



## KASH (AYUSH) - ASSESSMENT SCHEDULE (KAF-1)

Name & address of the Healthcare Institution:								
Internal Accreditation Coordinator:  Date(s) of Visit:								
Type of Visit: Gap Analysis / Assessment / Surveillance / Re-Assessment / Verification								
Assessment Standard: K	ASH A	YUSI	H Standards	(1 <sup>st</sup> e	dition) –	Ayurveda	/ Homoeop	athy
Assessment Timings	sessment Timings  Opening/Closing Me Date/Time			g Mee	Date / Time (at the end of each day)			day)
		Closing Meeting:			Day 1: Day 2: Day 3:			
Assessment schedule: Principal Assessor to provide details of activities taken up by individual assessors/ technical expert in the following format and obtained their signature.  (Separate sheets may be used for individual assessors)  Schedule of Department/ Section/ Activity to be Assessed (date								
Name and Expertise of the Assessor	wise)							
of the Assessor	N4	Day 1		N4	Day 2			ay 3
Principal Assessor	Mornii	ng	Afternoon	Morn	ling A	fternoon	Morning	Afternoon
Assessor 1								
Assessor 2								
Assessor								
Trainee Assessor/Expert								
Signature of Principal Assessor								





## KASH (AYUSH) - ASSESSOR'S OBSERVATIONS (KAF-2)

Name & address of the Healthcare Institution:					
Date	: Area/ Department:	Activity Assessed:			
Audi	tee:				
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SI.	OBSERVATION	REMARKS			
	200000				
	AVUSH L				
	Signa	ature & Name of Assessor			

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#### KASH (AYUSH) - ASSESSOR'S SUMMARY ON NON-COMPLIANCE (KAF-3)

Name & address of the Healthcare Institution:						
Date	e: 	Type of Assessment: Gap analysis / Ass Assessment / Verification	/ Assessment / Surveillance / Re-			
<u>Non</u>	Complian	<u>ices</u>				
#		ce statement object agains	H(AYUSH) - ive element(s) st which non- iance is being	Remarks (if any)		
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	+					
	nature & Nar presentative		nature of Principa	l Assessor & Date		

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## KASH (AYUSH) - SUMMARY OF THE ASSESSMENT (KAF-4)

Name & address of the Healthcare Institution:							
Accreditation Coordi		Date(s) of Visi					
	-	essment / Surveillance / Re-Assessment / Verification					
Principal Assessor:		Assessor 1:			Assessor 2:		
Assessor 3:	Asses	Assessor 4:			Assessor 5:		
Assessor 6:	Other/	TE		Trainee As	Trainee Assessor:		
Date of earlier visit a Purpose:	nd						
KASH							
Total	Maximum	Chapter(	s)	No. of objective	Score (%)		
score	score	excluded (if any)		elements excluded			
Enclosures (Put √)	KAF 1	KAF 2		KAF 3	KAF 4		
Signature & Name of Representative	· Healthcare Institu	tion		Signature of Princ	ipal Assessor & Date		