, venue, and theme of the workshop.
- Objectives and alignment with SDG 4 and SDG 9.
- List of resource persons and participants.
- Sessions conducted (with focus on research/academic enrichment).
- Outcomes achieved (skills gained, projects initiated, collaborations formed).
- Feedback summary and future scope.

At the institutional level, an **Annual Workshop Report** can be compiled, highlighting the **number of workshops conducted, participation rate, external collaborations, research outputs inspired, and integration into teaching-learning processes**. Mapping these outcomes to **SDG 4 (capacity building, improved quality of education) and SDG 9 (innovation and infrastructure development)** demonstrates the institution's commitment to sustainable academic and research excellence.



To achieve **Animal House Activity** → **SDG 3 (Good Health & Well-being)** and **SDG 15 (Life on Land)**, an institution must establish, maintain, and utilize an animal facility in a way that simultaneously supports biomedical/clinical research and ensures ethical, sustainable care of animal life. The aim is to balance **scientific advancement for human health** with **responsibility towards biodiversity, animal welfare, and ecological balance**.

The **first step is infrastructure design and compliance**. The animal house should be designed according to national regulatory frameworks such as CPCSEA (Committee for the Purpose of Control and Supervision of Experiments on Animals) in India, or equivalent international guidelines. Proper housing, ventilation, lighting, feed supply, veterinary care, and waste management must be ensured. This step ensures a **safe, ethical, and compliant research environment**, aligning with **SDG 3** by supporting health-related experiments, and with **SDG 15** by upholding ethical treatment of terrestrial life.

The **second step is approval and ethical clearance**. Before starting any activity, the Institutional Animal Ethics Committee (IAEC) must review and approve proposed animal studies. This establishes a transparent governance system for research involving animals, ensuring that **3R principles (Replacement, Reduction, Refinement)** are strictly followed. This directly supports **SDG 15**, as it minimizes harm to animals and promotes alternatives wherever possible.

The **third step is operational management of activities**. Daily care involves feeding, health monitoring, and maintaining hygiene in animal enclosures. Veterinary staff must track animal welfare parameters and ensure early intervention in case of illness. Records of breeding, mortality, and experimental use should be maintained. This step strengthens **SDG 3** by ensuring high-quality animals for health research and **SDG 15** by ensuring humane stewardship of animal life.

The **fourth step is integration into research and academic training**. Animal house activities must support preclinical studies in pharmacology, toxicology, Rasayana (rejuvenative) research, and other Ayurveda/modern biomedical explorations. Faculty and students should be sensitized to both **scientific importance (SDG 3)** and **ethical obligations (SDG 15)**. Training sessions on animal handling, bioethics, and laboratory practices must be conducted regularly, ensuring responsible use.

The **fifth step is sustainability and environmental care**. Waste generated from animal houses (bedding, feed residues, biological material) should be treated through eco-friendly disposal systems such as incineration or composting, minimizing ecological harm. Reducing overbreeding, preventing inbreeding, and ensuring species-specific enrichment also contribute to biodiversity protection and align directly with **SDG 15**.

The **sixth step is documentation and reporting**. All activities—procurement, breeding, usage, experimental studies, mortality, and disposal—must be documented in compliance registers. An **Annual Animal House Report** should be prepared with details on:

- Number and type of animals housed and used.
- Research projects supported and outcomes linked to **human health (SDG 3)**.
- Welfare practices, ethical clearances, and training conducted for students/faculty.
- Measures taken for sustainable use of animal resources and biodiversity protection (**SDG 15**).



Innovations in reducing animal use by adopting alternative in vitro or in silico models. The **seventh step** is **impact assessment and dissemination**. Outcomes of animal studies should be reported in terms of new drug development, safety validation, or disease understanding that benefit human health (supporting **SDG 3**). At the same time, institutional communication should emphasize ethical care, biodiversity preservation, and ecological safeguards (supporting **SDG 15**). These reports can be shared with stakeholders, regulators, and the public to build transparency and trust.

To achieve, design, and report effectively on **Herbal Garden Usage Data (research)** → **SDG 15 (Life on Land)**, a systematic approach is essential that integrates conservation, academic use, and scientific reporting:

Steps to Achieve

The first step involves **documentation of species diversity** by creating a digital database of all medicinal plants grown in the herbal garden, with details such as botanical name, Ayurvedic name, family, therapeutic uses, and conservation status (rare, endangered, or threatened). Simultaneously, a system of **usage logbooks and digital records** should be maintained where faculty, researchers, and students record plant usage for teaching, drug preparation, pharmacognostic studies, or phytochemical research. Integration with **research protocols** is vital, where each study citing herbal garden plants must clearly document plant source, quantity used, and purpose. Ethical collection practices with replantation strategies (planting three for every one used) should be adopted to ensure sustainability.

Steps to Design

The design of the herbal garden usage data system should include:

- **Categorization of Usage** – teaching (UG/PG practicals), research (dissertations, publications), hospital pharmacy preparation, and community awareness.
- **Digital Dashboard** – integrating QR codes for plants that link to their medicinal information and track usage.
- **Integration with NAAC and NABH parameters** – linking herbal garden utilization with academic outcomes, student training, and patient care.
- **GIS and Herbarium Linkage** – mapping the garden layout digitally, maintaining a herbarium, and linking it with research databases for authenticity and global visibility.

Steps to Report

The reporting should be structured into:

- **Annual Usage Summary** – number of plants used for research, teaching sessions conducted using the garden, and replenishment/replantation efforts.
- **Research Output** – theses, publications, or innovations where herbal garden plants were central, cited with proper acknowledgments.
- **Conservation Impact** – species conserved, rare plants introduced, and sustainable harvesting practices adopted.
- **SDG 15 Linkage** – highlighting how the herbal garden contributes to biodiversity conservation, sustainable resource use, and education on environmental stewardship.

SDG 15 Alignment

Through systematic herbal garden usage data management, the institution ensures **sustainable utilization of plant resources**, promotes **biodiversity conservation**, and



strengthens Ayurveda's **academic and research integration** with global ecological goals. It reflects a model of how traditional medicinal plant knowledge can support **life on land**, while also providing a living laboratory for students and researchers.

To achieve, design, and report on **Simulation and Skill Lab Usage Data** → **SDG 9 (Industry, Innovation, and Infrastructure)**, a structured and innovative framework is required to capture its full academic, research, and healthcare training impact.

Steps to Achieve

The first step is to establish **clear protocols for scheduling and utilization** of the Simulation and Skill Lab for undergraduate, postgraduate, nursing, and paramedical students. A **logbook or digital attendance system** should be maintained where every session is recorded with details of faculty in-charge, number of students, type of simulation (mannequin-based, virtual reality, task trainers), and clinical skills practiced (e.g., CPR, resuscitation, diagnostic skills, or procedural techniques). Regular **curriculum integration** ensures that simulation-based sessions are mapped with competencies (NCISM/NCISM-MBBS/paramedical standards). Alongside, **faculty training programs** and **interdisciplinary simulations** (Ayurveda + modern diagnostics) should be conducted to enhance innovation. Additionally, **feedback mechanisms** from learners should be implemented to continuously improve simulation practices and infrastructure utilization.

Steps to Design

The design of Simulation and Skill Lab usage data must focus on **structured data collection and analytics**:

- **Categorization of Usage** – academic (UG/PG training), research projects, community health training, CME/skill workshops, and faculty development.
- **Digital Management System** – software/dashboard to record student participation, frequency of use, modules covered, and assessment scores.
- **Competency Mapping** – linking each skill practiced with Course Learning Outcomes (CLOs), Bloom's taxonomy, and Miller's Pyramid for measurable academic outcomes.
- **Infrastructure Tracking** – data on equipment/machine utilization (simulation mannequins, task trainers, digital VR tools) to assess efficiency and plan upgrades.
- **Research Integration** – documenting dissertations, pilot studies, and publications emerging from simulation-based training, showing innovation in healthcare pedagogy.

Steps to Report

The reporting should be structured as follows:

- **Annual Usage Statistics** – number of sessions, students trained, hours of simulation-based learning conducted, and interdepartmental activities.
- **Skill Competency Achievements** – number of competencies achieved through simulation-based practice and percentage of students attaining proficiency.
- **Workshops & Research Outputs** – workshops/seminars conducted in skill labs, research publications, or presentations arising from simulation use.



- **Infrastructure and Innovation Impact** – new modules introduced (e.g., Ayurveda diagnostics simulations, OSCE/OSPE assessments), innovations in teaching, and improvement in healthcare outcomes.
- **SDG 9 Linkage** – demonstrating how the Simulation and Skill Lab builds **modern educational infrastructure**, promotes **innovation in teaching-learning**, and contributes to a **skilled healthcare workforce** aligned with global sustainable development needs.

SDG 9 Alignment

Simulation and Skill Lab usage directly reflects **Industry, Innovation, and Infrastructure (SDG 9)** by providing cutting-edge training environments that replicate real-world healthcare situations. It fosters **technological advancement, industry-ready skills, and innovation in medical education**, ensuring that students graduate with hands-on expertise, confidence, and competence to contribute to society.

Teaching Laboratory Usage Data → SDG 9 (Industry, Innovation, and Infrastructure)

Designing and reporting **Teaching Laboratory Usage Data** requires a structured and systematic approach to ensure that the information gathered reflects not only the frequency and intensity of lab use but also its impact on skill-building, innovation, and infrastructure development in alignment with SDG 9.

Steps to Achieve Design and Reporting:

- **Planning and Framework Design**

Define the scope: Decide whether the data will cover undergraduate, postgraduate, Ph.D., or faculty usage of teaching laboratories.

Identify parameters: Number of sessions conducted, hours of usage, number of students trained, type of experiments performed, and innovative teaching-learning practices.

Integrate with SDG 9 goals: Ensure that the usage reflects **innovation in teaching-learning, practical skill enhancement, and better infrastructure utilization**.

- **Data Collection Mechanism**

Introduce digital entry registers or **biometric log-ins** for students and faculty while entering labs.

Record lab usage per subject/module with details like **date, duration, equipment used, and purpose**.

Document innovative or interdisciplinary lab practices (e.g., Ayurveda and modern diagnostics integration, simulation activities).

Maintain data on lab infrastructure upgrades, procurement of equipment, and their usage frequency.

- **Analysis of Usage Data**

Quantitative: Number of practical sessions per semester, average hours spent per student, student-to-equipment ratio, utilization rate of instruments.

Qualitative: Identify whether labs promote **research-oriented learning**, interdisciplinary skill-building, and the adoption of **simulation/ICT-based teaching**.

Compare planned vs. actual lab usage to assess efficiency.

- **Reporting Framework**

Prepare **monthly/semester-wise usage reports** including graphs and tables for visualization.



Highlight contribution to skill development (e.g., clinical diagnostic tests, experimental pharmacology, herbal identification).

Link data to **academic outcomes** such as improved practical skills, increased innovation in student projects, or enhanced exam performance.

Document infrastructure improvements (new labs created, upgraded facilities) and their correlation with teaching output.

- **Integration with SDG 9**

Show how laboratory usage is linked to **industry and innovation readiness** of students by reporting skill-based certifications, employability outcomes, or start-up incubation support emerging from lab training.

Demonstrate how infrastructure is used sustainably and efficiently to maximize educational outcomes.

Provide evidence through **photographs, attendance logs, lab manuals, student reports, and feedback surveys** to support accreditation and external quality audits.

- **Continuous Monitoring and Improvement**

Implement feedback mechanisms where faculty and students can suggest **improvements in lab facilities**.

Periodically audit laboratory usage and align it with **curricular, research, and industry needs**.

Ensure transparency by uploading summarized lab usage reports to the institutional website or quality assurance portals.

Conclusion: By designing a robust system for recording and analyzing teaching laboratory usage data, institutions can demonstrate how their infrastructure fosters **innovation, skill development, and research culture**, thereby directly contributing to SDG 9. The final report should not only highlight usage statistics but also narrate how laboratories act as **incubators of innovation and practical learning** in the Ayurveda education ecosystem.

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ADMINISTRATION

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Department Staff List → SDG 8, SDG 16

The preparation, maintenance, and reporting of a **Department Staff List** is a crucial institutional activity that not only ensures transparency and accountability but also aligns with the global sustainability agenda under **SDG 8 (Decent Work & Economic Growth)** and **SDG 16 (Peace, Justice & Strong Institutions)**. To achieve this, the first step involves **systematic data collection** where comprehensive details of all staff members are compiled, including their names, designations, qualifications, areas of expertise, years of service, professional achievements, and administrative responsibilities. This process ensures recognition of academic and non-academic contributions, supporting inclusive growth and fair representation. The second step is **data verification and authentication**, where cross-checking is done with institutional HR records, payroll registers, appointment letters, and accreditation submissions to ensure accuracy, thereby fostering trust and eliminating discrepancies. The third step is **categorization and analysis** of staff data, mapping faculty and support staff strength against workload distribution, student–teacher ratio, and compliance with statutory bodies such as NCISM or UGC. This helps in identifying workforce gaps and justifying recruitment or training needs, directly contributing to SDG 8 by ensuring productive employment and decent work conditions. The fourth step is **integration into institutional reporting systems**, where the staff list is linked to departmental websites, annual reports, accreditation files, and NAAC/QCI documentation for accountability and external visibility. Finally, the **reporting phase** involves presenting the data in structured formats (tables, charts, and graphical dashboards) and highlighting diversity indicators such as gender balance, inclusivity, and opportunities for career progression. This strengthens institutional governance and transparency (SDG 16) while also showcasing the department’s commitment to fair labor practices and academic excellence. Periodic updating of the list ensures that any changes in staff status are promptly reflected, maintaining institutional credibility and compliance with both national and global standards.

