



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

Proposal for Academic Year <b>2015 – 16</b>	FACULTY	College Code	University form Receipt no.	
	MEDICAL		date of payment for affiliation	
			Recognition letter no. and Date	
FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC PG) <a href="http://www.mpmsu.edu.in">www.mpmsu.edu.in</a>				

## Application Form for Continuation of Affiliation for Post Graduate and Super specialty Course(s) of Medical Faculty

**Instructions:** The College / Institutions presently affiliated to this University applying for Continuation of affiliation shall submit **two sets of hard copies and one soft copy (CD)** of application form with D.D. of prescribed fee drawn in favour of the “**Registrar, Madhya Pradesh Medical Science University, Jabalpur, Madhya Pradesh**” on any Nationalised Bank on or before the last day as prescribed by the University in its notification.

*(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 Post Graduate and Super specialty courses existing in our college, for the **academic year 2015-16**.

			Annexure
1	Name of the College		
	Address of the College		
	Phone No.		
	Mobile No.		
	Fax No.		
	Email		
2	Details of fee Submission		A
	Demand Draft No. and Date		
	Drawn on Bank		
	Amount		
Submit detail as per Annexure “A”			

3	M.P. Medical Science University letter granting affiliation for the year 2014 - 15 (attach a copy)	Copy attached		B
		Yes	No	

4	Has the University pointed out any deficiency to the College		Copy attached Yes No	C
	Yes	No		
	If Yes, Has the College complied with the deficiencies communicated earlier by the University?			
	Yes	No		
	If yes, attach a copy of Compliance Report.			

5	Total Number of students on roll during the academic year 2014-2015.		D1,D2
	Total Number of Seats for which affiliation is required in the academic year 2015 - 16		
	Is there any increase in seat in the current session from the last session?		
	YES	NO	
	If Yes, Attach Subject wise copy of permission for increase in seat by the University and MCI/ GOI		

6	Sl. No.	Subject	PG Degree		PG Diploma		Super Specialty		E
			Intake sanctioned by MCI	Student admitted in session 2014 -15	Intake sanctioned by MCI	Student admitted in session 2014 -15	Intake sanctioned by MCI	Student admitted in session 2014 -15	
	1								
	2								
Attach detail list according to this proforma									

7	Sanctioned intake capacity Subject wise by the Government of India/MCI for A.Y. 2015-16						F
	Sl. No.	Subject	PG Degree	PG Diploma	Super Specialty		
	1						
	2						
Attach detail list according to this proforma							

8	Date of Last visit of MCI in the College/ Institute		G
	Any Deficiency pointed out Subject wise by MCI?		
	Yes	No	
	If yes, attach a copy of Report of MCI Subject wise.		
	If yes attach a copy of compliance report submitted to the MCI Subject wise		

9	Information about <b>approved</b> teaching staff. (Submit information as per the proforma attached.)	Copy attached		I
		Yes	No	

10	Information about non-teaching staff (attach a copy)	Copy attached		J
		Yes	No	
11	Information regarding Hospital : (Submit information as per the proforma attached.)	Copy attached		K
		Yes	No	
12	Information regarding teaching facilities at College. (Submit information as per the proforma attached.)	Copy attached		L
		Yes	No	
13	Copies of audited statements for last preceding three financial years duly attested.(Not applicable for Govt. Institute)	Copy attached		M
		Yes	No	
	Latest Bank Balance Certificate (Not applicable for Govt. Institute)	Copy attached		N
		Yes	No	

14. 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,..... 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.

### CHECK - LIST

(Please attach papers as per check list)

Sr. No	Documents description (Attach detailed information as per norms of Central Council)	To be filled by the Institute (Write either N/A or YES in columns, also mention page no. of the annexure)				To be filled by the University (Y= accepted N= not accepted)
		Appendices	Yes	Not Applicable (N/A)	Page No.	
1	Details of fee Submission	A				
2	M.P. Medical Science University letter granting affiliation for the year 2014 - 15	B				
3	Copy of Compliance Report submitted for deficiencies pointed by the University	C				
4	Copy of permission for increase in seat by the University and MCI/ GOI	D1,D2				
5	Detail list according to proforma "E"	E				
6	Sanctioned intake capacity Subject wise by the Government of India/MCI for A.Y. 2015-16	F				
7	Report of Deficiencies pointed out by MCI in last visit, Subject wise.	G				
8	Copy of compliance report submitted to the MCI Subject wise	H				
9	Information about <b>approved</b> teaching staff	I				
10	Information about non-teaching staff	J				
11	Information regarding Hospital	K				
12	Information regarding teaching facilities at College.	L				
13	Copies of audited statements for last preceding three financial years duly attested.	M				
14	Latest Bank Balance Certificate	N				
15	Undertaking by Dean/Principal	Annexure O-1				
16	Undertaking by Dean/Principal	Annexure O-2				
17	Undertaking by Dean/Principal	Annexure O-3				
18	Undertaking by Dean/Principal	Annexure O-4				

Seal and Signature of Dean/Principal

**Statement Showing the Detail Information of Teaching Staff as on .....**

Name of the College: ..... College Phone No:.....

