



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

Proposal for Academic Year 20... – 20....	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: 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 (B.D.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 2014-2015.			
	Number of Seats for which affiliation is required in the academic year 2015 - 16			
6	Sanctioned intake capacity for BDS by the Government of India/DCI for A.Y. 2016-17			D
	Date of Last visit of DCI in the College/ Institute			
	Any Deficiency pointed out by DCI?			
	Yes	No		
	If yes, attach a copy of Report of DCI.			
	If yes attach a copy of compliance report submitted to the DCI			
7	Information about approved 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./Reader			A.P./ Lecturer			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)**

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 and Signature of Dean/Principal

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 "A"

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	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/-	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	University Development Fee	500/-	100	50,000
6	Cost of Application			5,000
7	Grand Total			8,55,000

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 DCI	D				
6	compliance report submitted to the DCI	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>CERTIFICATE</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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