Committee Meetings → SDG 16, SDG 17

The systematic design, conduct, and reporting of **committee meetings** within an institution serve as a vital process for strengthening governance, ensuring participatory decision-making, and fostering partnerships—thereby directly contributing to **SDG 16 (Peace, Justice & Strong Institutions)** and **SDG 17 (Partnerships for the Goals)**. The first step involves **planning and structuring the meeting**, where committees (such as Academic, IQAC, Research, Anti-Ragging, or Extension) prepare an agenda aligned with institutional goals and global sustainability objectives. This ensures that every meeting is purposeful, transparent, and participatory. The second step is **documentation of attendance and deliberations**, where records of members present, the points discussed, and the resolutions passed are systematically maintained. This guarantees accountability and traceability, strengthening the institutional framework (SDG 16). The third step focuses on **decision-making and action allocation**, ensuring that responsibilities are distributed equitably, timelines are fixed, and follow-ups are planned. This enhances efficiency and justice within institutional processes. The fourth step is **integration and collaboration**, where inter-departmental and external stakeholders are



engaged in discussions. For example, inviting representatives from partner universities, NGOs, or government bodies during meetings creates a platform for collaboration, knowledge sharing, and resource mobilization, directly addressing SDG 17 on partnerships. The fifth step is **reporting and dissemination**, where meeting minutes, action taken reports (ATR), and outcomes are documented, circulated among members, and uploaded to institutional records or shared during accreditation visits. This not only ensures transparency and inclusivity but also provides evidence for quality assurance frameworks like NAAC and QCI. The final step is **periodic review and evaluation**, where outcomes of previous meetings are assessed, achievements are mapped against planned goals, and necessary modifications are made to enhance efficiency. By embedding these practices, institutions strengthen democratic governance, foster trust, and build robust partnerships both within and beyond the organization—thereby fulfilling SDG 16 and SDG 17.

Department Meetings Details → SDG 16

Designing and reporting **department meetings** systematically is a core process for building transparency, accountability, and effective governance within an academic institution, directly addressing **SDG 16 (Peace, Justice & Strong Institutions)**. The first step is **agenda setting**, where the Head of Department (HoD) circulates a pre-planned agenda covering academic, administrative, research, and student-related issues. This ensures inclusivity, fairness, and structured discussions, preventing arbitrary decision-making. The second step is **stakeholder participation**, where all faculty members, and when relevant, student representatives or administrative staff, are encouraged to contribute their perspectives. This participatory approach nurtures a democratic environment, aligning with SDG 16's emphasis on inclusive institutions. The third step is **systematic conduct of the meeting**, where discussions follow the agenda, time is managed effectively, and each point is deliberated upon fairly. Documentation forms the fourth step, with **minutes of the meeting (MoM)** capturing attendance, discussion points, decisions taken, and assigned responsibilities. The fifth step involves **Action Taken Reports (ATR)** in subsequent meetings, ensuring accountability, follow-up, and continuous improvement. This cycle of MoM and ATR strengthens institutional integrity by providing evidence of transparent functioning. The sixth step is **record management and accessibility**, where digital or physical records of meetings are stored systematically, easily retrievable for internal audits, accreditation (NAAC, QCI), or external reviews, thus ensuring credibility. The final step is **review and reflection**, where outcomes of departmental meetings are periodically evaluated to measure effectiveness, identify gaps, and update practices to maintain fairness and justice in academic functioning. By following these steps, departmental meetings become instruments of good governance, participatory decision-making, and accountability, embodying the principles of **SDG 16** within academic institutions.

Visitors to the Institution → SDG 17

Designing and reporting the **details of visitors to the institution** is a significant activity that directly contributes to **SDG 17 (Partnerships for the Goals)**, as it reflects collaboration, networking, and knowledge exchange with external stakeholders. The first step is **planning and categorization of visits**, where the institution identifies types of visitors—academic experts, industry leaders, government officials, alumni, NGO representatives, or international delegates—and aligns their visits with the institutional vision and SDG goals. The second step is **systematic recording at the entry point**, with visitor logs maintained digitally or manually,



capturing details such as name, designation, organization, purpose of visit, and contact information. This ensures accountability and institutional memory. The third step is **designing structured engagement during the visit**, which may include guest lectures, workshops, collaborative discussions, or exposure visits to laboratories, hospitals, and community outreach centers. These interactions should be tailored to create academic, research, administrative, or societal value. The fourth step involves **reporting and documentation**, where every visit is recorded with photographs, signed visitor notes or feedback, and official communication like circulars or invitations. The fifth step is **analysis of impact**, assessing how the visit contributed to institutional goals—such as new collaborations, student learning enrichment, initiation of MoUs, or community development projects. The sixth step is **compiling and reporting periodically** (monthly/quarterly/annually), where data of all visitors is tabulated and linked to the institution's contribution to SDG 17. This report may include categorization by type of visitor, thematic area of collaboration, and outcomes achieved. The final step is **dissemination of outcomes**, where details of significant visits and their contributions are shared with stakeholders through institutional websites, newsletters, or accreditation documentation (NAAC, QCI), thereby reflecting transparency and promoting future collaborations. By systematically designing and reporting visitor details, the institution demonstrates active partnership-building, resource sharing, and global networking—embodying the spirit of SDG 17.

MoU → SDG 17

Designing and reporting **MoUs (Memoranda of Understanding)** is a crucial institutional activity that strongly reflects **SDG 17 – Partnerships for the Goals**, as it builds long-term collaborations with national and international stakeholders. The first step is **strategic planning and identification of partners**, where the institution evaluates potential collaborators such as universities, research institutes, hospitals, industries, NGOs, and government agencies, ensuring alignment with institutional vision, academic programs, and global SDG priorities. The second step is **defining the scope and objectives of the MoU**, including academic exchange, joint research, clinical training, capacity building, faculty/student mobility, curriculum enrichment, or community service initiatives. This step ensures clarity of purpose and mutual benefit. The third step involves **drafting and approval of the MoU document**, where legal and administrative teams of both parties finalize terms, duration, responsibilities, and expected outcomes. The fourth step is **formal execution of the MoU**, documented through a signing ceremony, witnessed by institutional leadership, with photographic and video evidence to support reporting. The fifth step is **implementation monitoring**, where the institution tracks actual activities conducted under the MoU—such as collaborative projects, student exchange, seminars, or publications—ensuring that agreements translate into measurable outcomes. The sixth step is **systematic documentation and reporting**, where every MoU is recorded in a centralized database, listing partner name, scope of collaboration, duration, activities conducted, and impact achieved. Annual and accreditation reports must include MoU statistics, outcomes, and their contribution toward SDG 17 indicators. The seventh step is **impact analysis**, assessing how MoUs have led to tangible benefits like skill enhancement, employability, global exposure, or research advancement. Finally, the eighth



step is **dissemination and visibility**, where achievements under MoUs are showcased on institutional websites, newsletters, research reports, and NAAC/QCI documentation, ensuring transparency and demonstrating the institution's role in global partnerships. By following these steps, MoUs move beyond being symbolic documents to becoming active drivers of academic excellence, research innovation, and sustainable development, thereby embodying the spirit of **SDG 17 – building strong partnerships at local, national, and international levels**.

Faculty Appointment & Promotion → SDG 8, SDG 16

Designing and reporting **faculty appointment and promotion** is a critical academic governance process that reflects institutional commitment to both **SDG 8 (Decent Work and Economic Growth)** and **SDG 16 (Peace, Justice and Strong Institutions)**. The first step is **policy framework development**, where the institution aligns its faculty recruitment and promotion policies with **UGC/NCISM/AYUSH guidelines**, ensuring transparency, meritocracy, and inclusivity. This includes defining eligibility criteria, service rules, qualifications, and promotion pathways based on seniority, research output, teaching excellence, and institutional contributions. The second step is **needs assessment and workforce planning**, where departments evaluate faculty requirements based on student-teacher ratios, program expansion, and accreditation mandates. The third step is **recruitment process design**, including job advertisement in approved platforms, clear notification of qualifications, reservations, and selection procedures to guarantee equal opportunity and justice. The fourth step is **appointment procedures**, involving scrutiny of applications, expert screening, interviews, and selection committee recommendations, with documentation at each stage to ensure fairness and accountability. The fifth step is **promotion process design**, where faculty achievements are objectively assessed using structured performance appraisal systems such as **API (Academic Performance Indicators)**, **research publications**, **teaching feedback**, **administrative responsibilities**, and **community engagement**. This ensures that promotions are based on merit and contribution rather than bias, thereby supporting institutional integrity. The sixth step is **documentation and reporting**, where records of faculty appointments, confirmations, and promotions are systematically maintained with supporting documents like advertisements, selection minutes, appointment letters, promotion orders, and performance appraisal reports. This provides verifiable evidence for accreditation and audits. The seventh step is **impact assessment**, where the institution monitors how new appointments and promotions enhance academic quality, student learning, research productivity, and institutional growth. The eighth step is **equity and justice validation**, ensuring gender balance, inclusion of marginalized groups, and fair career progression opportunities, thus fulfilling SDG 16 by strengthening institutional fairness and justice. Finally, the ninth step is **reporting and dissemination**, where the outcomes of appointments and promotions are reflected in **annual reports**, **IQAC/NAAC submissions**, **QCI audits**, and **institutional websites**, linking them to **SDG 8 (creating decent employment and career growth opportunities for faculty)** and **SDG 16 (ensuring transparent, accountable, and fair institutional practices)**. By systematically following these steps, faculty appointment and promotion become not just administrative procedures but powerful enablers of sustainable institutional growth, academic excellence, and justice-driven governance.



Details of Expenses → SDG 8, SDG 12

Designing and reporting **details of institutional expenses** is a vital process that ensures **financial accountability, transparency, and sustainability**, while aligning with **SDG 8 (Decent Work and Economic Growth)** and **SDG 12 (Responsible Consumption and Production)**. The first step is **planning and categorization of expenses**, where the institution identifies and classifies all expenditure heads such as salaries, infrastructure, laboratory equipment, ICT tools, library resources, hospital services, community outreach, maintenance, and green initiatives. This classification helps in ensuring that financial allocation promotes both academic excellence and social responsibility. The second step is **budget preparation**, where projected expenses are compared against available resources, ensuring that funds are allocated optimally for growth-oriented activities (SDG 8) and for sustainable and eco-friendly practices (SDG 12). The third step is **approval mechanism**, involving finance committees, governing councils, or management boards, which review proposed expenses to maintain institutional checks and balances. The fourth step is **implementation and expenditure tracking**, where all approved expenses are executed following government norms, institutional purchase policies, and audit rules, ensuring cost-effectiveness and responsible procurement. The fifth step is **record-keeping and documentation**, where bills, vouchers, receipts, contracts, and utilization certificates are systematically stored as evidence. This ensures audit readiness and institutional accountability. The sixth step is **sustainability validation**, where expenses are analyzed in terms of **environmental impact, resource efficiency, and waste reduction** (for example, promoting paperless processes, solar energy adoption, water harvesting, biodegradable consumables, and reduced carbon footprint). This directly contributes to SDG 12 by ensuring responsible consumption and production. The seventh step is **monitoring and evaluation**, where financial statements are periodically reviewed to measure efficiency, assess deviations from the budget, and evaluate whether the expenditure supports inclusive growth, quality teaching, student welfare, and fair employment (SDG 8). The eighth step is **report preparation**, where expenses are consolidated into **quarterly and annual financial reports, audit reports, and utilization certificates**, with clear evidence of how funds were used for institutional development, community benefit, and sustainability. The ninth step is **report dissemination**, where expense details are presented in **IQAC, NAAC, NABH/QCI submissions, annual reports, and statutory audits**, ensuring both internal and external stakeholders are informed. The tenth step is **impact assessment and continuous improvement**, where expense analysis is used to identify areas for cost-saving, sustainable alternatives, and better financial planning for future cycles. By systematically implementing these steps, expense reporting not only ensures **economic accountability and growth (SDG 8)** but also fosters **sustainable financial practices and resource efficiency (SDG 12)**, positioning the institution as a model of responsible and transparent governance.

Details of Parent Teacher Meeting (PTM) → SDG 4, SDG 16

Designing and reporting **Parent Teacher Meetings (PTM)** is an essential institutional practice to strengthen academic quality, transparency, and stakeholder participation. It directly aligns with **SDG 4 (Quality Education)** by enhancing learning outcomes through collaborative feedback, and **SDG 16 (Peace, Justice, and Strong Institutions)** by ensuring accountability, inclusivity, and participatory decision-making. The first step is **planning the PTM schedule**,



where the Academic and Review Committee fixes periodic meetings (monthly/quarterly/semester-wise) ensuring maximum participation of parents and guardians. The second step is **communication and invitation**, where notices, circulars, or digital invitations are sent in advance, clearly stating the objectives, agenda, and expected outcomes of the PTM. The third step is **agenda design**, which includes discussion points such as syllabus coverage, student performance (academic and clinical), attendance, behavior, co-curricular participation, career guidance, feedback on faculty teaching, and suggestions for improvement. The fourth step is **conduct of the meeting**, where faculty members, mentors, and the head of the institution interact with parents, present student progress reports, address concerns, and gather feedback. This promotes **trust, transparency, and collaboration** between stakeholders, ensuring participative governance (SDG 16). The fifth step is **documentation and record keeping**, where attendance sheets, signed minutes of meetings, photographs, and key suggestions are recorded as proof for NAAC, IQAC, and QCI compliance. The sixth step is **analysis of feedback**, where inputs from parents are systematically reviewed and categorized into academic, administrative, infrastructural, and student welfare-related issues. The seventh step is **action plan preparation**, where identified gaps are addressed through remedial classes, mentoring, counseling, curriculum enrichment, or institutional reforms, thereby strengthening **quality education delivery (SDG 4)**. The eighth step is **report preparation**, which includes a structured summary of the PTM (date, participants, agenda, key issues, decisions taken, follow-up actions) and is submitted to the Academic Council/IQAC. The ninth step is **follow-up and implementation**, where action taken reports (ATR) are communicated back to parents in the next PTM, ensuring a continuous feedback loop and **accountability framework (SDG 16)**. The tenth step is **impact assessment**, where institutions measure the effectiveness of PTM by reviewing improvements in student academic performance, reduced grievances, enhanced parent satisfaction, and stronger institutional credibility. By systematically executing these steps, PTMs not only ensure **inclusive and equitable education (SDG 4)** but also reinforce **transparent, participatory, and accountable institutional governance (SDG 16)**.

