

DEPARTMENT OF AYUSH
Ministry of Health and Family Welfare

Format for Documentation of Local Health Traditions
(by AYUSH Research Councils/individuals/NGOs etc.)

1. Title of Proposal/Project: Tribal Health Care Survey Project
2. Name and complete address of the Organization: Ayurveda Tribal Health Care Research Project, AYUSH Hospital, Atlanta point, Port Blair, Andaman & Nicobar Islands

3. Whether Related to:

Ayurveda	✓
Unani	
Homoeopathy	
Siddha	
Yoga & Naturopathy	

4. To be submitted to the Research Councils

CCRAS	✓
CCRUM	
CCRH	
CCRS	
CCRYN	

5. Objectives Covered:

1. Home Remedies	✓
2. Food and Nutrition	
3. Midwifery	
4. Bone setting	
5. Other specialized local health practices	
6. Ethno veterinary Practices	

6. Duration of the project:

7. Year wise objectives and deliverables:

8. Area/No. of blocks and districts covered:

9. Whether the drug or the formulation/ procedure has been mentioned for the same reference in literature:

Name of the system	Yes	No	Validation category							
Ayurveda		✓	V1	V2	V3	V4	V5	V6		
Unani			V1	V2	V3	V4	V5	V6		
Homoeopathy			V1	V2	V3	V4	V5	V6		
Siddha			V1	V2	V3	V4	V5	V6		
Yoga & Naturopathy			-	-	-	-	-	-	-	-

- ❖ If yes then tick the appropriate validation category as per guidelines (Annexure-1)