

Proposal for academic year

2016 - 2017

College Code

--	--	--	--	--	--	--	--

(For Office use only)



## Maharashtra University of Health Sciences, Nashik

**Application Form for Extension of Affiliation (By Natural Growth) (UG)**  
(Under Section 69 of the Maharashtra University of Health Sciences Act, 1998)

**Course : B.P.Th./B.O.Th/B.P.O.**

**Instructions :** The College / Institutions presently affiliated to this University applying for Extension of Affiliation by Natural Growth shall submit **three copies** of application forms with D.D. of prescribed fee drawn in favour of the “**Registrar, Maharashtra University of Health Sciences, Nashik**” on any Nationalised Bank on or before the last day of October of the year preceding the year from which the Extension of Affiliation by natural growth is sought.

(Please refer fee Schedule)

To,  
The Registrar  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik – 422 004.

Sir,

I am / we are submitting herewith an application with a request for Extension of affiliation for next higher class in this College / Institute for the academic year 2016 – 17 under section 69 of the Maharashtra University of Health Sciences Act, 1998:

1) Name and address of the

College / Institute :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN code

--	--	--	--	--	--	--

Phone No. (O) \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address : \_\_\_\_\_

- 2) Payment details :  
i) Name of the drawee Bank : \_\_\_\_\_  
\_\_\_\_\_  
ii) D.D. No. \_\_\_\_\_ Dated \_\_\_\_\_  
iii) Amount Rs. \_\_\_\_\_  
iv) University Receipt No. & Date \_\_\_\_\_  
(For Office use only)

- 3) (a) Date and Number of First Affiliation letter : \_\_\_\_\_  
(Attach Xerox Copy)

**OR**

- b) Date and Number of First Affiliation letter for increase intake : \_\_\_\_\_  
(Attach Xerox Copy)

- 4) Request for Extension by Natural Growth (Please tick in the appropriate box)

- i.e. from      First Year to Second Year        
                    Second Year to Third Year        
                    Third Year to Final Year        
                    Internship Training

- 5) Date and Number of First Affiliation letter : \_\_\_\_\_  
(Attach Xerox Copy)

- 6) Whether it is obligatory to start the above Next Higher Class under the provisions of Statutes / Ordinance / Rules / Regulations framed by the University ?

If yes, give reasons thereof :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 7) Anticipated number of students to be enrolled for the above : \_\_\_\_\_  
(Give details for each Class)

- 8) Whether the College has created infrastructure teaching facilities for the Next Higher Class including the existing facilities. If yes,

- a. Attach list of approved Teaching Staff as per the proforma.  
(As per format attached)
- b. Attach list of Non-teaching Staff.
- c. Information regarding Hospital :  
(As per proforma attached)
- d. Information regarding teaching facilities at College.  
(As per proforma attached)

- 9) Information regarding College Establishment :

- a. Date of Establishment of the College : \_\_\_\_\_
- b. Latest Central Council approval letter : No. \_\_\_\_\_ Dated \_\_\_\_\_  
(Attach Latest Xerox copy of letter)

c. Latest Central Govt. approval letter : No. \_\_\_\_\_ Dated \_\_\_\_\_  
(Attach Latest Xerox copy of letter)

d. Latest permission from Maharashtra Govt. G.R. No. \_\_\_\_\_ Dated \_\_\_\_\_  
(Attach Latest Xerox copy of GR)

10) Status of affiliation :  Permanent  Periodic

(Tick mark the appropriate box)  Temporary (Yearly)

11) Sanctioned intake capacity by the University \_\_\_\_\_

12) Name of the Principal :- \_\_\_\_\_

Nature of appointment :-

(Tick mark the appropriate box)

(If approved attach Xerox copy of approval letter)

Permanent	Temporary	Officiating
Approved	Not Approved	

Residential Address :- \_\_\_\_\_

PIN Code :-

Phone No. (Office) \_\_\_\_\_

(Resident) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(Fax) \_\_\_\_\_

Email Address : \_\_\_\_\_

Place \_\_\_\_\_

Name and Signature of the Principal

Date \_\_\_\_\_

Seal of the College.