List of Students Admitted Batch → SDG 4, SDG 16

The preparation, maintenance, and reporting of the **list of students admitted in each batch** is a crucial academic and administrative responsibility that ensures transparency, equity, and accountability in higher education institutions. This process contributes directly to **SDG 4 (Quality Education)** by promoting inclusive and equitable access to education, and to **SDG 16 (Peace, Justice, and Strong Institutions)** by upholding fair governance, accountability, and reliable record-keeping.

The first step is **admission process planning**, where the Admission Committee sets clear eligibility criteria, follows guidelines of statutory bodies (e.g., NCISM, University, Government quota rules), and ensures compliance with reservation policies to promote inclusivity and equity. The second step is **data collection and verification**, in which each admitted student's documents (academic qualifications, entrance test results, category certificates, identity proof) are verified, and eligibility is authenticated by the Admission Cell. The third step is **digital and manual record creation**, where a structured **Batch Admission List** is prepared, including details like student name, roll number, admission number, category, gender, domicile, date of admission, and contact details. This step ensures that all records are



systematically maintained and can be accessed by both academic and administrative stakeholders.

The fourth step is **authentication and approval**, where the admission list is reviewed by the Admission Committee, signed by the Principal/Head of Institution, and uploaded to official portals (college website, University affiliation portal, AYUSH/NCISM dashboards) to ensure transparency and public accessibility. The fifth step is **reporting and submission**, where the finalized admission batch list is submitted to University authorities, regulatory bodies, and placed before the Academic Council/IQAC for official records. The sixth step is **monitoring inclusivity and equity**, where data is analyzed in terms of gender distribution, representation of reserved categories, students from disadvantaged backgrounds, and geographical spread. This analysis helps institutions demonstrate their role in promoting **equitable access to education (SDG 4)**.

The seventh step is **documentation and proof**, where copies of admission lists, University approvals, digital screenshots of uploaded data, and authenticated registers are maintained as evidence for NAAC, IQAC, QCI, and accreditation compliance. The eighth step is **actionable insights and feedback**, where trends in admissions are studied (e.g., increasing demand for specific courses, regional representation, socio-economic diversity), which can guide future policy decisions for student outreach, scholarships, and support services. The ninth step is **integration into governance frameworks**, where the admission data is linked with student progression tracking, mentor-mentee assignment, attendance monitoring, and examination registration. This establishes **accountability and participative governance (SDG 16)** by ensuring every student admitted is fairly represented and monitored in the academic system.

Finally, the tenth step is **report publication and impact assessment**, where an **Annual Admission Report** is prepared and shared with stakeholders, highlighting the total admissions, diversity indicators, compliance with government norms, and the institution's contribution toward **inclusive quality education (SDG 4)** and **transparent governance (SDG 16)**. By following these steps, institutions not only maintain credibility and regulatory compliance but also actively contribute to achieving **global sustainability goals in higher education**.

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ACHIEVEMENTS

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Faculty as Resource Person → SDG 4, SDG 17

The recognition and reporting of **faculty as resource persons** in academic, professional, and community platforms is an important quality indicator for higher education institutions. It showcases the academic strength of the institution, highlights the expertise of its faculty, and reflects its commitment to **SDG 4 (Quality Education)** by sharing knowledge beyond the classroom and to **SDG 17 (Partnerships for the Goals)** by fostering collaborations, networks, and capacity-building initiatives across institutions and sectors.

The first step is **identification of opportunities**, where faculty are nominated or invited to serve as resource persons for conferences, seminars, workshops, capacity-building programs, CMEs, FDPs, student training sessions, government policy consultations, or community awareness campaigns. This step involves proactive engagement by the institution in building collaborations with universities, research bodies, government agencies, NGOs, and international forums, thereby directly contributing to **partnerships (SDG 17)**.

The second step is **preparation and participation**, where faculty develop structured presentations, workshops, lectures, or demonstrations in line with their expertise, ensuring the delivery of relevant and high-quality knowledge. This promotes **lifelong learning, skill enhancement, and dissemination of quality education (SDG 4)**. The third step is **institutional documentation**, where details of the event (title, date, theme, organizing body, mode – online/offline, level – local/national/international) and the faculty's role (keynote speaker, chairperson, panelist, trainer, guest lecturer) are officially recorded in departmental and institutional registers.

The fourth step is **proof collection**, which includes certificates of participation, invitation letters, program schedules/brochures, photographs, media coverage, and letters of appreciation. These serve as verifiable evidence for accreditation (NAAC, NABH, QCI) and for institutional reports. The fifth step is **reporting and dissemination**, where such activities are compiled into **monthly, quarterly, or annual reports** by the Academic/Research Committee or IQAC, and are uploaded on the institutional website, newsletters, and social media for transparency.

The sixth step is **impact analysis**, where the institution evaluates the outcomes of faculty contributions—such as enhancement of professional networks, collaborative projects initiated, student benefits (exposure to updated knowledge), or community development achieved. This ensures that the faculty's expertise has a measurable societal and academic impact. The seventh step is **integration into academic quality frameworks**, where the data of faculty as resource persons is linked to performance appraisal, promotion policies, and institutional best practices. This motivates faculty to engage in continuous academic outreach, aligning with **SDG 4's emphasis on quality and lifelong education**.

The eighth step is **collaborative strengthening**, where the institution leverages these engagements to initiate **MoUs, joint research, student/faculty exchange programs, and shared academic resources**, thereby directly addressing **SDG 17 (Partnerships)**. The ninth step is **presentation in accreditation and audits**, where all such data is consolidated in a structured format for submission to NAAC, IQAC, and external bodies, with highlights of faculty participation at national and international levels to showcase the institution's credibility and global presence.

Finally, the tenth step is **publication of consolidated reports**, where the institution prepares an **Annual Resource Person Report**, mapping the total number of events, faculty involved,



types of forums, geographical spread, and partnerships created. This report can be showcased in academic audits, college prospectus, and websites as a measure of institutional excellence. By following these steps, institutions ensure that faculty expertise is not confined to classrooms but actively **enhances global knowledge sharing (SDG 4)** and builds **collaborative academic ecosystems (SDG 17)**.

Attended by Faculty (Academic/Research Events) → SDG 4

The participation of faculty in **academic and research events** such as conferences, symposia, seminars, workshops, FDPs, CMEs, conclaves, webinars, and refresher courses is a critical indicator of professional growth and institutional excellence. It directly contributes to **SDG 4 (Quality Education)** by ensuring that teachers are continuously exposed to new knowledge, methodologies, innovations, and best practices, which in turn enriches the teaching-learning process and improves student outcomes.

The first step is **identification and nomination**, where the institution encourages faculty to identify relevant academic or research events at local, national, and international levels. Faculty are either self-motivated to apply or are nominated by the Head of Department/Principal/Academic Committee based on relevance to their specialization. This ensures alignment between faculty participation and institutional academic goals.

The second step is **approval and facilitation**, where the college provides official permissions, duty leave, financial support (registration fees, travel grants, accommodation), and logistical assistance. This institutional backing encourages maximum participation and reflects a commitment to faculty development as part of **lifelong learning (SDG 4.3 & 4.4)**.

The third step is **active participation**, where faculty attend sessions, present research papers, deliver oral/poster presentations, or engage in skill-based workshops. This phase focuses on **knowledge acquisition and skill enhancement**, ensuring that faculty remain updated with contemporary scientific, pedagogical, and research developments.

The fourth step is **knowledge dissemination**, where attending faculty are expected to share their learnings with peers and students through departmental meetings, seminars, or workshops within the institution. This creates a **knowledge multiplier effect**, ensuring that participation benefits the entire academic community rather than remaining at the individual level.

The fifth step is **documentation**, which involves systematically recording faculty participation. Essential details include the name of the faculty, designation, event name/theme, date, level (institutional, regional, national, international), nature of participation (attendee/presenter/panelist), and organizing body. Supporting proofs like participation certificates, acceptance letters, program brochures, photographs, and proceedings must be collected and filed in the department and IQAC repository.

The sixth step is **reporting**, where all such participations are compiled into monthly, quarterly, or annual academic activity reports. These reports serve as evidence for NAAC, IQAC, and accreditation processes while also showcasing the institution's proactive engagement in global academic development.

The seventh step is **impact assessment**, where the institution evaluates how faculty participation has improved academic delivery, research quality, student mentorship, and curriculum enrichment. For example, exposure to advanced diagnostic techniques in a workshop can be integrated into PG/UG teaching, thereby strengthening the **quality of education imparted (SDG 4.7)**.



The eighth step is **integration with institutional best practices**, where participation data is linked to faculty appraisal, promotions, recognitions, and awards. This incentivizes continuous engagement with external academic forums and fosters a culture of **lifelong professional learning**.

Finally, the ninth step is **publication and dissemination**, where consolidated reports are prepared and published on institutional websites, annual reports, and newsletters. By showcasing faculty involvement in global academic networks, the institution builds its reputation for academic quality and excellence, aligning strongly with **SDG 4 (ensuring inclusive, equitable, and quality education, and promoting lifelong learning opportunities for all)**.

Honours, Awards & Recognitions (Faculty, Students, Institution) → SDG 4 & SDG 9

Honours, awards, and recognitions serve as **tangible indicators of excellence** in education, research, innovation, and institutional development. For **faculty and students**, they reflect the attainment of high levels of academic performance, professional skill, innovation, and social contribution. For the **institution**, recognitions validate quality practices, innovation ecosystems, and impactful community outreach. These achievements align with **SDG 4 (Quality Education)** by enhancing standards of teaching, learning, and student growth, and with **SDG 9 (Industry, Innovation & Infrastructure)** by promoting research-driven innovations, entrepreneurial activities, and institutional excellence.

The **first step is identification and encouragement**, where the institution motivates faculty and students to apply for prestigious academic, research, innovation, or service-oriented awards at institutional, regional, national, and international levels. A structured communication system (circulars, email notices, mentor guidance) ensures that opportunities are widely circulated.

The **second step is nomination and application**, where the academic committees or mentors assist in preparing applications, nominations, or dossiers showcasing achievements. For institutional awards, the administrative leadership ensures that best practices, infrastructural development, and innovative programs are presented systematically to funding bodies, accrediting agencies, or awarding organizations.

The **third step is participation and evaluation**, where nominees present their academic contributions, research outputs, innovative practices, patents, projects, or social initiatives to the awarding authority. This process strengthens competitiveness, encourages benchmarking against peers, and ensures continuous improvement.

The **fourth step is achievement and conferment**, where awards, certificates, medals, fellowships, or titles are received by faculty, students, or the institution. These are celebrated within the academic community through felicitation ceremonies, announcements, newsletters, websites, and media releases. Recognition not only builds morale but also inspires a culture of academic excellence and innovation.

The **fifth step is documentation**, where every honour or award is recorded with details like name of awardee, designation/student details, title of award, awarding body, level (state/national/international), date of conferment, nature (academic/research/innovation/service), and proof (certificate, letter, photograph, citation). This is maintained in the departmental records and IQAC repository.

The **sixth step is reporting**, where consolidated details of awards and recognitions are compiled annually in IQAC reports, NAAC SSR documents, and institutional performance



appraisals. This creates authentic evidence of achievements contributing to **SDG 4 (enhancing education quality)** by showing how award-winning faculty improve teaching and research, and **SDG 9 (fostering innovation and strong institutional systems)** by demonstrating contributions in research, patents, technology development, and collaborations.

The **seventh step is impact integration**, where awarded faculty and students are encouraged to share their knowledge, innovations, or best practices through workshops, lectures, and mentorship. Institutional recognitions (such as quality accreditations, QCI/NABL/NABH certificates, NIRF rankings, or NAAC gradings) are leveraged to strengthen credibility, attract collaborations, and develop infrastructure aligned with **sustainable and innovative growth (SDG 9.5)**.

The **eighth step is dissemination and visibility**, where achievements are highlighted on the institution's website, social media, press releases, annual magazines, and newsletters. This enhances institutional reputation, attracts new opportunities for collaboration, and sets role models for students and faculty alike.

The **ninth step is reflection and benchmarking**, where institutional committees analyze the factors that led to such recognitions and set new benchmarks for improvement. For example, if a student receives a research fellowship, the institution can encourage similar student research initiatives; if the institution wins an innovation award, it can scale up incubation facilities.

In this way, **Honours, Awards, and Recognitions act as both outcome and catalyst**—they validate past achievements while motivating the faculty, students, and institution to constantly strive for higher quality education (SDG 4) and robust innovation ecosystems (SDG 9).

To achieve, design, and report **Acquisition of Additional Qualification by Faculty** aligned with **SDG 4 (Quality Education)** and **SDG 8 (Decent Work and Economic Growth)**, a structured and transparent approach is required.

Step 1: Planning and Encouragement of Faculty Development

The institution should create a faculty development policy encouraging teachers to pursue higher qualifications such as PhD, Post-Doctoral Fellowships, Diplomas, PG Diplomas, specialized certifications, or advanced training courses. Faculty should be motivated through academic leave, financial support, and recognition in appraisal systems. The policy should also highlight the importance of continuous learning in enhancing teaching quality and career growth.

Step 2: Documentation of Qualifications Obtained

Every faculty member who acquires an additional qualification should submit verified documents (degree certificate, transcripts, training completion certificates, or fellowship award letters). A centralized digital repository should be maintained at the institutional level, ensuring accuracy, accessibility, and long-term record-keeping. These details should be systematically



categorized by type of qualification, awarding institution, year, and relevance to teaching/research.

