



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

Proposal for Academic Year <b>20... – 20.....</b>	<b>FACULTY</b>  <b>MEDICAL</b>	<b>College Code</b> 	University form Receipt no.	
			date of payment for affiliation	
			Recognition letter no. and Date	
FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC UG) <a href="http://www.mpmsu.edu.in">www.mpmsu.edu.in</a>				

## Application Form for Continuation of Affiliation for M.B.B.S. Course

**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 Under Graduate course (M.B.B.S.) existing in our college, for the **academic year 20.....-20.....**

			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		

3	M.P. Medical Science University letter granting affiliation for the year 2015 - 16 (attach a copy)	Copy attached		B
		Yes	No	
4	Has the University pointed out any deficiency to the College			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.	Copy attached		
		Yes	No	
5	Number of students on roll during the academic year 2015-2016.			
	Number of Seats for which affiliation is required in the academic year 2016 - 17			
6	Sanctioned intake capacity for MBBS by the Government of India/MCI for A. Y. 2016-17			D
	Date of Last visit of MCI in the College/ Institute			
	Any Deficiency pointed out by MCI?			
	Yes	No		
	If yes, attach a copy of Report of MCI.			
	If yes attach a copy of compliance report submitted to the MCI			
7	Information about <b>approved</b> teaching staff. (Submit information as per the proforma attached.)	Copy attached		F
		Yes	No	
8	Information about non-teaching staff (attach a copy)	Copy attached		G
		Yes	No	
9	Information regarding Hospital : (Submit information as per the proforma attached.)	Copy attached		H
		Yes	No	
10	Information regarding teaching facilities at College. (Submit information as per the proforma attached.)	Copy attached		I
		Yes	No	

11	Copies of audited statements for last preceding three financial years duly attested.	Copy attached		J
		Yes	No	
	Latest Bank Balance Certificate	Copy attached		K
		Yes	No	

12. 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.**

*Note:*

1. Attach detailed information as per norms of Central Council

**UNDERTAKINGS**

Annexure 'L'-1

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/-

Annexure 'L'-2

**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/-

Annexure 'L-3

**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/-

Annexure 'L'-4

**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/-

Annexure 'L'-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 'L'-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

**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	Perma- nent	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----- Intake Capacity)**

**Hospital :**      **Own/Attached Hospital**      **: Yes /No.**

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

a) Average Indoor Admission per day      : .....

b) Average Outpatient 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 :

Seal and Signature of Dean/Principal



**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. 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 & Signature**

**Principal / Dean**

Faculty: Medical

College Code					

Appendix "A"

### Details of fee Submitted for Continuation of Provisional Affiliation for MBBS Course

Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	1,000/-		
2	Continuance of Provisional Affiliation	5,000/-		
3	University Administrative Expenses Fee (UAE)	1,000/-		
4	IT Fees	1,000/-		
5	University Development Fee	500/-		
6	Cost of Application			5000
7	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/-	150	1,50,000
2	Continuance of Provisional Affiliation	5,000/-	150	7,50,000
3	University Administrative Expenses Fee (UAE)	1,000/-	150	1,50,000
4	IT Fees	1,000/-	150	1,50,000
5	University Development Fee	500/-	150	75,000
5	Cost of Application			5,000
6	Grand Total			12,80,000

# Check List

(Continuation of affiliation (UG))

(Please attach papers as per check list)

Sr.No	Documents description (Attach detailed information as per norms of Apex Council)	Enclosed at Page No. of application form				
		Appendices	Yes	Not applicable	Page No.	For University Office Use
1	Details of fee submission	A				
2	M.P. Medical Science University letter granting affiliation for the year 2014 - 15	B				
4	Copy of Compliance Report	C				
5	Deficiency pointed out by MCI	D				
6	compliance report submitted to the MCI	E				
7	Information about approved teaching staff.	F				
8	Information about non-teaching staff	G				
9	Information regarding Hospital :	H				
10	Information regarding teaching facilities at College.	I				
11	Copies of audited statements for last preceding three financial years duly attested.	J				
12	Latest Bank Balance Certificate	K				
13	Undertaking by Dean/Principal	L1				
14	Undertaking by Dean/Principal	L2				
15	Undertaking by Dean/Principal	L3				
16	Undertaking by Dean/Principal	L4				
17	Undertaking by Dean/Principal	L5				
18	Undertaking by Dean/Principal	L6				

<p><b>C E R T I F I C A T E</b></p> <p>I hereby certify that papers are attached as per the check list. (Please note that all documents are mandatory. The application may be rejected if one or more documents in the check list are not attached).</p> <p style="text-align: center;">Seal and Signature of Dean/Principal</p>	<p>Signature of MPMSU Scrutiny Officer</p>
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