



ANAND AYURVED COLLEGE



- **Recognition** - Central Council of Indian Medicine, New Delhi
- **Permission** - Dept. of Ayush Govt. of India, New Delhi
- **Affiliation** - Maharashtra University of Health Sciences, Nashik

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Outword No - ACT/AAC/1291/2024

Date - 12/01/2024

To,
The Controller of Examination
Maharashtra University of Health Sciences
Nashik – 422 004.

Sub: To Submit the details of CCTV installed in examination hall in
Prescribe
Ref- MUHS/XT/3601/2021, Dated 01/06/2021

Respected Sir/Madam,

With reference to above mention subject, we herby submitting the following
details

- 1) Name of Examination Center:- ANAND AYURVED COLLEGE , Vaijapur , DIST- Ch. Sambhaji Nagar
- 2) Center Incharge with Contact No: - **Dr. Hemant Kantilal Suryawanshi**
- 3) Technical Person Name – **Mr. Maniesh Patherkar 9762628005**
- 4) Static /wan ip address or cloud id – 192.168.1.2 OR Serial Number – F23600258
- 5) Make & Model of DVR – HIKVISION MODEL: DS-7B16HUHI-K2
- 6) Number of Camera Install: - 16 & Verification Code -12345678

Login user- admin

Password- Admin@123



S. K. Dode
Principal
Anand Ayurved College,
Vaijapur Dist. Aurangabad