Step 3: Mapping to Institutional and SDG Goals

The newly acquired qualifications should be mapped to institutional benefits—such as enhancement of subject expertise, introduction of innovative teaching methods, research development, or improved clinical services. This directly contributes to **SDG 4** by strengthening teaching-learning quality and knowledge dissemination, and to **SDG 8** by enabling professional growth, employability, and academic excellence of faculty members.

Step 4: Utilization and Integration in Academic Processes

Faculty with new qualifications should be engaged in curriculum enrichment, mentorship, guiding student research, and contributing to collaborative projects. Workshops, lectures, and faculty exchange programs led by such qualified staff can enhance institutional reputation. Their new knowledge and skills should be shared through **Faculty Development Programs (FDPs)** and departmental meetings, ensuring that the benefits extend beyond individual growth to collective institutional development.

Step 5: Reporting and Review Mechanism

Annual reports should highlight:

- Names of faculty who obtained additional qualifications.
- Nature of the qualification and awarding body.
- Academic/clinical/research relevance of the qualification.
- Institutional benefits (new courses introduced, research collaborations initiated, improved teaching outcomes).

Evidence should include scanned copies of certificates, recognition letters, photographs of felicitation, and minutes of meetings discussing faculty development.

Step 6: Dissemination and Recognition

Achievements should be shared on institutional websites, newsletters, academic brochures, and accreditation reports to showcase institutional commitment to **lifelong learning (SDG 4)** and **career advancement opportunities (SDG 8)**. Faculty with such achievements should be acknowledged during academic functions, motivating others to follow similar paths.

To achieve, design, and report **Acquisition of Additional Qualifications by Students** in alignment with **SDG 4 (Quality Education)** and **SDG 8 (Decent Work and Economic Growth)**, the process must be carefully structured so that student learning and employability are simultaneously enhanced and properly documented.

Step 1: Identification of Additional Qualifications Relevant to Students

The institution should first identify the additional qualifications that are most relevant for student growth. These may include certificate/diploma/PG diploma courses, short-term training programs, value-added courses (soft skills, communication, IT, research methodology, entrepreneurship, Yoga, foreign languages, clinical skill training), MOOCs (SWAYAM,



Coursera, NPTEL), or national/international certification programs (first aid, NABH, biomedical ethics, clinical data analysis). The selection should be based on **industry demand, employability skills, higher education prospects, and entrepreneurial opportunities**.

Step 2: Integration into Academic Support System

While these courses are not always part of the mandated curriculum, the institution should provide structured support. This includes:

- Establishing **MoUs with universities, hospitals, research institutes, and skill centers** to offer credible additional qualifications.
- Providing **academic flexibility** through credit transfer or recognition of prior learning.
- Scheduling such courses during semester breaks, weekends, or as online modules to avoid conflict with core academics.

Step 3: Institutional Facilitation and Student Participation

The college should facilitate student enrollment through awareness sessions, guidance, and financial or logistical support. A **Student Development Cell / Career Guidance Cell** should maintain a record of opportunities, circulate notices, and mentor students for enrollment. Participation should be encouraged through recognition, academic counseling, and linking completion to professional advantage.

Step 4: Documentation of Acquired Qualifications

Each student acquiring additional qualifications must submit verified evidence (certificates, grade sheets, completion reports). The institution should:

- Maintain a **centralized digital database** with year-wise and batch-wise records.
- Categorize qualifications by **academic relevance (clinical, diagnostic, research, IT, communication, entrepreneurship)**.
- Use student portfolios or **competency logs** to integrate these achievements into overall academic profiles.

Step 5: Mapping to SDGs and Institutional Benefits

- **SDG 4 (Quality Education):** Additional qualifications broaden knowledge, strengthen subject understanding, and promote lifelong learning.
- **SDG 8 (Decent Work and Economic Growth):** Skills acquired enhance **employability, job readiness, innovation, and entrepreneurship**. For example, a student trained in medical transcription or laboratory diagnostics can seek diverse opportunities beyond core Ayurveda practice.

Step 6: Utilization and Career Linkage

The institution should integrate students with additional qualifications into internships, projects, and clinical/laboratory postings where they can apply their new skills. Placement cells should highlight such qualifications in student resumes, and alumni tracking can show how these skills translated into career growth.

Step 7: Reporting and Review

Annual institutional reports should include:

- List of students who obtained additional qualifications (with course name, year, and awarding body).



- Photographic/documentary evidence (certificates, felicitation ceremonies, MoUs with external bodies).
 - Testimonials of students on how the qualification enhanced their knowledge or career prospects.
 - Statistical summaries (e.g., percentage of students acquiring at least one additional qualification per batch).
- This reporting not only ensures transparency but also provides evidence for **NAAC, QCI, and accreditation processes.**

In summary: Designing and reporting additional student qualifications requires a **planned framework of opportunities, facilitation by the institution, systematic documentation, mapping to SDGs, and structured reporting.** This reflects the college's commitment to **lifelong learning (SDG 4)** and **career empowerment (SDG 8)**, ultimately producing graduates who are academically strong, globally competitive, and professionally versatile.

Sports Achievements → SDG 3 (Good Health and Well-Being) & SDG 4 (Quality Education):

Designing and Achieving Sports Achievements

To achieve and showcase **Sports Achievements**, an institution must start by **developing a structured sports ecosystem.** The first step is to create a **Sports Development Plan** that integrates physical activities into the academic calendar. This includes intramural events, inter-collegiate tournaments, university-level competitions, and participation in national/international championships. A **sports committee or physical education department** should be responsible for planning, mentoring, and providing facilities such as grounds, courts, gymnasiums, and indoor arenas. Professional trainers and coaches should be engaged to ensure scientific training, injury prevention, and performance enhancement.

Students must be motivated to actively participate in both competitive and recreational sports. The institution can conduct **fitness assessments, talent identification drives, and wellness workshops** to encourage participation. Special coaching camps before competitions, yoga and meditation sessions for mental fitness, and nutrition counseling help prepare students holistically. Scholarships, attendance concessions, and recognition awards can further support sports-oriented students.

Linkage with SDGs

- **SDG 3 (Good Health & Well-Being):** Sports participation ensures physical fitness, reduces lifestyle disorders, and promotes mental well-being, stress relief, and teamwork.
- **SDG 4 (Quality Education):** Sports achievements supplement classroom education by instilling values such as discipline, leadership, resilience, and time management. They build character, which is an essential outcome of holistic education.

Documentation and Reporting of Achievements



For reporting purposes, every sports achievement should be **systematically documented**. The steps include:

- **Maintaining Records:** Year-wise registers of participation and awards at intra-college, university, state, national, and international levels.
- **Evidence Collection:** Certificates, medals, photographs, press clippings, and digital records of matches/events should be archived.
- **Categorization:** Achievements should be grouped by level (intra-mural, inter-college, university, national, international) and type (team events, individual sports, fitness challenges).
- **Impact Assessment:** Reports should also mention how sports participation has improved students' health, attendance, discipline, and leadership qualities. Success stories and alumni achievements in sports careers can be highlighted.
- **Annual Reports & IQAC Submission:** Sports data should be summarized with statistics, such as “20% of students participated in at least one competitive event,” or “10 students represented the university at national level,” and submitted with supporting photographs and documents.

Utilization for Accreditation and Institutional Growth

By documenting sports achievements, the institution can demonstrate its contribution to holistic education in **NAAC, QCI, and IQAC reports**. The data also provides inputs for **placement brochures**, as employers value sports backgrounds for teamwork and leadership. Moreover, this evidence directly showcases how the institution fulfills its commitment to **student well-being (SDG 3)** and **inclusive, quality education (SDG 4)**.

In summary: Sports achievements are not just medals but reflections of an institution's commitment to developing **healthy, disciplined, and well-rounded individuals**. The steps—planning structured programs, supporting participation, mentoring students, documenting evidence, and reporting outcomes—link sports directly with **good health (SDG 3)** and **quality education (SDG 4)**.

Designing and Achieving Student Achievements

To ensure holistic **Student Achievements**, an institution must design a framework that nurtures academic, co-curricular, and extracurricular excellence. The process begins with **identifying areas of achievement** such as academics (university ranks, research papers, scholarships), cultural events (music, arts, drama, debates), sports, social responsibility initiatives (NSS, NCC, extension activities), and innovation (start-ups, hackathons, patents). A **Student Development Cell/Committee** should be established to coordinate, mentor, and monitor these opportunities, ensuring inclusivity and equal access.

Regular **capacity-building programs, value-added courses, skill-development workshops, career counseling sessions, entrepreneurship training, and industry exposure visits** must be integrated into the academic calendar. These initiatives equip students with the skills required for **employability and entrepreneurship**. Students should also be encouraged to participate in **competitions, conferences, seminars, exhibitions, and innovation challenges** at regional, national, and international platforms. Faculty mentors play a critical role in guiding students to set goals, prepare, and achieve recognition.



Linkage with SDGs

- **SDG 4 (Quality Education):** Student achievements reflect the effectiveness of teaching–learning practices, research culture, and holistic growth, demonstrating that the institution is delivering inclusive, equitable, and quality education.
- **SDG 8 (Decent Work & Economic Growth):** Achievements in skill development, innovation, and entrepreneurship enhance employability, create opportunities for start-ups, and prepare students for meaningful contributions to the economy.

Documentation and Reporting of Achievements

For accreditation, recognition, and institutional records, **systematic documentation** is essential. The reporting process involves:

- **Achievement Register:** A centralized digital/physical register to record student achievements across academics, research, sports, cultural, community services, and professional skill domains.
- **Categorization:** Classify achievements under **academic, research, innovation, sports, cultural, extension, leadership, and entrepreneurship.**
- **Evidence Collection:** Preserve certificates, medals, press coverage, photographs, digital proof, and recommendation letters.
- **Impact Indicators:** Report how achievements improved student competencies, placements, research exposure, leadership skills, and overall visibility of the institution.
- **Annual Reporting:** Consolidate into structured reports for **IQAC, NAAC, QCI, and departmental records**, highlighting number of achievers, level of competition (institutional, university, state, national, international), and awards received.
- **Showcasing Success:** Publish achievements in newsletters, institutional websites, social media, and alumni networks to motivate other students.

Utilization for Growth and Accreditation

Documented achievements serve multiple purposes—demonstrating **academic excellence, employability readiness, entrepreneurial potential, and societal engagement.** During **NAAC/QCI evaluations**, student achievements highlight institutional distinctiveness and outcomes. Moreover, employers and stakeholders view achievements as indicators of **competence, innovation, and leadership.**

In summary: Student achievements are outcomes of structured opportunities provided by the institution, showcasing both **quality education (SDG 4)** and **future employability/economic contribution (SDG 8).** The steps—planning opportunities, mentoring, supporting participation, collecting evidence, reporting, and showcasing—create a strong ecosystem where achievements become measurable indicators of institutional success and student growth.

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Designing and Achieving Outreach Awards

An **Outreach Award** is a recognition given to institutions or students/faculty who have significantly contributed to society through community engagement, extension services, or institutional collaborations. To achieve such awards, an institution must first **design structured outreach programs** that align with local, national, and global health and social needs. This includes **health awareness camps, preventive healthcare drives, rural/urban health surveys, literacy campaigns, sanitation and nutrition projects, blood donation drives, environmental protection campaigns, skill development workshops, and collaboration with NGOs, government bodies, and international agencies.**

The process begins with setting up an **Outreach & Extension Committee** or utilizing the NSS/NCC/Women Development Cell/Community Engagement Cell to design activities. These activities must be **need-based** (identified through baseline surveys in the community) and **sustainable** rather than one-time events. Faculty members and students should be encouraged to participate as volunteers, coordinators, or project leaders, thereby strengthening institutional-community partnerships.

For visibility and credibility, the institution must **collaborate with local governing bodies, NGOs, AYUSH/Health ministries, WHO initiatives, or international partners.** This not only increases impact but also showcases alignment with **SDG 17, which emphasizes partnerships across stakeholders to achieve sustainable goals.**

Linkage with SDG 17 (Partnerships for the Goals)

- Outreach activities inherently demand **collaboration and partnership**, whether with **local communities, government agencies, industries, NGOs, or international organizations.**
- Achieving an Outreach Award reflects the institution's contribution to **strengthening global partnerships, resource sharing, and community empowerment.**
- It demonstrates that the institution is not only focused on academics but also on being a **socially responsible body contributing to the UN's sustainable development framework.**

Steps for Documentation and Reporting

To ensure eligibility and successful reporting for Outreach Awards, the following steps should be followed:

- **Planning & Design:** Define outreach themes (healthcare, education, environment, women empowerment, digital literacy, entrepreneurship training, etc.) and integrate them into the annual academic calendar.
- **Stakeholder Identification:** Collaborate with **local panchayats, municipal corporations, NGOs, hospitals, industries, schools, and international agencies.**
- **Execution of Activities:** Conduct outreach through **health camps, awareness drives, workshops, training sessions, field visits, surveys, and collaborative projects.**
- **Data Collection & Evidence:** Maintain a **record of participants, beneficiaries, photos, videos, survey results, MoUs signed, and media coverage.**
- **Impact Measurement:** Highlight quantitative and qualitative outcomes—e.g., number of people benefitted, improvement in health awareness, skill enhancement, reduction in disease prevalence, increased employability in community.



- **Recognition & Submission:** Apply for awards at **state/national/international forums, government departments, and professional associations**. Submit reports, evidence, and testimonials.
- **Showcasing Achievements:** Publish outreach achievements in **annual reports, newsletters, websites, and accreditation documents (NAAC/QCI)**, and link them with SDG 17 goals.

Reporting Framework for Outreach Award

- **Name of Activity:** Health Camp on Lifestyle Disorders
- **Date & Venue:** 15th March 2025, Rural PHC Chandigarh
- **Collaborating Partners:** Local PHC, AYUSH Dept., NGO “Health First”
- **Number of Beneficiaries:** 350 rural population
- **Impact Created:** Increased awareness on hypertension & diabetes; 25 referred to tertiary hospital
- **Evidence Attached:** Photos, beneficiary list, MoU, media coverage
- **SDG Alignment:** SDG 17 – Partnership with PHC & NGO to strengthen community healthcare
- **Outcome:** Submitted for National Outreach Excellence Award

Best Practice (recognized achievement) in alignment with **SDG 4 (Quality Education), SDG 3 (Good Health and Well-being), and SDG 9 (Industry, Innovation, and Infrastructure)**, a structured framework is required that captures innovation, sustainability, educational value, and health impact.

