



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: KASH AYUSH Standards (1 st edition) – Ayurveda / Homoeopathy						
Assessment Timings		Opening/Closing Meeting Date/Time		Daily Debriefing Date / Time (at the end of each day)		
Morning:	AM to	PM	Opening Meeting:	Day 1:		
Afternoon:	PM to	PM	Closing Meeting:	Day 2:		
				Day 3:		
<p>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)</p>						
Name and Expertise of the Assessor	Schedule of Department/ Section/ Activity to be Assessed (date wise)					
	Day 1		Day 2		Day 3	
	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon
Principal Assessor						
Assessor 1						
Assessor 2						
Assessor --						
Trainee Assessor/Expert						
Signature of Principal Assessor						



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

Name & address of the Healthcare Institution:				
Accreditation Coordinator:			Date(s) of Visit:	
Type of Visit: Gap analysis / Assessment / Surveillance / Re-Assessment / Verification				
Principal Assessor:	Assessor 1:		Assessor 2:	
Assessor 3:	Assessor 4:		Assessor 5:	
Assessor 6:	Other/TE		Trainee Assessor:	
Date of earlier visit and Purpose:				
ASSESSMENT SUMMARY:				
Total score	Maximum score	Chapter(s) excluded (if any)	No. of objective elements excluded	Score (%)
Enclosures (Put ✓)	KAF 1	KAF 2	KAF 3	KAF 4
Signature & Name of Healthcare Institution Representative			Signature of Principal Assessor & Date	
