



MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY JABALPUR (M.P.)

Proposal for Academic Year 2014 – 15	FACULTY	College Code 	University form Receipt no.	
	DENTAL		date of payment for affiliation	
			Recognition letter no. and Date	
FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC UG) www.mpmsu.edu.in				

Application Form for Continuation of Affiliation for B.D.S. Course

Instructions: As per the notification of Department of Medical Education, Government of Madhya Pradesh, No. F-4-55/2014/55-2 dated 17 September 2014; Applications are invited from the existing Dental colleges to apply for Provisional Affiliation for the existing B.D.S. course/s for the academic year 2014-15. The prescribed application forms duly filled in duplicate (2 sets) along with the soft copy should be submitted in person on or before 15th October 2014. The prescribed affiliation fee must be paid through RTGS/ NEFT, in favour of the Registrar, Madhya Pradesh Medical Science University, Jabalpur, Madhya Pradesh, in the **Account Number: 34233136332** , **IFSC Code: SBIN 0001445**, **State Bank of India**, Medical College Branch, Jabalpur. *(Please refer fee Ordinance)*

To,
The Registrar
M.P. Medical Science University
Jabalpur (M.P.)

Sir / Madam,
I am / we are submitting herewith an application with a request for Continuation of Affiliation for Under Graduate courses existing in our college, for the **academic year 2014-15**.

1.

A	Name of the College	
B	Address of the College	
C	Phone No.	
D	Mobile No.	
E	Fax No.	
F	Email	

2.

Payment Details	
Bank Branch & City	
Unique Transaction Reference No. (UTR No.) / Journal No	
Bank Account No. of University	
Date	
University Receipt No. & Date (for University account office use only)	

3.

Sanctioned intake capacity for A.Y. 2014-15				
Sr. No.	Permission of Seats by Government of Madhya Pradesh	Permission of Seats by the concerned Council / Apex Body	Permission of Seats by the Existing University	Permission of Seats by the Government of India
1				

- (Please attach the following documents for every Course/ Subject, separately.)
1. Permission of Government of Madhya Pradesh with sanctioned intake.
 2. Permission of the concerned Council / Apex Body (for eg. Medical Council, Dental Council, etc.,) with number of admissions permitted.
 3. Last affiliation granted by existing University with sanction intake.
 4. Permission of Government of India wherever applicable.

4.

Number of students on roll during the Academic Year 2013-14.		
Sr.No.	BDS Class	No. of students enrolled
1	I	
2	II	
3	III	
4	IV	

5. Information about **approved** teaching staff.
(Submit information as per the proforma attached.)
6. Information about non-teaching staff
(Attach separate sheet).
7. Information regarding Hospital :
(Submit information as per the proforma attached.)
8. Information regarding teaching facilities at College.
(Submit information as per the proforma attached.)
9. Has the College complied with the deficiencies communicated for last Academic Year By the existing University: Yes / No/ Not Applicable (If yes, attach a copy of Compliance Report.)

10. Information regarding College Establishment :

- a) Date of Establishment of the College: -----
- b) Latest Central Council approval letter: No. -----Date -----
(Attach Xerox copy of letter)
- c) Latest Central Govt. approval letter: No. -----Date -----
(Attach Xerox copy of letter)
- d) Latest permission from MP Govt. G.R. No.: No. -----Date -----
(Attach Xerox copy of letter)

11. Name of the Dean / Principal/Director :- _____

a) Nature of appointment

Permanent	Temporary	Officiating

b) Residential Address

.....

c) Phone no. (O)

(R).....

(M).....

d) Fax no.

e) Email address

I/ We ,..... hereby declare that the above details are correct to the best of our knowledge and are based on valid documents. I also hereby undertake that, I/We shall abide by the Act, Statutes, Ordinance, Rules and Regulations of the University, with regard to admission, fees, faculty and facilities for conducting the College. If I/We fail to comply with any of the provisions of the University Act, Statutes, Ordinance, Rules, Regulations or orders issued by the University from time to time, I/ We shall have no objection for the University to withdraw the affiliation granted to the institution.

Place _____

Name and Signature of the Dean/Principal

Date _____

Seal of the College.

Note:

1. Attach detailed information as per norms of Central Council

Check List

(Continuation of affiliation (UG))

(Please attach papers as per check list)

Sr. No.	Documents description (Attach detailed information as per norms of Central Council)	Enclosed at Page No. of application form		
		Yes	Appendices	Page No.
1.	Copy of Bank receipt for Transfer through NEFT/ RTGS		A	
2.	Previous (Latest) Affiliation letter		B	
3.	Compliance Report (if required)		C	
4.	Undertaking by Dean/ Principal (on Revenue Stamp Paper of rupees 100/-)		D	
5.	Information about approved teaching staff		E	
6.	Information about non-teaching staff		F	
7.	Information regarding Hospital		G	
8.	Information regarding teaching facilities at Colleges		H	
9.	Central Council permission letter		I	
10.	Central Govt. Permission letter		J	
11.	Madhya Pradesh Govt. Permission letter		K	
12.	Sanctioned intake capacity from existing University		L	
13.	Annual Accounts and Audited Balance sheet of accounts of the College for the last two year		M	
14.	List of Local Managing Committee members and the period of their tenure		N	
15.	Complete details of Building & ground certified by qualified engeenier/Architect		O	
16.	Detailed list of Information Technology equipments Available at the Institute		P	
17.	Details of fee Submission		Q	

Seal and Signature of Dean/Principal

UNDERTAKINGS

On Revenue Stamp Paper of rupees 100/-

Undertaking by Dean/Principal

I, **Dean/Principal** of _____ College hereby give undertaking that there is suitable and adequate physical facilities such as building, laboratories, libraries, books, equipments required for teaching and research, hostels, sports grounds and other facilities, as prescribed by Statutes and concerned councils. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College will not be granted for the academic year_____.