Step 1: Identification and Conceptualization

The process begins with identifying an institutional initiative or practice that stands out as innovative, impactful, and sustainable. This may include competency-based teaching methodologies, integration of Ayurveda with modern diagnostics, simulation-based skill training, eco-friendly hospital management, or patient-centered holistic care models. Each best practice must be directly connected to institutional goals and mapped with relevant SDGs.

Step 2: Documentation of Objectives and Rationale

Clearly define the purpose of the best practice and explain how it addresses critical needs in education (SDG 4), health and wellness (SDG 3), and innovation (SDG 9). The rationale should include problems faced before the practice was introduced and the transformation it brought in terms of learning outcomes, patient care quality, or institutional growth.

Step 3: Implementation Strategy

The report must include a step-by-step methodology of implementation. This should describe:

- Stakeholders involved (faculty, students, hospital staff, community).
- Resources used (technology, laboratories, herbal gardens, simulation labs).
- Processes adopted (training, orientation, feedback loops).
- Timeline and phases of execution. The emphasis should be on innovation and sustainable practices that bridge traditional knowledge with modern advancements.

Step 4: Evidence of Impact

Data collection is essential to demonstrate effectiveness. This includes:

- **Educational outcomes:** improved student performance, skill acquisition, employability (SDG 4).



- **Health outcomes:** better patient satisfaction, enhanced preventive care, disease management success (SDG 3).
- **Innovation outcomes:** research outputs, patents, collaboration with industries, infrastructure growth (SDG 9). Photographs, testimonials, statistical data, feedback surveys, and publications must be attached as evidence.

Step 5: Challenges and Solutions

The report should highlight difficulties encountered during implementation, such as financial constraints, resistance to change, or infrastructural gaps. Equally important is to document the solutions devised, which reflect the adaptability and resilience of the institution.

Step 6: Sustainability and Scalability

Describe how the practice is being sustained (e.g., through institutional policy integration, regular audits, or training of new batches) and how it can be scaled or replicated by other institutions. This shows alignment with SDG principles of long-term impact and global partnerships.

Step 7: Reporting and Dissemination

The final report should be structured with:

- **Title of the Best Practice**
 - **Objectives**
 - **Implementation process**
 - **Outcomes with SDG alignment**
 - **Evidence and documentation**
 - **Challenges and solutions**
 - **Sustainability and scalability**
- This report can be published in institutional newsletters, NAAC/QCI reports, or research journals, and shared with stakeholders nationally and internationally to gain recognition.

SDG Mapping

- **SDG 4 (Quality Education):** Enhancing student learning, pedagogy innovation, skill-building.
- **SDG 3 (Good Health & Well-being):** Strengthening preventive, promotive, and curative healthcare delivery.
- **SDG 9 (Innovation & Infrastructure):** Establishing new models, advanced labs, and digital solutions in Ayurveda and integrative healthcare.

In summary, designing and reporting **Best Practices** requires identifying unique, impactful initiatives, documenting their objectives, process, and outcomes, aligning them with SDGs, and ensuring sustainability. This not only strengthens institutional credibility but also contributes to global educational, health, and innovation standards.

14 rare, high-impact best-practice ideas—one per Ayurveda department—spanning Teaching–Learning, Administration, Research, Health-care Service, Sustainability, and Green initiatives. Each entry explains **what it is, why it matters in India, how to design & implement it (step-wise), how to report it (evidence/metrics), and the SDG linkages**. You can adopt any subset or roll them out as an institution-wide program.

1) Samhita & Siddhānta

Best practice: *Text-to-Clinic Living Commentary & Oral Tradition Revival*
Domains: Teaching–Learning, Research, Community
What/Why: Bridges classical texts and today's



cases; preserves oral pedagogy while producing publishable “living commentaries.”^[SEP] **Design & steps:**

- Map core *sūtras* to modern public-health themes (NCDs, women’s health, climate).
- Weekly “śloka→case” rounds: recitation, philology, clinical application, reflection.
- Record faculty–*vaidya* dialogues; curate as bilingual annotated clips + micro-MOOCs.
- Create a searchable repository tagging *sūtra*, organ system, evidence, rural use-case.^[SEP] **Report/evidence:** #sessions, #annotated videos, #cases linked to *sūtras*, student OSCE gains, downloads/views, citations in theses.^[SEP] **Impact (India):** Makes classical wisdom directly usable in PHC/rural settings.^[SEP] **SDGs:** SDG 4 (quality, culturally rooted learning), SDG 3 (better preventive care).

2) Rachana Sharīr (Anatomy)

Best practice: *Low-cost 3D & AR Anatomy built from Panchakarma imaging and cadaver-free models.*^[SEP] **Domains:** Teaching–Learning, Innovation.^[SEP] **What/Why:** Reduces cadaver dependency; contextualizes anatomy with Ayurveda procedures.^[SEP] **Design & steps:**

- Build photogrammetry 3D objects from models/specimens; link to *marma* anatomy.
- AR overlays for Panchakarma routes, *Agnikarma*, *Raktamokṣaṇa* safety zones.
- Peer-teaching stations with checklists; integrate into OSPE.^[SEP] **Report/evidence:** #AR modules, usage analytics, error-rate reduction in skill labs, student satisfaction, exam outcomes.^[SEP] **SDGs:** SDG 9 (ed-tech infra), SDG 4.

3) Kriyā Sharīr (Physiology)

Best practice: *Prakṛti–NCD Risk Observatory.*^[SEP] **Domains:** Research, Health Service, Administration.^[SEP] **What/Why:** Links prakṛti phenotypes with NCD risks in Indian populations.^[SEP] **Design & steps:**

- Screen students/patients for prakṛti + vitals; sync with community camps.
- Build a de-identified registry; run longitudinal cohorts with diet/lifestyle arms.
- Issue personalized preventive advisories; evaluate adherence.^[SEP] **Report/evidence:** Cohort size, risk-score trajectories, adherence, publications, policy briefs for HWCs.^[SEP] **SDGs:** SDG 3 (prevention), SDG 4 (research-led learning), SDG 9 (data infra).

4) Dravyaḡa Vijñān (Materia Medica)

Best practice: *Community Seed-to-Shelf Initiative & QR-coded E-Herbarium.*^[SEP] **Domains:** Teaching, Research, Sustainability.^[SEP] **What/Why:** Secures supply chains, combats adulteration, empowers farmer clusters.^[SEP] **Design & steps:**

- Contract-grow rare/priority herbs with FPOs; train on GAP/organic.
- QR-code every plant (taxonomy, pharmacognosy, conservation status, uses).
- Student field audits; integrate in pharmacopeial ID OSPE.^[SEP] **Report/evidence:** #species, #farmer MOUs, adulteration rejection rate, student field hours, conservation gains.^[SEP] **SDGs:** SDG 15 (biodiversity), SDG 9, SDG 4.

5) Rasashāstra & Bhaishajya Kalpanā (Pharmacy)

Best practice: *Green Pharmacy & Zero-Waste Rasadravya Processing.*^[SEP] **Domains:** Research, Health Service, Green Initiatives.^[SEP] **What/Why:** Cleaner processing, safer drugs, lower carbon footprint.^[SEP] **Design & steps:**

- Mercury-free detox substitutes where classical equivalence proven; closed-loop fumes capture.



- Solar dehydration, biomass briquettes for *puṭa*, water/solvent recapture.
- Stability & residue analytics; eco-labels on every batch.^[SEP]**Report/evidence:** Emission/water reduction (baseline→current), batch pass %, out-of-spec recalls, cost/kWh saved, patents filed.^[SEP]**SDGs:** SDG 12 (responsible production), SDG 9, SDG 3.

6) Roga Nidāna & Vikṛti Vijñān (Diagnostics)

Best practice: *Ayur-Dx Digital Cart + Point-of-Care Camps*^[SEP]**Domains:** Health Service, Teaching, Innovation^[SEP]**What/Why:** Rural diagnostics that integrate Ayur & biomed data with decision support.^[SEP]**Design & steps:**

- Build a tablet app: *doṣa–dhātu–mala* grid + vitals + POCT (Hb, glucose).
- Train interns; run village camps; auto-generate individualized advice.
- Create case libraries for OSCE and research.^[SEP]**Report/evidence:** #camps, #patients, referral yields, case library growth, student diagnostic OSCE scores.^[SEP]**SDGs:** SDG 3, SDG 4, SDG 9.

7) Agada Tantra (Toxicology/Forensic)

Best practice: *Snakebite Rapid-Response & Community Antidote Literacy Network*^[SEP]**Domains:** Health Service, Administration, Outreach^[SEP]**What/Why:** Snakebite is a major rural killer; Ayurveda can aid first-aid & rehab.^[SEP]**Design & steps:**

- Map hotspots; train ASHAs/farmers in evidence-based first-aid & do-not-dos.
- 24×7 tele-triage, referral pathways with district hospitals; keep a bite registry.
- Rehab module: wound, pain, and function protocols.^[SEP]**Report/evidence:** Door-to-needle times, mortality/morbidity vs baseline, #trained, registry analytics, joint SOPs with hospitals.^[SEP]**SDGs:** SDG 3, SDG 17 (health partnerships).

8) Swasthavṛtta & Yoga (Community Medicine)

Best practice: *Ayush Lifestyle Clinics at PHCs + School Wellness Labs*^[SEP]**Domains:** Health Service, Teaching, Admin^[SEP]**What/Why:** Preventive care for NCDs/mental health at last-mile.^[SEP]**Design & steps:**

- Weekly lifestyle clinics at PHCs; yoga, diet, *dinacharya/ṛtucharya* counseling.
- School modules: posture, screen-time, menstrual hygiene, mindfulness.
- Track BMI, BP, anxiety scales longitudinally.^[SEP]**Report/evidence:** Beneficiaries, risk-factor changes, absenteeism drop, teacher training numbers.^[SEP]**SDGs:** SDG 3, SDG 4.

9) Prasūti Tantra & Strī Roga (OBG)

Best practice: *Anemia-Free Pregnancy & Post-partum Rasāyana Program*^[SEP]**Domains:** Health Service, Research^[SEP]**What/Why:** Tackles maternal anemia and post-partum recovery.^[SEP]**Design & steps:**

- Trimester-wise Ayur nutrition + iron strategies; link with VHND days.
- Post-partum *rasāyana*, lactation support; mentor mother groups.
- Evaluate Hb, birth-weight, EPDS (depression) scores.^[SEP]**Report/evidence:** Hb rise, LBW reduction, breastfeeding rates, program fidelity, cost/benefit.^[SEP]**SDGs:** SDG 3, SDG 4 (student involvement in audits).

10) Kaumārbhṛtya (Pediatrics)



Best practice: *Balopacāra: Ayurveda-integrated Early Childhood Development (ECD)*^{[L][SEP]}**Domains:** Health Service, Teaching, Outreach^{[L][SEP]}**What/Why:** Early stimulation + nutrition with traditional care practices.^{[L][SEP]}**Design & steps:**

- Anganwadi tie-ups; growth monitoring + Ayurveda diet playbooks.
- *Abhyanga, swarnaprashana* (where institutional policy permits), anemia prevention.
- Parent skill-building sessions; developmental screening logs.^{[L][SEP]}**Report/evidence:** Stunting/underweight trends, developmental milestones, caregiver KAP scores.^{[L][SEP]}**SDGs:** SDG 3, SDG 4, SDG 17.

11) Kāyacikitsā (Internal Medicine)

Best practice: *N-of-1 Evidence Clinics for Chronic NCD Symptom Control*^{[L][SEP]}**Domains:** Research, Health Service^{[L][SEP]}**What/Why:** Real-world claims with patient-centered trials valuable for India's NCD load.^{[L][SEP]}**Design & steps:**

- Personalized crossover trials (diet/medicine/lifestyle) with symptom diaries.
- Use PROMs, actigraphy/step counts; weekly analytics.
- Convert responders into case series / practice-based evidence papers.^{[L][SEP]}**Report/evidence:** #N-of-1 trials, response rates, reduced polypharmacy, publications.^{[L][SEP]}**SDGs:** SDG 3, SDG 9 (method innovation), SDG 4.

12) Panchakarma

Best practice: *Green Panchakarma: Water–Energy–Waste Optimization*^{[L][SEP]}**Domains:** Health Service, Green Initiatives, Administration^{[L][SEP]}**What/Why:** High water/linen/energy footprint; scope for sustainable redesign.^{[L][SEP]}**Design & steps:**

- Heat-recovery in *svedana* units; solar pre-heat; low-flow taps; linen cycles.
- Herbal-oil reclaim protocols; biodegradable disposables; effluent treatment.
- Patient safety dashboards; staff ergonomics training.^{[L][SEP]}**Report/evidence:** kWh & water saved, waste diverted, patient safety indicators, costs avoided.^{[L][SEP]}**SDGs:** SDG 12, SDG 9, SDG 3.

13) Śālākya Tantra (ENT–Ophthal–Dent)

Best practice: *Mobile Netra–Karna Clinics with Ayurveda Adjunct Care*^{[L][SEP]}**Domains:** Health Service, Teaching, Outreach^{[L][SEP]}**What/Why:** Rural refractive error, ENT infections; integrate screening + simple adjuncts.^{[L][SEP]}**Design & steps:**

- Van clinics: vision/ear screening + basic care + Ayurveda adjunct advisories.
- Refer surgical cases; distribute low-cost spectacles via CSR partners.
- Student rotation for community OSCE.^{[L][SEP]}**Report/evidence:** #screened, spectacles delivered, referral completions, QOL scores.^{[L][SEP]}**SDGs:** SDG 3, SDG 17, SDG 4.

