



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. H. M. S.

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 Nationalized 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,
Dindori Road, Mhasrul,
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 for opening new college :

 (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 any one applicable box only)

i.e. from First Year to Second Year

Second Year to Third Year

Third Year to Final Year

Internship Training

5) 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:

6) Anticipated number of students to be enrolled for the above : _____
 (Give details for each Class)

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

- Attach list of **Approved** teaching Staff as per the proforma.
(As per format attached)
- Attach list of **Non-approved** teaching Staff as per the proforma.
(As per format attached)
- Attach list of **Guest Faculty** teaching Staff as per the proforma.
(As per format attached)
- Attach list of **Non-teaching** Staff.
- Information regarding Hospital :
(As per proforma attached)
- Information regarding teaching facilities at College.
(As per proforma attached)

8) Information regarding College Establishment :

- Date of Establishment of the College : _____
- Latest Central Council approval letter : No. _____ Dated _____
(Attach Latest Xerox copy of letter)
- Latest Central Govt. approval letter : No. _____ Dated _____
(Attach Latest Xerox copy of letter)
- Latest permission from Maharashtra Govt. G.R. No. _____ Dated _____
(Attach Latest Xerox copy of GR)

9) Status of Affiliation : Permanent Periodic

(Tick mark the appropriate box) Temporary (Yearly)

10) Sanctioned Intake Capacity by the University _____

11) 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.
01.	Demand Draft of prescribed fees	<input type="checkbox"/>	A	<input type="checkbox"/>
02.	First Affiliation letter	<input type="checkbox"/>	B	<input type="checkbox"/>
03.	Details for each class	<input type="checkbox"/>	C	<input type="checkbox"/>
04.	Undertaking by Dean/Principal regarding remittance of outstanding Affiliation fee	<input type="checkbox"/>	D	<input type="checkbox"/>
05.	Information about Approved teaching staff	<input type="checkbox"/>	E	<input type="checkbox"/>
06.	Information about Non-approved teaching staff	<input type="checkbox"/>	F	<input type="checkbox"/>
07.	Information about Guest Faculty	<input type="checkbox"/>	G	<input type="checkbox"/>
08.	Information about Non-teaching staff	<input type="checkbox"/>	H	<input type="checkbox"/>
7.	Information regarding Hospital	<input type="checkbox"/>	I	<input type="checkbox"/>
8.	Information regarding teaching facilities at College	<input type="checkbox"/>	J	<input type="checkbox"/>

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 : Homoeopathy

Appendix 'E'

Statement Showing the Information of Approved Teaching Staff

Name of the College :
Intake Capacity :

Date : / /

Sr. No.	Name of the Teacher	Post	Subject	Qualification	Date of Birth	Category of Teacher	Date of Appointment	Date of Retirement	Experience			Mobile Number	No. & Date of letter of Approval
									Prof.	A. P.	Lect.		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													

**Principal / Dean
Seal & Signature**

Faculty : Homoeopathy

Appendix 'F'

Statement Showing the Information of Non-Approved Teaching Staff

Name of the College :
Intake Capacity :

Date : / /

Sr. No.	Name of the Teacher	Post	Subject	Qualification	Date of Birth	Category of Teacher	Date of Appointment	Date of Retirement	Experience			Mobile Number
									Prof.	A. P.	Lect.	
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												

**Principal / Dean
Seal & Signature**

Faculty : Homoeopathy

Appendix 'G'

Statement Showing the Information of Guest Faculty

Name of the College :
Intake Capacity :

Date : / /

Sr. No.	Name of the Teacher	Post	Subject	Qualification	Date of Birth	Date of Appointment	Experience			Mobile Number
							Prof.	A.P.	Lect.	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										

**Principal / Dean
Seal & Signature**

Faculty : Homoeopathy

PROFORMA REGARDING INFORMATION OF HOSPITAL

(For ----- Intake Capacity)

- 01. Own Hospital : Yes / No
- 02. Number of Beds :
- 03. IPD & OPD : Adequate / Inadequate.
- 04. Equipments : Adequate / Inadequate.
- 05. Paramedical Staff : Adequate / Inadequate.
(As per Council norms)
- 06. Space : Sufficient / Insufficient.
- 07. Student Patient Ratio :
- 08. Number of Peripheral Hospital/OPD :
- 09. Bed occupancy :
- 10. Own Ambulance : Available / Not available
- 11. Other information, if any :

Date :

Signature of Dean / Principal

Faculty : Homoeopathy**INFORMATION REGARDING TEACHING FACILITIES AT COLLEGE**

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
- iv. Space : Sufficient / Insufficient
- v. Strong Room : Available / Not available
- vi. College Website : Available / Not available
- vii. Web Camera based Bio-metric attendance : Available / Not available

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
- v. Digital Library : 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.

- F) No of computer & Internet facility :

- G) Herbal Garden with No. of species available :

Date :

Signature of Dean / Principal