Date :

Place:

Seal and Signature of Dean/Principal

On Revenue Stamp Paper of rupees 100/-

Undertaking by Dean/Principal

I, **Dean/Principal** of _____ College hereby give undertaking that there are basic hospital training facilities available for the students of college. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College will not be granted for the academic year_____.

Date :

Place:

Seal and Signature of Dean/Principal

On Revenue Stamp Paper of rupees 100/-

Undertaking by Dean/Principal

I, **Dean/Principal** of _____ College hereby give undertaking that the number of students admitted for courses of study shall not exceed the limits prescribed by the University, from time to time. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College will not be granted for the academic year_____.

Date :

Place:

Seal and Signature of Dean/Principal

On Revenue Stamp Paper of rupees 100/-

Undertaking by Dean/Principal

I, **Dean/Principal** of _____ College hereby give undertaking that the services of all teaching and non-teaching employees and the facilities of the college shall be made available for conducting examinations and for promoting other activities of the University. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College will not be granted for the academic year_____.

Date :

Place:

Seal and Signature of Dean/Principal

On Revenue Stamp Paper of rupees 100/-
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Annexure 'D'-5

Undertaking by Dean/Principal

I, **Dean/Principal** of _____ College hereby give undertaking that the directions, and orders issued by the Chancellor, Vice- Chancellor and other officers of the University in exercise of the powers conferred on them under the provisions of this Act, Statutes, Ordinances, Rules and Regulations shall be complied with. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College will not be granted for the academic year_____.

Date :

Place:

Seal and Signature of Dean/Principal

On Revenue Stamp Paper of rupees 100/-

Annexure 'D'-6

Undertaking by Dean/Principal

I, **Dean/Principal** of _____ College hereby give undertaking that the foundation society shall deposit with the university endowment fund as prescribed by the act/ statutes/ ordinances/ regulation of the university and as decided by the executive council from time to time. Till the endowment fund is deposited, all the responsibility as mentioned in the statutes shall be of the institute concerned and their shall be no liability of university by any means. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College will not be granted for the academic year_____.

Date :

Place:

Seal and Signature of Dean/Principal

Proforma regarding Information of Hospital

1. Own / Attached Hospital

- a) Whether minimum 100 bedded Allopathic General Hospital is attached to the Dental College :Yes / No
(Attach contract copy and proof of ownership, if applicable)
- b) Daily OPD : I.P.D.
- c) Running Dental Hospital, equipped with 10 Dental Chairs and units, should be available during 1st B.D.S. For the admission of 40, 60, 100.

Daily OPD : No. of New Patients:

No. of Old Patients:

Total Patients :

- 2. Numbers of wards (Attach separate list of wards with No. of beds):
- 3. Dental Chairs :
- 4. Bed Strength :
- 5. Equipments : Adequate / Inadequate.
- 6. Paramedical Staff : Adequate / Inadequate.
- 7. Total Built up area of Hospital : Sufficient / Insufficient.
- 8. Student Patient Ratio :
- 9. Bed Occupancy :
- 10. Other, if any :

Date:

Seal & Signature
Principal / Dean

Proforma regarding Information of College, Infrastructure, Library & Hostel etc.

A) College Infrastructure :

- i. Own Land (enclose copy of 7/12/ property card) : 5 Acres (minimum)
- ii. Own College Building : Yes / No
- iii. Built – up area :

a) For the colleges established before 10th January, 2006

Admissions	1 st Year	Available	4 th Year	Available
40	16,000 sq.ft.		40, 000 sq. ft.	
60	24,000 sq.ft.		60,000 sq. ft.	
100	60,000 sq.ft.		1,00,000 sq.ft.	

N.B. : Constructed area to be increased in a phased manner between 1st Year and 4th year

b) For the Colleges established after 10th January, 2006

Admissions	1 st Year	Available	3 rd Year	
	As per DCI Norms		As per DCI norms	Available
50	30,000 sq.ft.		50, 000 sq. ft.	
100	60,000 sq.ft.		1,00,000 sq. ft.	

N.B. Constructed area to be increased in a phased manner between 1st year and 3rd year

B) Library :

- i. No. of Books available :
- ii. No. of Journals available :
- iii. 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 :

Date:

Signature of Dean / Principal

Faculty : Dental

College Code					

Appendix "Q"

Details of fee Submitted for Continuation of Provisional Affiliation for BDS Course

Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	1,000/-		
2	Continuation of Provisional Affiliation	4,500/-		
3	University Administrative Expenses Fee (UAE)	1,000/-		
4	IT Fees	1,000/-		
5	Cost of Application			5000
6	Grand Total			

Date :

Seal and Signature of Dean/Principal

Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	1,000/-	100	1,00,000
2	Continuance of Provisional Affiliation	5,000/-	100	5,00,000
3	University Administrative Expenses Fee (UAE)	1,000/-	100	1,00,000
4	IT Fees	1,000/-	100	1,00,000
5	Cost of Application			5,000
6	Grand Total			8,05,000