14) Śalya Tantra (Surgery)

Best practice: *Kṣārasūtra & Jalauka (Leech) Centers of Excellence with SOPs & QA*^{[L][SEP]}**Domains:** Health Service, Research, Teaching^{[L][SEP]}**What/Why:** Standardizes high-impact Ayurveda surgical/para-surgical methods.^{[L][SEP]}**Design & steps:**

- Create GMP-grade *kṣārasūtra* lab; maintain potency logs.
- Evidence protocols for fistula, varicose ulcers; pain & healing metrics.
- Train district surgeons; publish technique videos & registries.^{[L][SEP]}**Report/evidence:** Case volumes, recurrence rates, healing time, complications, training numbers, publications.^{[L][SEP]}**SDGs:** SDG 3, SDG 9 (clinical innovation), SDG 4.



Cross-cutting Administration & Green Campus Best Practices (apply to all)

- **Ayur-eLMS & OSCE Bank:** institutional repository of skills, rubrics, videos → improved pass rates, reduced variation. (SDG 4, SDG 9)
- **Herbal Garden + Seed Bank + QR Trails:** living lab for students + community biodiversity literacy. (SDG 15, SDG 4)
- **AYUSH–PHC Convergence Desk:** joint calendar with PHCs for camps, referrals, tele-consults. (SDG 17)
- **Zero-Paper IQAC & Procurement:** e-tenders, life-cycle costing favoring green equipment. (SDG 12)
- **Social Accountability Scorecard:** public dashboard of beneficiaries, rural outreach, equity indicators. (SDG 16)

How to design, run, and report any best practice (common template)

- **Problem & rationale:** local disease/learning gap + why Ayurveda is well-suited.
- **Objective & SDG mapping:** explicit targets (health, learning, innovation, sustainability).
- **Inputs & partners:** staff, skills, infra, PHC/NGO/industry links, budget, policy.
- **Process/SOP:** step-by-step flow with safety, ethics, consent, data protection.
- **Outputs/metrics:** volumes, training hours, modules created, batches manufactured.
- **Outcomes/impact:** clinical gains, exam/OSCE improvements, research outputs, cost-savings, equity reach.
- **Sustainability & scale:** costs over time, green footprint, replication in other districts.
- **Evidence pack:** photos, logs, dashboards, certificates, MoUs, analytics, publications.
- **Governance:** committee minutes, ATRs, audit findings, risk mitigation.
- **Storytelling:** 2–3 human-impact narratives (farmer, mother, student).

Distinctiveness (Unique Selling Proposition – USP of the Department) in alignment with **SDG 4 (Quality Education)** and **SDG 3 (Good Health and Well-being)**, the department needs to highlight its unique contributions, innovations, and strengths that clearly distinguish it from other institutions. This distinctiveness should reflect a balance of academic excellence, healthcare delivery, and community impact.

Step 1: Identification of Distinctive Feature

The process begins with identifying what makes the department unique. This may be:

- A specialized clinical service (e.g., Ayurvedic diagnostic laboratory, integrative pathology).
 - An academic innovation (e.g., competency-based modular learning, simulation-based teaching).
 - A community-oriented service (e.g., rural outreach in lifestyle disorders, preventive health screening camps).
- The distinctiveness should clearly bridge education and healthcare, showing how the department is a role model in achieving SDG 4 and SDG 3.



Step 2: Define Vision, Mission Linkage, and Rationale

The report must explain how this USP aligns with the **institution's vision and mission**. The rationale should highlight:

- The **gap or need** in society or education that this distinctiveness addresses.
- How the initiative supports **SDG 4 (quality, equity, and innovation in education)** by strengthening student learning and employability.
- How it contributes to **SDG 3 (health and well-being)** by improving preventive, promotive, or curative services.

Step 3: Documentation of Strategies Adopted

The department should describe in detail the **strategies, methods, and innovations** used to establish and maintain this uniqueness. For example:

- **In Education (SDG 4):** introduction of ICT-enabled Ayurveda learning modules, competency-based practical training, OSCE/OSPE assessments, and student-centered learning.
- **In Health (SDG 3):** establishment of disease-specific clinics (e.g., lifestyle disorders, autoimmune conditions), integrative diagnostics, or specialized Panchakarma interventions.

Step 4: Evidence of Distinctive Outcomes

The report should provide concrete evidence of the department's uniqueness:

- **For Education (SDG 4):** improved student performance, national-level recognitions, curriculum innovations, student research contributions.
- **For Health (SDG 3):** patient footfall statistics, case studies, research publications on clinical outcomes, community health screening impact. Evidence should be supported with photographs, records, testimonials, and statistical data.

Step 5: Comparative Advantage and Differentiation

To demonstrate distinctiveness, the report should clearly compare the department's initiative with other departments or institutions. This shows **why it is not just routine practice but a differentiator**. For example:

- "While most Ayurveda departments focus on theoretical teaching, our department has established a structured **simulation-based diagnostic skill lab**, a first-of-its-kind initiative in the region."
- "Unlike standard clinical teaching, our department runs a **preventive lifestyle modification program** integrating Ayurveda and modern health indicators, which has improved student skills and patient outcomes."

Step 6: Challenges and Innovations in Overcoming Them

The report should reflect the obstacles faced in achieving this distinctiveness (e.g., lack of infrastructure, initial resistance to change, financial constraints) and the innovative solutions adopted. This highlights resilience and determination.

Step 7: Sustainability and Future Plans

For long-term credibility, the distinctiveness must not be seen as a one-time achievement but a **sustainable practice**. Reporting should include:

- Policies to integrate the practice into the curriculum or hospital system.
- Mechanisms for continuous evaluation, updating, and expansion.



- Future goals such as collaborations with national/international institutes, or scaling the model to community healthcare.

Step 8: Structured Reporting

The final document should be prepared systematically with sections like:

1. **Title of Distinctiveness (USP of Department)**
2. **Vision and Mission Linkage**
3. **Rationale**
4. **Strategies and Methods Adopted**
5. **Outcomes and Evidence**
6. **Comparative Advantage**
7. **Challenges and Solutions**
8. **Sustainability and Future Plans**
9. **SDG Mapping**

SDG Mapping

- **SDG 4 (Quality Education):** Enhanced academic quality through innovative pedagogy, skill-based training, and improved employability of Ayurveda graduates.
- **SDG 3 (Good Health & Well-being):** Improved preventive and curative health care models, integration of Ayurveda into community health, and emphasis on holistic patient well-being.

In summary, **Distinctiveness reporting** is about **showcasing the unique identity of the department** through its innovations in education and healthcare. It must highlight the transformative impact, sustainability, and contribution to SDG 4 and SDG 3, while demonstrating comparative advantage over routine practices.

examples of distinctiveness for each department in the domains of **Teaching–Learning, Administration, Research, Health Care Service, Sustainable Development, and Green Initiatives** — contextualized for **India and its society**:

1. Samhita & Siddhanta (Foundations of Ayurveda)

USP: Revival of Oral Tradition with Modern Pedagogy

- Distinctiveness lies in integrating traditional methods like *śloka recitation*, *artha vichara* (meaning discussion), and storytelling with digital tools, AR/VR visualizations, and clinical case mapping.
- Helps students experience classical texts as **living knowledge**, not just history.

2. Rachana Sharir (Anatomy)

USP: Marma–Surgical Anatomy Integration

- Unique teaching of *marma sharir* (vital points) combined with 3D anatomy and simulation labs.
- Useful for surgeons, physiotherapists, and martial artists, making the department distinct from typical anatomy teaching.

3. Kriya Sharir (Physiology)

USP: Prakriti-based Human Physiology Laboratory



- Distinctiveness is in studying variations in body function based on *prakriti* (Ayurveda constitution) using biomedical parameters.
- Creates India-specific physiological data, bridging classical concepts with modern health sciences.

4. Dravyaguna (Pharmacology & Botany)

USP: *Community Herbal Conservation and QR Herbarium*

- Unique to this department is maintaining a **living herbal garden** and digital QR herbarium for academic, conservation, and community purposes.
- Blends **research + conservation + public education** in a way other departments don't.

5. Rasashastra & Bhaishajya Kalpana (Pharmacy)

USP: *Green Pharmacy Production Unit*

- Distinctiveness is maintaining a **sustainable Ayurvedic drug manufacturing lab** with eco-friendly processes (solar drying, waste minimization).
- Highlights the Indian need for safe, affordable, and eco-conscious medicines.

6. Roga Nidana & Vikriti Vigyana (Pathology & Diagnostics)

USP: *Ayur-Patho Diagnostic Integration Clinic*

- Department stands out by correlating *doṣa-dhātu-mala* imbalance with lab diagnostics.
- Provides a **holistic diagnostic model** that is rare even in Ayurveda institutions.

7. Agada Tantra (Toxicology & Forensic Medicine)

USP: *Snakebite & Poison Management Hub*

- Distinctiveness is developing Ayurveda-based adjunctive protocols for snakebites and rural poisoning, alongside medico-legal awareness camps.
- Relevant for India's rural burden of venomous bites and agrochemical poisoning.

8. Swasthavritta & Yoga (Community Medicine & Preventive Health)

USP: *Lifestyle Clinics + School Health Programs*

- Distinctiveness is combining Ayurveda *dinacharya/ritucharya* with yoga modules for **schools, PHCs, and workplaces**.
- Addresses India's NCD crisis while building preventive health literacy from childhood.

9. Prasuti Tantra & Stri Roga (Obstetrics & Gynecology)

USP: *Maternal & Women's Health with Ayurveda Integration*

- Unique in developing holistic pre-conception, antenatal, and post-natal care modules (*garbhini paricharya*).
- Distinctiveness is providing **low-cost maternal wellness solutions** for rural women.

10. Kaumarbhritya (Pediatrics)

USP: *Traditional Childcare Practices with Modern ECD Models*

- Integration of *swarnaprashana*, *abhyanga*, Ayurveda nutrition with WHO-recommended early childhood development activities.
- Unique focus on **nurturing immunity and growth** in children beyond standard pediatrics.



11. Kayachikitsa (General Medicine)

USP: *Integrative Chronic Care Clinics*

- Department distinctiveness lies in managing **diabetes, arthritis, and neurological disorders** with combined Ayurvedic + modern approaches.
- Serves as a referral point for chronic disease patients in society.

12. Panchakarma

USP: *Sustainable Panchakarma Protocols*

- Unique use of eco-friendly therapy setups (water-saving, herbal recycling, solar heating).
- Distinctiveness lies in being both **patient-centered and eco-conscious**, a rare combination in therapy units.

13. Shalaky Tantra (ENT, Ophthalmology, Dentistry)

USP: *Community Eye & ENT Screening with Ayurveda Care*

- The department's USP is **mobile units** for vision/ENT screening, combining preventive eye/ear care with Ayurveda therapies like *nasya* and *anjana*.
- Distinctiveness: **affordable rural healthcare**, especially for schoolchildren and farmers.

14. Shalya Tantra (Surgery)

USP: *Ayurvedic Para-surgical Innovations (Ksharasutra, Jalauka Therapy)*

- Distinctiveness is a **specialty training and service center** for para-surgical care of fistula, ulcers, and varicose veins using Ayurveda techniques.
- Provides an **indigenous, cost-effective surgical solution** with global recognition.

Cross-Institutional Distinctiveness (beyond departments)

- **Administration:** Paperless IQAC & Academic Dashboards (SDG 12).
- **Research:** Interdisciplinary collaborations with AYUSH & AIIMS (SDG 9, SDG 17).
- **Healthcare:** Rural extension camps + tele-Ayurveda clinics (SDG 3).
- **Sustainable Development:** Herbal waste composting, eco-friendly labs, green campus (SDG 12, SDG 15).

In summary: Each department can showcase **distinctiveness/USP** not merely as a teaching or clinical routine but as a **unique contribution to India's educational, healthcare, and sustainability needs**. Unlike "best practices," these are **core identities** that set departments apart.

आयुर्वेदोऽमृतानाम्

SDACH



COMMUNITY/ SOCIETAL SERVICES

आयुर्वेदोऽमृतानाम्

SDACH



Green Initiatives → SDG 13 (Climate Action), SDG 15 (Life on Land):

Design and Implementation of Green Initiatives

To achieve impactful **Green Initiatives** within an Ayurveda college or department, the institution must integrate sustainability into its academic, healthcare, and campus operations. The first step is **planning and policy development**, where the college formulates a Green Campus Policy aligned with SDG 13 (Climate Action) and SDG 15 (Life on Land). This policy should outline commitments such as reducing carbon footprint, conserving biodiversity, minimizing waste, and promoting sustainable resource use. The second step is **resource mapping and infrastructure planning**—identifying areas for renewable energy (e.g., solar panels, solar water heaters), rainwater harvesting systems, herbal garden development, and waste management units. The third step is **implementation of eco-friendly practices**: establishing a zero-plastic campus, introducing herbal waste composting, energy-efficient lighting, wastewater recycling for irrigation, and eco-friendly Panchakarma/clinical operations. The fourth step is **awareness and participation**, where students, staff, and community members are trained in green practices through workshops, “green audit drives,” and community extension activities such as tree plantation or herbal conservation programs. The fifth step is **integration with academics and research** by linking Ayurveda’s environmental teachings (*rtucharya*, *dinacharya*, conservation of medicinal plants) with real-life green projects.

Documentation and Reporting of Green Initiatives

Systematic documentation is essential for accreditation and societal recognition. The reporting begins with **maintaining a Green Register**, recording activities such as tree plantations, herbal garden expansions, waste reduction, and energy-saving statistics. Evidence should include photographs, MoUs with environmental agencies, student participation lists, and yearly environmental audits. The institution should also **quantify impact**: amount of carbon emission reduced, number of medicinal plants conserved, liters of water harvested, or percentage of waste recycled. These outcomes must be mapped to SDG 13 and SDG 15 in annual reports, IQAC documentation, and NAAC/QCI assessments. Furthermore, achievements should be **disseminated publicly** through newsletters, institutional websites, and community outreach programs to spread environmental awareness.

