

Proposal for academic year

2016 - 2017

College Code

(For Office use only)

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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.U.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 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 – 2017 under section 69 of the Maharashtra University of Health Sciences Act, 1998:

1) Name and address of the

College / Institute :

PIN code

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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 there of :

- 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,

- Attach list of approved 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)

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"/>	A	<input type="checkbox"/>
2.	First Affiliation letter	<input type="checkbox"/>	B	<input type="checkbox"/>
3.	Details for each class	<input type="checkbox"/>	C	<input type="checkbox"/>
4.	Undertaking by Dean/Principal regarding remittance of outstanding affiliation fee	<input type="checkbox"/>	D	<input type="checkbox"/>
5.	Information about approved teaching staff	<input type="checkbox"/>	E	<input type="checkbox"/>
6.	Information about non-teaching staff	<input type="checkbox"/>	F	<input type="checkbox"/>
7.	Information regarding Hospital	<input type="checkbox"/>	G	<input type="checkbox"/>
8.	Information regarding teaching facilities at College	<input type="checkbox"/>	H	<input type="checkbox"/>

Faculty : Unani

Appendix 'E'

Statement Showing the Information of Approved Teaching Staff

Name of the College :

Intake Capacity :

Sr. No.	Name of the Teacher	Designation	Qualification	Subject	Category		Date of Appointment	Date of Birth	Date of Retirement	Experience				No. & Date of letter of Approval
					Post	Teacher				Prof.	A.P.	Lect.	Demo	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														

Seal & Signature
Principal / Dean

Faculty : Unani

INFORMATION REGARDING COLLEGE TEACHING FACILITIES

1) Name of the college :

2) College infrastructure :

i. Area of Land (*Attach 7/12 extract/property card*) : Sq. Ft.

ii. College Building ownership (own/rented/etc.) :

iii. Built-up area of college building : Sq. Ft.

iv. Administrative wing area : Sq. Ft.

v. Total departmental space : Sq. Ft.
(*attach separate list specifying space for each department*)3) Library : i) Number of staff : ii) Seating Capacity :
iii) No. of Books : iii) No. of Journals :4) Hostel : i) Girls Hostel : Own / Rented, Capacity :
ii) Boys Hostel : Own / Rented, Capacity :5) Herbal Garden: i) Areaacres ii) Number of species :
iii) Distance form college :km iv) No of Gardeners :6) Central Laboratory : i) Number of staff :
i) Pathology Lab area :Sq. Ft. ii) Physiology Lab area :Sq. Ft.8) Number of Lecture Halls : i) (area sq. ft. each)
ii) (area sq. ft. each)

9) Gymkhana Facility : Available / Not available

10) Other, if any :

(attach department-wise separate list of all non-teaching staff)

Date :

Signature of Dean / Principal

Faculty : Unani

INFORMATION OF HOSPITAL

1. Hospital ownership : own / Rented /
 2. Total area :Sq.Ft.
 3. Number of Beds :
 4. Number of OPD :.....
(Give details of each OPD on separate sheet)
 5. Number of Patients per day in OPD :
(On the basis of one year)
 6. Number of Patients per day in IPD : (On the basis of one year)
(Give department-wise details of IPD on separate sheet)
 7. Equipments : Adequate / Inadequate.
(Give department-wise details of all equipments on separate sheet)
 8. Student Bed Ratio :
 9. Bed occupancy :
 10. Staff (total strength) :
 i) Hospital staff : ii) OPD staff :.....
 iii) Staff for Panchkarma :.....
 11. Ambulance : Available/not available
 12. Department of Radio Diagnosis : Available/not available
 12. Other, if any :
- (attach separate list of all non-teaching / paramedical staff)

Date :

Signature of Dean / Principal