

Proposal for academic year

2016 - 2017

College Code

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(For Office use only)



Maharashtra University of Health Sciences, Nashik

Application Form for Continuation of Affiliation (BPMT) Medical

(Under Section 68 of the Maharashtra University of Health Sciences Act, 1998)

Instructions : The College / Institutions presently affiliated to this University applying for Continuation of affiliation 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 Continuation of affiliation 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 Continuation of affiliation to the existing Undergraduate course in this College / Institute for the academic year 2016 – 17 under section 68 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) Present status of affiliation of the existing courses in the College.
 Month and year up to which College is affiliated for below mentioned courses _____

Sr. No	Faculty	Classes	Medium	No. & Date of University letter granting affiliation (attach a copy)
	BPMT			

(Separate sheet may be used, if required)

- 4) Has the College complied with the deficiencies communicated earlier? Yes / No
 If yes, attach a copy of Compliance Report.

- 5) Statistics of the College :

- a) Number of students on roll during the academic year 2016-2017.

Sr. No.	Faculty	Class	No. of students
	BPMT	I	
		II	
		III	

- b) Information about **approved** teaching staff.
 (Submit the information as per the proforma attached).
- c) Information about non-teaching staff.
 (Attach separate sheet).
- d) Information regarding Hospital :
 (Submit the information as per the proforma attached)
- e) Information regarding teaching facilities at College.
 (Submit the information as per the proforma attached)

- 6) 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)

- 7) Latest status of affiliation : Permanent Periodic

(Attach Xerox copy of affiliation letter)

(Tick mark the appropriate box)

Temporary (Yearly)

8) Date of First Affiliation to this University _____

(Attach Xerox copy of affiliation letter)

9) Sanctioned intake capacity by the University _____

(Attach Xerox copy of affiliation letter)

10) Name of the Principal :- _____

Nature of appointment :-

(Tick mark the appropriate box)

Permanent	Temporary	Officiating
Approved	Not Approved	

(If approved attach Xerox copy of approval letter)

Residential Address of the Principal :- _____

PIN Code :-

Phone No. (Office) _____

(Resident) _____

(Mobile) _____

(Fax) _____

Email Address : _____

Place _____

Name and Signature of the Principal

Date _____

Seal of the College.

CHECK - LIST

(Continuation of Affiliation (BPMT) Medical

(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.	Previous (Latest) Affiliation letter	<input type="checkbox"/>	B	<input type="checkbox"/>
3.	Compliance Report	<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"/>
9.	Central Council permission letter	<input type="checkbox"/>	I	<input type="checkbox"/>
10.	Central Govt. permission letter	<input type="checkbox"/>	J	<input type="checkbox"/>
11.	Maharashtra Govt. permission letter	<input type="checkbox"/>	K	<input type="checkbox"/>
12.	Sanctioned intake capacity from University	<input type="checkbox"/>	L	<input type="checkbox"/>
13.	Approval letter from MUHS for Principal post	<input type="checkbox"/>	M	<input type="checkbox"/>
14.	Audited Statement of accounts of the College for the preceding year	<input type="checkbox"/>	N	<input type="checkbox"/>
15.	List of Local Managing Committee members and the period of their tenure.	<input type="checkbox"/>	O	<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

Appendix 'E'

Department Wise Statement Showing the Information of Approved Teaching Staff

Name of the College :
 Intake Capacity :
 Department :
 Ph. No. :

Date :

Sr. No.	Name of the Teacher	Post	M/F	Qualification	Subject	Category	Date of Appointment	Date of Retirement	Ph.No. (R) & (M)	E-mail	Experience				Nature of approval (Temp/Permanent)	No. & Date of letter of Approval
											Prof.	A.P.	Lect	Dem o		
1																
2																
3																
4																
5																
6																
7																
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10																
11																
12																
13																
14																

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**Proforma regarding Information of Hospital
(For ----- Intake Capacity)**

Hospital : Own/Attached Hospital : Yes/No

(If rented, name and full address of
Hospital & distance from College)

a) Average Indoor Admissions per day :

b) Average Out patient attendance per day :

c) Bed Strength :

d) Occupancy (annual) (%) :

e) I.C.C.U. Bed strength :

f) Super speciality total bed strength :

g) Laboratories :

h) Casualty department : Yes/No

i) No. of patient attending per day -

j) Blood Bank - : Yes/ No (Size :)

k) C.T./ M.R.I. - :

l) Ambulance : Available/ Not available

m) Other, if any :

Date :

Signature of Dean / Principal

INFORMATION REGARDING COLLEGE TEACHING FACILITIES

A) College infrastructure:

- I. Own Land (enclose copy of 7/12/property card) : 25 Acres (minimum)
- II. Own College Building : Yes/No.
- III. Built-up area :
- IV. Auditorium : Yes/No. Capacity:
- V. Guest House with number of rooms : Yes/No. Capacity:
- VI. Residential Quarters for Staff : Available/ Not available.
- VII. Staff Vehicles : Available/ Not available
- VIII. Number of Computers Available :.....
- IX. Internet facility : Available/ Not available
- X. Website :.....
- XI. E-mail :.....

B) Library :

- I. No. Of Books Available :.....
- II. No of Journals Available :.....
 - a) National :
 - b) International :
- III. Reading Room for staff : Available/ Not available
- IV. Reading room for students : Available/ Not available
- V. Digital Library : Available/ Not available

C) Hostel : Girls Hostel

- I. Boys Hostel : Own/Rented, Capacity:-

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

E) Gymkhana Facility : Yes/No.

Date :

Signature of Dean / Principal

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON**

Name of the Dept. : _____

College Phone No. : _____

Name of the College : _____

College E-mail ID : _____

Name of the Dean / Principal : _____

College website : _____

Faculty :- (BPMT) Medical

S. N	Name of the Teach. Staff	Desig	Ph.N o (Resi)	E-mail ID	Date of Birth	Edu Qua	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teach Exp in years	Whether				Whether approved by University.			Not approved
									UG yrs	PG yrs		FT	PT	CHB	HON	Temp	Permanent	Letter No. & Dt.	

Signature of Dean with Seal