Impact and SDG Mapping

- **SDG 13 (Climate Action):** Green initiatives reduce greenhouse gas emissions, promote renewable energy, minimize waste, and build climate resilience through campus and community awareness.
- **SDG 15 (Life on Land):** Activities like herbal garden maintenance, medicinal plant conservation, biodiversity preservation, and organic farming directly contribute to the protection and restoration of terrestrial ecosystems.

In summary: Designing and reporting Green Initiatives requires a **policy-driven, participatory, and evidence-based approach**. The steps—planning, infrastructure creation,



eco-friendly practices, awareness programs, integration into academics, systematic documentation, and impact reporting—demonstrate the institution’s commitment to **climate responsibility (SDG 13)** and **biodiversity conservation (SDG 15)**.

Extension Activities → SDG 3 (Good Health and Well-being), SDG 17 (Partnerships for the Goals):

Design and Implementation of Extension Activities

Extension activities in an Ayurveda college or department must be designed as **bridges between institution and society**, where academic knowledge and healthcare expertise are extended beyond the campus to serve the community. The first step is **need assessment**: conducting surveys in rural and urban areas to identify pressing community issues such as maternal health gaps, child nutrition, prevalence of non-communicable diseases (NCDs), lack of awareness about sanitation, or traditional herbal knowledge that needs preservation. The second step is **planning with partnerships**: collaborating with local panchayats, municipal bodies, NGOs, government health departments, and international agencies where relevant. This ensures that extension activities are aligned with broader health goals and have adequate reach. The third step is **implementation**: organizing free health camps, yoga and lifestyle counseling sessions, school health education, vaccination and nutrition awareness drives, training ASHA workers, promoting medicinal plant cultivation, and conducting AYUSH outreach clinics at Primary Health Centres. The fourth step is **student and faculty involvement**: ensuring that NSS/NCC units, student volunteers, and faculty experts lead these programs, which enhances both learning and social responsibility. The fifth step is **integration into academics**: linking extension activities with student projects, dissertations, and community health research so that the initiatives are evidence-based and sustainable.

Documentation and Reporting of Extension Activities

For institutional accountability and accreditation, systematic reporting is essential. Documentation begins with **maintaining an Extension Activity Register** that records details such as the name of the activity, date, venue, collaborating partners, number of beneficiaries, and faculty/student involvement. Evidence must include photographs, attendance sheets, media coverage, MoUs signed, and health data collected during camps. The next step is **quantitative impact reporting**: number of patients benefitted, reduction in disease risk factors, number of children screened, or herbal plants distributed. The reporting should also highlight **qualitative outcomes** such as improved health awareness, empowerment of women and marginalized groups, revival of local health traditions, or enhancement of community trust in Ayurveda. Annual reports, IQAC submissions, and NAAC documentation must align each activity with **SDG 3 (promoting well-being)** and **SDG 17 (strengthening partnerships)**. Dissemination can be done through institutional newsletters, websites, and academic publications to showcase commitment and encourage replication by other institutions.

Impact and SDG Mapping



- **SDG 3 (Good Health and Well-being):** Extension activities directly improve health literacy, preventive care, early diagnosis, and wellness outcomes in communities.
- **SDG 17 (Partnerships for the Goals):** Collaborations with government, NGOs, industries, and international bodies ensure sustainability, resource sharing, and collective action for public health.

In summary: Extension activities should be **need-based, partnership-driven, community-focused, and systematically documented.** The steps—need assessment, planning with partners, implementation through camps and education, integration into academics, evidence-based reporting, and showcasing outcomes—enable the institution to demonstrate its role as a **socially responsible, health-promoting, and partnership-oriented academic center** aligned with **SDG 3 and SDG 17.**

Extramural Activities → SDG 3 (Good Health and Well-being), SDG 17 (Partnerships for the Goals):

Design and Implementation of Extramural Activities

Extramural activities in an Ayurveda college are designed to **extend the learning, health services, and outreach efforts of the institution beyond its campus walls**, thereby enhancing both student development and community health. The first step is **identifying the scope and objectives** of extramural engagement, such as organizing medical awareness camps, rural health check-ups, yoga demonstrations in schools, collaborative research projects, and inter-institutional conferences or seminars. The second step is **planning in collaboration with external agencies:** NGOs, government health departments, AYUSH Ministry, international universities, industries, or local self-help groups. This ensures that activities have both academic depth and social relevance. The third step is **student and faculty participation:** students gain exposure through field visits, health campaigns, and joint workshops, while faculty act as resource persons, trainers, and collaborators. The fourth step is **execution:** conducting mobile Ayurveda health services, knowledge-sharing workshops, community wellness drives, joint research projects with external partners, and cross-disciplinary events with engineering, environmental, or management institutions. The fifth step is **integration of learning outcomes** into the curriculum—students should document their reflections, research data, and case studies from extramural programs, which can then be incorporated into academic assessments, dissertations, or institutional repositories.

Documentation and Reporting of Extramural Activities

For quality assurance and accreditation, **systematic documentation** is essential. The institution should maintain an **Extramural Activity Register** capturing details such as the name and type of activity, collaborating institution or partner, number of participants, community reached, and outcomes achieved. Supporting evidence should include MoUs, event reports, photographs, media coverage, feedback forms, and records of beneficiaries served. The reporting must quantify the **academic and social impact**—for example, number of joint research projects initiated, number of patients screened during external camps, reduction in health risk factors, or number of participants in wellness workshops. At the same time, **qualitative outcomes** such as enhanced cross-disciplinary collaboration, community



empowerment, and improved global exposure for students should be highlighted. These reports can be consolidated annually for IQAC/NAAC submissions, and shared through newsletters, institutional websites, and government/NGO platforms to showcase credibility.

Impact and SDG Mapping

- **SDG 3 (Good Health and Well-being):** Extramural activities directly promote preventive and curative healthcare awareness, enhance wellness literacy, and extend Ayurveda-based solutions to underserved populations.
- **SDG 17 (Partnerships for the Goals):** By collaborating with government bodies, NGOs, industries, and international institutions, the college builds strong networks for sustainable healthcare and academic development.

In summary: Extramural activities are designed to expand institutional knowledge and healthcare services into the wider community while simultaneously enriching student learning. The steps include **defining objectives, forming external collaborations, involving students and faculty, implementing through camps/research/workshops, documenting systematically, and reporting impact** in alignment with SDG 3 and SDG 17.

Placement Cell (career building) → SDG 8 (Decent Work and Economic Growth), SDG 4 (Quality Education):

Design and Implementation of Placement Cell Activities

The **Placement Cell** in an Ayurveda college plays a crucial role in bridging education and employability, ensuring that graduates are not only well-trained academically but also equipped for diverse career opportunities. The first step is **establishing a structured Placement Cell policy**, which defines its vision, objectives, and alignment with SDG 8 (promoting decent work) and SDG 4 (providing quality education with employability skills). The second step is **mapping career pathways** for Ayurveda graduates, such as clinical practice, teaching, research, pharmaceuticals, wellness/tourism, healthcare IT, and entrepreneurship. Based on this, the Placement Cell organizes **skill development programs, soft skill training, resume writing workshops, communication enhancement, and interview preparation sessions**. The third step is **building partnerships with employers and industries**, including Ayurveda hospitals, pharmaceutical companies, research organizations, wellness centers, insurance providers, and international AYUSH collaborators. MoUs with such partners formalize opportunities for internships, campus placements, and job fairs. The fourth step is **student readiness programs**, which integrate training in entrepreneurship, digital health applications, sustainable healthcare innovations, and start-up incubation. The fifth step is **execution of placement drives**, including on-campus interviews, career expos, alumni networking events, and virtual recruitment sessions, ensuring equitable opportunities for all students.

Documentation and Reporting of Placement Cell Activities



For effective reporting, the Placement Cell must maintain a **Placement Register** that records details of each activity: employer names, number of students participating, selected candidates, job roles, and average package offered. Supporting evidence such as MoUs with companies, training schedules, photographs of placement drives, employer feedback, and student testimonials must be preserved. Reporting should highlight both **quantitative outcomes** (number of students placed, internships offered, companies visited) and **qualitative outcomes** (student satisfaction, career progression, global opportunities created). Additionally, the Placement Cell must prepare an **Annual Career Building Report**, documenting year-wise placement statistics, new industry linkages, entrepreneurship support initiatives, and alignment with institutional goals. These reports should also be shared in IQAC documentation, NAAC submissions, and newsletters, demonstrating transparency and accountability.

Impact and SDG Mapping

- **SDG 8 (Decent Work and Economic Growth):** By securing placements, internships, and entrepreneurial support, the Placement Cell contributes to economic empowerment of students and enhances the skilled AYUSH workforce in India and abroad.
- **SDG 4 (Quality Education):** The integration of employability skills, career mentoring, and industry exposure ensures that education translates into **meaningful, quality-driven employment opportunities**.

✓ **In summary:** The Placement Cell's design and reporting involve **policy creation, skill development, industry partnerships, student readiness training, placement execution, systematic documentation, and transparent reporting**. Its impact reflects the institution's commitment to preparing students for **decent employment (SDG 8)** while ensuring that **quality education (SDG 4)** leads to real-world career growth.

Cultural Activities → SDG 11 (Sustainable Cities and Communities), SDG 4 (Quality Education):

Design and Implementation of Cultural Activities

Cultural activities in an Ayurveda college are designed not only for entertainment but also to **nurture identity, inclusiveness, creativity, and holistic education**. The first step is **planning and policy formation**, where a Cultural Committee defines the vision of cultural programs to support student development, promote heritage awareness, and foster inclusivity. The second step is **curricular-co-curricular integration**, ensuring that cultural programs complement academic learning by including themes such as Ayurveda philosophy in arts, yoga-inspired dance, folk healing traditions, and regional medicinal plant folklore. The third step is **student participation and leadership development**: forming cultural clubs, literary societies, and art groups, where students take initiative in organizing events like drama, music, debate, rangoli, street plays, exhibitions, and traditional art workshops. The fourth step is **community and cultural outreach**, where the college hosts inter-college competitions, regional cultural exchanges, and community awareness drives through cultural forms (e.g., street plays on health awareness, folk performances for environmental consciousness). The fifth step is **celebration of diversity and heritage**, including observance of regional festivals, Sanskrit day, Ayurveda



day, and integration of cultural activities in national/international observances (like World Environment Day or International Yoga Day). This enhances both inclusivity and respect for heritage.

Documentation and Reporting of Cultural Activities

Systematic documentation ensures that cultural activities are recognized as an important dimension of holistic education. Each cultural event should be logged in a **Cultural Activities Register**, recording the name, theme, date, student/faculty involvement, number of participants, and outcomes achieved. Evidence should include photographs, videos, brochures, certificates, and media coverage. Reporting must highlight **quantitative aspects** (number of events held annually, students involved, competitions won, inter-institutional collaborations) and **qualitative outcomes** (student creativity, leadership skills, inclusivity, cultural sensitivity). The institution should prepare an **Annual Cultural Report**, linking each activity with **student well-being, community integration, and sustainable cultural heritage promotion**. This report can be used for IQAC, NAAC, and annual magazine publications.

Impact and SDG Mapping

- **SDG 11 (Sustainable Cities and Communities):** Cultural activities preserve and promote India's intangible cultural heritage (folk arts, traditions, community practices) while fostering inclusive and sustainable cultural spaces within the institution.

- **SDG 4 (Quality Education):** Through cultural programs, students gain skills in teamwork, communication, creativity, leadership, and intercultural understanding, enriching the overall quality of education beyond academics.

✓ **In summary:** Designing and reporting cultural activities requires **policy planning, curricular integration, student engagement, community outreach, and systematic documentation**. These activities empower students with life skills, foster heritage preservation, and connect education with **sustainable community values (SDG 11)** and **holistic quality education (SDG 4)**.

Design and Implementation of Outreach

Outreach in an Ayurveda college is designed to extend institutional knowledge and services to society, thereby **linking education, healthcare, and community development**. The first step is **needs assessment**, where surveys or stakeholder consultations are conducted to identify community health gaps such as maternal care, lifestyle disorders, school health needs, or lack of awareness about preventive medicine. The second step is **strategic planning with partnerships**: aligning with government health departments, NGOs, Panchayati Raj institutions, schools, industries, and international organizations to ensure sustainability and wider reach. The third step is **execution of outreach programs**, including free Ayurveda medical camps, yoga and lifestyle workshops, awareness drives on nutrition and sanitation, herbal plantation and conservation programs, mobile health units, and school/community health education campaigns. The fourth step is **student and faculty involvement**, ensuring



that outreach becomes a part of experiential learning where students practice social responsibility and faculty act as experts/resource persons. The fifth step is **integration into curriculum and research**, where data and experiences collected during outreach (e.g., health profiles, herbal use patterns) are fed back into student projects, dissertations, and faculty research, ensuring a two-way learning process.

Documentation and Reporting of Outreach

For effective accountability, outreach activities must be **systematically documented**. The institution should maintain an **Outreach Register**, recording each program's theme, date, venue, collaborating partners, number of beneficiaries, and nature of services offered. Evidence should include photographs, attendance sheets, case records, media coverage, and reports from partner agencies. Reporting should highlight both **quantitative outcomes** (e.g., number of camps held, patients benefitted, students involved, communities covered) and **qualitative outcomes** (e.g., improved awareness, strengthened community trust in Ayurveda, enhanced student empathy and skills). These outcomes should be consolidated into an **Annual Outreach Report** and aligned with institutional strategic goals, IQAC documentation, and NAAC requirements. Dissemination through newsletters, the institutional website, and academic conferences also helps to showcase credibility and attract more partnerships.