Name of the Department:.....College Email ID :.....

Subject wise Intake Capacity:.....College website: .....

Name of the Dean/ Principal:.....

Sr. no.	Name of Teacher	Designation	Qualification	Subject	Category	Date of Birth	Date of Appointment	Date of Retirement	Contact No. (Mobile)	Experience												Approval by MPMSU			
										Prof.			Asso. Prof.			A.P.			Demonstrator			Temp	Permanent	Letter No. & Date	
										from	to	Total	from	to	Total	from	to	Total	from	to	Total				

Note: Attach separate seat for every department

Date:  
Place:

Seal & Signature  
Principal/ Dean

**Proforma regarding Information of Hospital for P.G. course**

- Hospital :** Own Hospital : Yes/No
- a) Average Indoor Admissions per day : .....
  - b) Average Out patient attendance per day : .....
  - c) Total bed strength of hospital : .....
    - i) Ward wise bed strength : .....
    - ii) No. of bed allotted per students in each department: .....
    - iii) Ward wise occupancy (Annual) : .....  - d) Total occupancy (annual) : .....
  - e) I.C.C.U. Bed strength : .....
  - f) Super speciality total bed strength : .....
  - g) Laboratories : .....
  - h) Casualty department : Yes/No
  - i) Blood Bank - : Yes/No
  - j) C.T./M.R.I. - : .....
  - k) Ambulance : Available/Not available
  - l) Investigative facilities as per MCI norms : Available/ Not available  
(if Available attach details)
  - m) Information of Teaching / Attached Hospital with details :  
.....  
.....
  - n) No. of Computers. ....

**Seal & Signature  
Principal / Dean**

## (P.G. Course)

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

## 1) College infrastructure :

- i. Own College Building : Yes / No.
- ii. Built-up area :
- iii. Auditorium : Yes / No. Capacity :
- iv. Guest House with number of rooms : Yes / No. Capacity :
- v. Residential Quarters for staff : Available / Not available.
- vi. Staff Vehicles : Available / Not available.
- vii. Number of Computers Available : .....
- viii. Internet facility : Available / Not Available.
- ix. Web Site : .....
- x. Teacher students ratio as per Post Graduate : Yes / No  
Medical Education Regulations 2000
- xi. No. of Computers. : .....

## 2) College infrastructure :

- i. No. of Books available : Yes / No.
- 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

## 3) Hostel :

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

## 4) Lecture theaters (give type and seating capacity of each)

Seal &amp; Signature

Principal / Dean

**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, basic hospital training facilities and other facilities, as prescribed by Statutes of the University and concerned Apex council. I am aware of the fact that if the said undertaking is false by any means, the affiliation of our College may be cancelled by the University at any time without prior notice.

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 may be cancelled by the University at any time without prior notice.

Date :

**Place:**

Seal and Signature of Dean/Principal



On Revenue Stamp Paper of rupees 100/-

Annexure 'O'-3

**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 may be cancelled by the University at any time without prior notice.

Date :

**Place:**

Seal and Signature of Dean/Principal

On Revenue Stamp Paper of rupees 100/-

Annexure 'O'-4

**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 may be cancelled by the University at any time without prior notice.

Date :

**Place:**

Seal and Signature of Dean/Principal

Faculty : Medical

College Code						

ANNEXURE "A"

**Details of fee Submitted for Continuation of Provisional Affiliation for PG Degree/ Diploma Course**

- a) Name of the College: .....
- b) Total No. of subjects in which PG Degree is permitted.....
- c) Total No. of subjects in which PG Diploma is permitted.....
- d) Total No. of Seats in all subjects in which PG Degree is permitted.....
- e) Total No. of Seats in all subjects in which PG Diploma is permitted.....

Fee for PG Degree				
Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	3,000/-		
2	Continuation of Provisional Affiliation	5,000/-		
3	University Administrative Expenses Fee (UAE)	3,000/-		
4	IT Fees	2,000/-		
5	University Development Fee	800/-		
		Amount per Subject	Total No. of subjects in which PG Degree is permitted	
6	Cost of Application	2000		
7	Grand Total			

Fee for PG Diploma				
Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	2,000/-		
2	Continuation of Provisional Affiliation	4,000/-		
3	University Administrative Expenses Fee (UAE)	2,000/-		
4	IT Fees	2,000/-		
5	University Development Fee	500/-		
		Amount per Subject	Total No. of subjects in which PG Diploma is permitted	
6	Cost of Application	2000		
7	Grand Total			

Fee for Super Specialty Degree				
Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	10,000/-		
2	Continuation of Provisional Affiliation	10,000/-		
3	University Administrative Expenses Fee (UAE)	10,000/-		
4	IT Fees	5,000/-		
5	University Development Fee	1,000/-		
		Amount per Subject	Total No. of subjects in which SS Degree is permitted	
6	Cost of Application	2,000/-		
7	Grand Total			

Date :

Seal and Signature of Dean/Principal