



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

Proposal for Academic Year 20..... -20.....	FACULTY	College Code	University form Receipt no.	
			date of payment for affiliation	
			Recognition letter no. and Date	
FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC UG) www.mpsu.edu.in				

Application Form for Continuation of Affiliation (U.G.)
Course: B.A.M.S.

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.A.M.S.) existing in our college /Institutes, 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	Affiliation letter of the M.P. Medical Science University for the existing course / courses in the College for year 2015- 16					B	
	Sr. No	Faculty	Course	Medium	Sanctioned seats for year 2015- 16		No. & Date of University letter granting affiliation (attach a copy)
	1						
	2						
	3						

4	In case of conditional affiliation please attach compliance report of such condition	C
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Sanctioned intake capacity for the course in A.Y. 2016-17				
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(if applicable)
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. Central Council of Indian Medicine) with number of admissions permitted.
3. Last affiliation granted by existing University with sanction intake.
4. Permission of Government of India wherever applicable.

5.

Number of students on roll during the Academic Year 2015-16			
Sr.No.	Course	Class	No. of students enrolled
1		I	
2		II	
3		III	
4		IV	

6. Information about approved teaching staff.

(Submit information as per the proforma attached.)

7. Information about non-teaching staff

(Attach separate sheet).

8. Information regarding Hospital :

(Submit information as per the proforma attached.)

9. Information regarding teaching facilities at College.

(Submit information as per the proforma attached.)

10. 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.)

11. Information regarding College Establishment :

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

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/ 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: 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 teaching facilities at Colleges		G	
8.	Information regarding Hospital		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 members of Local Managing Committee of the institute and the period of their tenure		N	
15.	Complete details of Building & ground certified by qualified engineer/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

Annexure 'D'-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 'D'-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 'D'-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 'D'-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 '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

INFORMATION REGARDING COLLEGE TEACHING FACILITIES #

1) Name of the college:.....

2) College infrastructure:

i. Area of Land (*Attach 7/12 extract/property card*) : Sq. Ft.

ii College Building ownership (own/rented/etc.) :

iii. Built-up area of college building: Sq. Ft.

iv. Administrative wing area: Sq. Ft.

v. Total departmental space: Sq. Ft.

vi. Strong Room : Available / Not available

vii. Web Camera based Bio-metric Attendance : Available / Not available

(Attach separate list specifying space for each department)

3) Library:

i. No. of Books available :

ii. No. of Journals available :

iii. Reading room for staff : Available / Not available

iv. Reading room for students : Available / Not available

v. Digital Library : Available / Not available

4) Hostel: i) Girls Hostel: Own / Rented, Capacity:

ii) Boys Hostel: Own / Rented, Capacity:

5) Herbal Garden: i) Areaacres ii) Number of species :.....

iii) Distance from college:.....km iv) No of Gardeners :

6) Rasayansala : Area :Sq. ft

7) Central Laboratory: i) Number of staff:

ii) Pathology Lab area:Sq. Ft. iii) Physiology Lab area:Sq. Ft.

8) Number of Lecture Halls: i) (area sq. ft. each)

ii) (area sq. ft. each)

9) No of computer & Internet facility:

10) Other, if any:

(Attach separate list of all non-teaching staff)

Date:

Signature of Dean / Principal

INFORMATION OF HOSPITAL[#]

1. Hospital ownership : own / Rented /
2. Total area :Sq.Ft.
3. Number of Beds :
4. Number of OPD :
- (Give details of each OPD on separate sheet)
5. Number of Patients per day in OPD :
- (On the basis of one year)
6. Number of Patients per day in IPD : (On the basis of one year)
- (Give department-wise details of IPD on separate sheet)
7. Equipments: Adequate / Inadequate.
- (Give department-wise details of all equipments on separate sheet)
8. Student Bed Ratio :
9. Bed occupancy :
10. Panchkarma Section : Available / Not available
11. Staff (total strength) :
- i) Hospital staff : ii) OPD staff :
- iii) Staff for Panchkarma :
12. Ambulance : Available/not available
13. Other, if any :
- (Attach separate list of all non-teaching / paramedical staff)

Date :

Signature of Dean / Principal

[#] Minimum Standards & Requirements of Infrastructure & other facilities for College and

Hospital shall be as per Central Council of Indian Medicine (Minimum Standard & Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012. Notified by Central Council of Indian Medicine, New Delhi in Govt. of India Gazette, dated 18/07/2012.

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

Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	500/-		
2	Continuance of Provisional Affiliation	2,500/-		
3	University Administrative Expenses Fee (UAE)	1,000/-		
4	IT Fees	1,000/-		
5	University Development Fee	200/-		
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	500/-	100	50,000
2	Continuance of Provisional Affiliation	2,500/-	100	2,50,000
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	200/-	100	20,000
5	Cost of Application			5,000
6	Grand Total			5,25,000