Impact and SDG Mapping

- **SDG 3 (Good Health and Well-being):** Outreach programs directly improve preventive and curative healthcare access, enhance public awareness of Ayurveda, and contribute to community wellness.
- **SDG 17 (Partnerships for the Goals):** Collaborations with government agencies, NGOs, industries, and international partners make outreach sustainable, resource-rich, and impactful on a larger scale.

In summary: Outreach is achieved through **needs assessment, planning with partnerships, execution of community-focused programs, integration with academics, and systematic documentation**. Reporting must reflect tangible outcomes, long-term community impact, and SDG alignment. This positions the institution as both a **knowledge hub and a socially accountable health partner**, strengthening its role in achieving **SDG 3 and SDG 17**.

Institutional Level Social Responsibility (Overall)

The institution as a whole demonstrates social responsibility by embedding **healthcare equity, inclusivity, and community well-being** into its core mission. Steps include:

1. **Policy Design:** Drafting a Social Responsibility Charter focusing on *accessible healthcare, inclusive education, gender equity, and community outreach*.
2. **Implementation:** Free/subsidized healthcare through Ayurveda hospitals, scholarships for underprivileged students, inclusive admission policies, and rural health camps.
3. **Partnerships:** Collaborating with government health missions, NGOs, and local communities.
4. **Awareness Drives:** National health days, awareness on sanitation, nutrition, mental health, and women's wellness.



5. **Documentation:** Maintaining yearly reports with quantitative outcomes (patients served, students benefitted, funds allocated) and qualitative impacts (improved trust, empowerment).^{[L][SEP]}**SDG Mapping:**

- **SDG 3:** Expanded community healthcare.
- **SDG 10:** Reduced inequality through scholarships, rural outreach, and gender-sensitive initiatives.

Department-wise Social Responsibility

1. Samhita & Siddhanta

- **Design:** Translate classical Ayurvedic wisdom into **community-friendly formats** (pamphlets, videos).
- **Implementation:** Conduct awareness programs on preventive health, *dinacharya* and *ritucharya* for marginalized communities.
- **Reporting:** Document community sessions, feedback, and participation numbers.^{[L][SEP]}**SDGs:** SDG 3 (health literacy), SDG 10 (inclusive cultural knowledge sharing).

2. Rachana Sharir (Anatomy)

- **Design:** Develop **visual and tactile models** for anatomy education accessible to all learners, including differently-abled.
- **Implementation:** Organize anatomy literacy workshops for school students and community health workers.
- **Reporting:** Maintain logs of workshops, inclusivity practices, and participants reached.^{[L][SEP]}**SDGs:** SDG 3 (awareness of body/health), SDG 10 (accessibility).

3. Kriya Sharir (Physiology)

- **Design:** Create **community physiology labs** demonstrating the link between lifestyle and health.
- **Implementation:** Screen communities for BP, BMI, glucose; educate them on *prakriti*-based health.
- **Reporting:** Record number of screenings, cases referred, and improvement in health awareness.^{[L][SEP]}**SDGs:** SDG 3 (early detection of disease), SDG 10 (equity in access to screening).

4. Dravyaguna (Pharmacology & Botany)

- **Design:** Establish **community herbal gardens** and train rural populations in medicinal plant use.
- **Implementation:** Provide low-cost herbal remedies and promote local cultivation of rare plants.
- **Reporting:** Herb distribution records, training sessions, conservation outcomes.^{[L][SEP]}**SDGs:** SDG 3 (affordable herbal health), SDG 10 (empowering rural communities).

5. Rasashastra & Bhaishajya Kalpana (Pharmacy)

- **Design:** Ensure **safe and affordable medicine preparation** for underserved communities.
- **Implementation:** Conduct workshops for rural women/self-help groups on basic Ayurveda formulations.



- **Reporting:** Document production, training numbers, and outreach beneficiaries. ^[SEP]**SDGs:** SDG 3 (safe access to medicines), SDG 10 (empowerment through skill-sharing).

6. Roga Nidana & Vikriti Vigyan (Pathology & Diagnostics)

- **Design:** Offer **low-cost diagnostic camps** for marginalized populations.
- **Implementation:** Integrate Ayurveda–modern diagnostic screenings for common diseases.
- **Reporting:** Maintain patient records, referrals, and follow-up data. ^[SEP]**SDGs:** SDG 3 (timely diagnosis), SDG 10 (health access equality).

7. Agada Tantra (Toxicology & Forensic Medicine)

- **Design:** Focus on **snakebite/poison awareness** in rural and tribal belts.
- **Implementation:** Conduct workshops for farmers, provide first-aid literacy in poisoning emergencies.
- **Reporting:** Document villages covered, ASHA workers trained, and cases referred. ^[SEP]**SDGs:** SDG 3 (emergency preparedness), SDG 10 (reaching underserved rural groups).

8. Swasthavritta & Yoga (Community Medicine)

- **Design:** Conduct **community yoga camps and preventive health awareness** drives.
- **Implementation:** Focus on NCD reduction (diabetes, hypertension), sanitation, school health education.
- **Reporting:** Attendance logs, school outreach, lifestyle improvement surveys. ^[SEP]**SDGs:** SDG 3 (well-being), SDG 10 (access to preventive health).

9. Prasuti Tantra & Stri Roga (OBG)

- **Design:** Support **maternal and reproductive health literacy** in low-resource settings.
- **Implementation:** Antenatal check-ups, *garbhini paricharya* awareness, menstrual hygiene workshops.
- **Reporting:** Maternal camp records, maternal morbidity/mortality improvement data. ^[SEP]**SDGs:** SDG 3 (maternal health), SDG 10 (reducing gender inequality in health).

10. Kaumarbhritya (Pediatrics)

- **Design:** Provide **child health and nutrition support** in communities.
- **Implementation:** Immunization awareness, *swarnaprashana* drives, child growth monitoring.
- **Reporting:** Child health data, parents educated, outreach to Anganwadis. ^[SEP]**SDGs:** SDG 3 (child health), SDG 10 (reaching poor children).

11. Kayachikitsa (General Medicine)

- **Design:** Establish **chronic disease management clinics** for poor populations.
- **Implementation:** Free/low-cost Ayurveda treatment for diabetes, arthritis, asthma.
- **Reporting:** Number of patients served, disease outcomes, long-term follow-ups. ^[SEP]**SDGs:** SDG 3 (disease control), SDG 10 (healthcare equity).

12. Panchakarma



- **Design:** Develop **affordable Panchakarma packages** for rural and low-income groups.
- **Implementation:** Organize outreach Panchakarma camps, include insurance/CSR partnerships.
- **Reporting:** Patient registers, therapy numbers, subsidies granted.^[SEP] **SDGs:** SDG 3 (therapeutic wellness), SDG 10 (equitable access).

13. Shalaky Tantra (ENT, Ophthalmology, Dentistry)

- **Design:** Provide **mobile ENT and eye screening** for underprivileged children and elderly.
- **Implementation:** Free distribution of spectacles, Ayurveda adjunct care for ENT conditions.
- **Reporting:** Screening data, corrective measures provided, referrals tracked.^[SEP] **SDGs:** SDG 3 (preventing blindness/ENT issues), SDG 10 (equal care for rural poor).

14. Shalya Tantra (Surgery)

- **Design:** Strengthen **para-surgical Ayurveda practices (Ksharasutra, Jalauka)** for low-cost care.
- **Implementation:** Offer these services in rural camps where surgical access is limited.
- **Reporting:** Document cases treated, recovery outcomes, and patient satisfaction.^[SEP] **SDGs:** SDG 3 (safe surgery access), SDG 10 (serving marginalized).

In summary:

Social responsibility across all 14 Ayurveda departments and the institution involves **policy design, inclusive implementation, partnerships, and systematic reporting**. Each department contributes uniquely—whether through **community education, low-cost healthcare, maternal/child support, conservation, or preventive health**. Together, these initiatives ensure alignment with:

- **SDG 3:** By promoting holistic well-being and healthcare access.
- **SDG 10:** By ensuring inclusivity, equity, and reduced health inequalities in society.

Community/Heritage-based Initiatives (Local Health Tradition, Rare Plants, Herbal Garden, Ayurveda Practice) → SDG 3, SDG 11, SDG 15 across all 14 departments and institution-wide.

Institutional Level (Overall)

At the institutional level, social and heritage responsibility is embedded into policy by **protecting traditional wisdom, conserving biodiversity, and promoting community health**.

1. **Design:** Develop a *Community and Heritage Policy* highlighting Ayurveda's role in sustainable health practices, herbal resource conservation, and promotion of traditional healing knowledge.



2. **Implementation:** Establish a **Herbal Garden (medicinal plants), local health tradition cell, museum of rare manuscripts, and community Ayurveda clinics.** Conduct awareness programs and collaborate with tribal healers.

3. **Documentation:** Maintain registers on herbal garden usage, rare plants conserved, community interactions, workshops conducted, and extension programs. **SDGs:**

- **SDG 3:** Community well-being through Ayurveda practice.
- **SDG 11:** Safeguarding cultural heritage of Ayurveda and local health practices.
- **SDG 15:** Conservation of rare plants and biodiversity through herbal gardens.

Department-wise Community/Heritage-based Contributions

1. Samhita & Siddhanta

- **Design:** Translate classical manuscripts into community-accessible materials.
- **Implementation:** Conduct workshops on *granthas*, oral tradition recitations, and local folk healing stories.
- **SDG Link:** SDG 11 (heritage preservation).

2. Rachana Sharir (Anatomy)

- **Design:** Highlight traditional *marma* (vital points) knowledge.
- **Implementation:** Organize heritage-based martial art and *marma chikitsa* awareness camps.
- **SDG Link:** SDG 3 (traditional therapeutic knowledge).

3. Kriya Sharir (Physiology)

- **Design:** Document **prakriti-based community health profiles.**
- **Implementation:** Collaborate with local groups to assess health/lifestyle patterns rooted in Ayurveda.
- **SDG Link:** SDG 3 (preventive health).

4. Dravyaguna (Pharmacology & Botany)

- **Design:** Conserve and showcase **rare medicinal plants.**
- **Implementation:** Community herbal garden, QR-coded plant trails, seed bank projects.
- **SDG Link:** SDG 15 (biodiversity).

5. Rasashastra & Bhaishajya Kalpana (Pharmacy)

- **Design:** Revive heritage methods of **medicine preparation.**
- **Implementation:** Demonstrations for local communities on sustainable pharmacy practices (eco-friendly methods).
- **SDG Link:** SDG 11 (traditional knowledge transmission).

6. Roga Nidana & Vikriti Vigyan (Pathology & Diagnostics)

- **Design:** Blend traditional *nadi pariksha* with modern screening.
- **Implementation:** Free health diagnostic camps using heritage practices alongside lab support.
- **SDG Link:** SDG 3 (community diagnostic outreach).

7. Agada Tantra (Toxicology & Forensics)



- **Design:** Document **local antidotes** used by tribal healers.
- **Implementation:** Community awareness on snakebite management and plant-based remedies.
- **SDG Link:** SDG 3 (life-saving traditions).

8. Swasthavritta & Yoga (Community Medicine)

- **Design:** Integrate **local traditions of food and lifestyle** into modern preventive health.
- **Implementation:** Village outreach with yoga, nutrition camps, traditional cooking demonstrations.
- **SDG Link:** SDG 3 & SDG 11 (community-centered wellness).

9. Prasuti Tantra & Stri Roga (OBG)

- **Design:** Revive **Ayurveda's heritage maternal care practices**.
- **Implementation:** Awareness on *garbhini paricharya* and postpartum rituals in rural communities.
- **SDG Link:** SDG 3 (maternal health equity).

10. Kaumarbhritya (Pediatrics)

- **Design:** Promote **traditional childcare practices**.
- **Implementation:** *Swarnaprashana* drives, traditional massage (*abhyanga*) demonstrations for infants.
- **SDG Link:** SDG 3 (child wellness).

11. Kayachikitsa (General Medicine)

- **Design:** Conduct **community-based chronic disease management** using heritage therapies.
- **Implementation:** Camps for lifestyle disorders using Ayurveda diet and therapies.
- **SDG Link:** SDG 3 (public health management).

12. Panchakarma

- **Design:** Document heritage Panchakarma practices adapted to local needs.
- **Implementation:** Provide affordable Panchakarma camps in rural/tribal areas.
- **SDG Link:** SDG 3 (traditional healing access).

13. Shalakya Tantra (ENT, Ophthalmology, Dentistry)

- **Design:** Revive Ayurveda's heritage eye and ENT care.
- **Implementation:** *Anjana, Nasya, Kavala* and *Gandusha* demonstrations in community outreach.
- **SDG Link:** SDG 3 (preventive health heritage).

14. Shalya Tantra (Surgery)

- **Design:** Showcase **para-surgical Ayurveda heritage practices**.
- **Implementation:** Training on *Ksharasutra* and *Jalauka* therapy in villages.
- **SDG Link:** SDG 3 & SDG 11 (indigenous surgical heritage).

Documentation and Reporting Framework



- **Registers:** Herbal Garden Register, Rare Plant Conservation Register, Outreach Camp Register.
- **Evidence:** Photos, MoUs with NGOs, case studies, patient/community feedback, conservation data.
- **Quantitative Outcomes:** Number of plants conserved, camps conducted, beneficiaries reached.
- **Qualitative Outcomes:** Heritage preserved, cultural continuity, biodiversity sustainability, community trust in Ayurveda.

SDG Mapping

- **SDG 3 (Good Health and Well-being):** Community access to traditional Ayurveda health solutions.
- **SDG 11 (Sustainable Cities & Communities):** Preserving and integrating Ayurveda's cultural and heritage value in community life.
- **SDG 15 (Life on Land):** Herbal garden, rare plant conservation, biodiversity protection.

In summary: Community/heritage-based initiatives across all 14 departments ensure that **local health traditions, rare plants, herbal gardens, and Ayurveda practices are revived, conserved, and transmitted to society.** Systematic design, implementation, and reporting ensure measurable outcomes aligned with **SDG 3, SDG 11, and SDG 15.**