## CHECK - LIST

### *(Extension of Affiliation by Natural Growth (UG))*

(Please attach papers as per check list)

Sr. No.	Documents description	Enclosed at Page No. of application form		
		Yes	Appendices	Page No.
1.	Demand Draft of prescribed fees	<input type="checkbox"/>	<b>A</b>	<input type="checkbox"/>
2.	First Affiliation letter	<input type="checkbox"/>	<b>B</b>	<input type="checkbox"/>
3.	Details for each class	<input type="checkbox"/>	<b>C</b>	<input type="checkbox"/>
4.	Undertaking by Dean/Principal regarding remittance of outstanding affiliation fee	<input type="checkbox"/>	<b>D</b>	<input type="checkbox"/>
5.	Information about approved teaching staff	<input type="checkbox"/>	<b>E</b>	<input type="checkbox"/>
6.	Information about non-teaching staff	<input type="checkbox"/>	<b>F</b>	<input type="checkbox"/>
7.	Information regarding Hospital	<input type="checkbox"/>	<b>G</b>	<input type="checkbox"/>
8.	Information regarding teaching facilities at College	<input type="checkbox"/>	<b>H</b>	<input type="checkbox"/>

(On College letter head)

**Appendix 'D'**

**Undertaking by Dean/Principal regarding remittance of outstanding Affiliation Fee**

I, Principal of \_\_\_\_\_ College hereby undertake the responsibility to remit the outstanding affiliation fee of Rs\_\_\_\_\_/- within three months from the date of Inspection, I am aware of the fact that if the said fee is not remitted in due period, the affiliation of our College will not be granted for the academic year\_\_\_\_\_.

Date :

Place:

**Dean / Principal**

**Faculty : Allied Health Sciences**

**Appendix 'E'**

**Statement Showing the Information of Approved Teaching Staff**

Name of the College :

Intake Capacity :

Date :

Sr. No	Name of the Teacher	Designation	M/F	Qualification	Subject	Category	Date of Appointment	Date of Birth	Date of Retirement	Phone No. (R) & (M)	E-mail	Experience				No. & Date of letter of Approval
												Prof.	A.P.	Lect.	Tutor	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																

**Seal & Signature  
Dean / Principal**

Faculty : Allied Health Sciences

**Proforma regarding Information of Hospital**

**Courses : Occupational Therapy, Physiotherapy, Prosthetics & Orthotics & B.A.S.L.P.**

1. Own MCI recognized hospital / affiliated hospital

Medical College : Yes / No

2. Bed Strength : .....

3. Whether minimum 300 bedded Allopathic : Yes / No

4. Daily OPD : ..... IPD : .....

5. Annual occupancy : .....

6. ICCU Bed Strength : .....

7. Laboratory : .....

8. Casualty Department : .....

9. Equipments : Adequate / Inadequate

10. Paramedical Staff : Adequate / Inadequate

11. Total Built up area of Hospital : Sufficient / Insufficient

12. Student Patient Ratio : .....

13. Bed occupancy : .....

14. Other, if any : .....

Date :

**Signature of Dean / Principal**

**Faculty : Allied Health Sciences**

**Proforma regarding information of College infrastructure, Library & Hostel etc.**

**Courses : Occupational Therapy, Physiotherapy, Prosthetics & Orthotics & B.A.S.L.P.**

A) College infrastructure :

i. Own land (enclosed 7/12 extract / property card) : ..... Acres

ii. Own College Building : Yes / No.

iii. Built-up area : ..... Sq. Ft.

B) Library :

i. No. of Books available : .....

ii. No. of Journals available : .....

iii. Reading room for staff : Available / Not available

iv. Reading room for students : Available / Not available

C) Hostel :

i. Girls Hostel : Own / Rented, Capacity : .....

ii. Boys Hostel : Own / Rented, Capacity : .....

D) Number of Lecture Hall : .....

Capacity of each Hall : .....

E) Gymkhana Facility : Yes / No.

Date :

**Signature of Dean / Principal**



**Faculty : Allied Health Sciences**

**Proforma regarding information of College infrastructure, Library & Hostel etc.**

**Courses : Basic B.Sc. Nursing & Post Basic B.Sc. Nursing.**

A) College infrastructure :

- i. Own land (enclosed 7/12 extract / property card) : 03 Acres (Minimum)
- ii. Own College Building : Yes / No.
- iii. Built-up area : ..... Sq. Ft.

B) Library :

- i. No. of Books available : .....
- ii. No. of Journals available : .....
- iii. Reading room for staff : Available / Not available
- iv. Reading room for students : Available / Not available

C) Hostel :

- i. Girls Hostel : Own / Rented, Capacity : .....
- ii. Boys Hostel : Own / Rented, Capacity : .....

D) Number of Lecture Hall : .....

Capacity of each Hall : .....

E) Gymkhana Facility : Yes / No.

Date :

**Signature of Dean / Principal**