



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

| | | | | | | | | | | | | | | |
|---|-----------------------------------|---|--|--|--|--|--|--|--|--|--|--|---|--|
| Proposal for Academic Year 201_ - 201_ | FACULTY PARAMEDICAL | College Code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table> | | | | | | | | | | | University form Receipt no. date of payment for affiliation Recognition letter no. and Date | |
| | | | | | | | | | | | | | | |
| FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC UG) www.mpmsu.edu.in | | | | | | | | | | | | | | |

Application Form for First Affiliation of a New College / Institution, New Course, Increase in Intake, for D.M.L.T. Course(s)

Instructions:

1. The prescribed application forms duly filled in duplicate (2 sets) along with the soft copy should be submitted in person.
2. The prescribed affiliation fee must be paid through Demand Draft in favour of the Registrar, Madhya Pradesh Medical Science University, Jabalpur, Madhya Pradesh, payable at Jabalpur (M.P.) *(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 First Time Affiliation for D.M.L.T. courses for the **academic year**

| | | | |
|---|---|------------------------|--|
| 1 | A | Name of the College | |
| | B | Address of the College | |
| | C | Phone No. | |
| | D | Mobile No. | |
| | E | Fax No. | |
| | F | Email | |

| | | | |
|---|---------------------------|--|----------|
| 2 | Details of fee Submission | | A |
| | Demand Draft No. | | |
| | Drawn on Bank | | |
| | Amount | | |

| | | | |
|---|---|--|----------|
| 3 | Any other health science courses running in the College (attach a copy of Affiliation of the course by the University) | | B |
| | Date | | |
| | Year of starting | | |

| | | | | |
|---|--|-----|----|---|
| 4 | Consent of Affiliation to start new Course/ Increase in Intake capacity, issued Either by MPMSU or Other University (Attach a copy of Consent letter) | Yes | No | C |
| | | | | |

| | | | | |
|---|---|-----|----|---|
| 5 | Permission letter received from Paramedical Council to start new Course/Increase in Intake capacity (If, yes attach a copy of Permission letter) | Yes | No | D |
| | | | | |

| | | | | |
|---|---|-----|----|---|
| 6 | Madhya Pradesh Government Resolution received to start, new Course/ Increase in Intake capacity (If, yes attach a copy of Resolution letter) | Yes | No | E |
| | | | | |

| 7 Sanctioned intake capacity | | | | | |
|------------------------------|-------------|---|---|------------------------------------|---------------------------|
| Sr. No. | Degree | Permission of Seats by Government of Madhya Pradesh | No. of Seats for which Consent of Affiliation was granted by the University | Permission of Seats by the Council | Council letter no. & date |
| 1 | DMLT Course | | | | |
| 2 | | | | | |

(Please attach subject wise list separately as per above proforma)

| | | |
|---|--------------------------------------|--|
| 8 | Name of the Principal of the College | |
| | Date of joining the College | |
| | Qualification | |
| | Teaching Experience : | |

| | | |
|---|--|---|
| 9 | Availability of the teaching staff (Detail list should be attached, subject wise, with Name of the teacher, Qualification, Experience as per proforma):- | F |
|---|--|---|

(A) Teaching staff required

| No. of students | Professor of Pathology | | | Associate Professor | | | Lecturer | | | Demonstrator | | | Total |
|-----------------|------------------------|---|---|---------------------|---|---|----------|---|---|--------------|---|---|-------|
| | R | A | D | R | A | D | R | A | D | R | A | D | |
| | 1 | | | 1 | | | 2 | | | 2 | | | 6 |

10. No. of seats applied by the college for increase in Intake for the course and No of seats actually sanctioned by the Govt. to the college (For Increase in Intake capacity only):-

| Sr. No | Name of Subject | Previous Intake Capacity (A) | Applied for Increase in Intake by the college | Sanctioned Increase in Intake Capacity by the govt./council (B) | Total Seats (A+B) | G |
|--------|-----------------|------------------------------|---|---|-------------------|---|
| 1 | | | | | | |
| 2 | | | | | | |

(Please attach subject wise list separately as per above proforma)

11. College Building: -

a) Teaching Block

| Sr. No. | Teaching block | As per required Area (in sq. ft.) | Actual area available (In sq.ft.) | |
|---------|----------------------|-----------------------------------|-----------------------------------|---|
| 1 | Lecture Hall | 2500 | | H |
| 2 | Demonstration room-3 | 1250 Sq.ft. each | | |

b) Hostel Block

| Sr. No. | Hostel Block | As per required Area (in sq. ft.) | Actual area available (In sq.ft.) | |
|---------|--|-----------------------------------|-----------------------------------|---|
| 1 | Minimum 25 room with kitchen, dining rooms, toilet | each room 15' x 20' | | I |

c) In additional to the above a) & b), the provisions for the following shall be made

| | | | | | |
|---|-----------------------------|----------|---|--------------------|----------|
| 1 | Record Room | Yes / No | 6 | Fire extinguisher | Yes / No |
| 2 | Student welfare hall | Yes / No | 7 | Garage | Yes / No |
| 3 | Indoor games hall | Yes / No | 8 | Water arrangement | Yes / No |
| 4 | Play ground | Yes / No | 9 | Transport facility | Yes / No |
| 5 | Availability of Electricity | Yes / No | | | |

| 12. [A] | Hospital Detail (for own hospital) | |
|---------|---|----------|
| | Name of Own hospital(s) | |
| | Number of beds | |
| | If hospital is own, whether it is recognized by MCI | Yes / No |

| 12 [B] | if Attached hospital(s):- (submit notarized MOU between institute and the hospital for attachment of each hospital on stamp paper of Rs. 100/-) | | | | J |
|---------|--|--------------|------------------|--|---|
| | How many attached hospital(s) | | | | |
| | Attached hospital(s) Detail | | | | K |
| Sr. No. | Name of Hospital | Bed strength | Type of Hospital | Distance of Hospital from college building | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

| 12 [C] | Specific Remarks regarding the clinical facilities available in the above each hospital separately (Attach separate list of Para-Medical staff, Non-teaching staff, equipments etc.) | | L |
|--------|---|--|---|
| i | O.P.D (Daily) | | |
| ii | I.P.D (Daily) | | |

| | | | |
|------|---------------------|--|--|
| iii | Annual Occupancy | | |
| iv | ICCU Bed Strength | | |
| v | Laboratories | | |
| vi | Casualty Department | | |
| vii | Equipments | | |
| viii | Paramedical Staff | | |
| ix | Space | | |

13. Provision for Transport for students: - Yes / No.

If Yes, the type of vehicle available:.....

| | | | | |
|-----------|---|---------------|---------------|--|
| 14 | Laboratories (75 sq.mt. area to each):- | | | |
| | i) Pathoogy | Available | Not available | |
| | ii) Microbiology | Available | Not available | |
| | iii) Bio-Chemistry | Available | Not available | |
| | Attach list of Equipment available subject wise | List attached | | |
| | Yes | No | | |
| | | | | |

| | | | |
|-----------|--|---------------------------|----------|
| 15 | Library (Attach separate list of Books and Journals available) | Available / Not available | N |
| | If available how much area (Total area of the library should be 2400 sq.ft) | | |
| | No. of Text books | | |
| | No. reference books | | |
| | No. journals for Medical subjects | | |
| | No. journals for Allied subject | | |

| | | | |
|-----------|--|---------------------------|----------|
| 16 | Computer (Attach separate list) | Available / Not available | O |
| | Number of computers available | | |
| | High speed Internet connection | Available / Not available | |
| | Email facilities | Available / Not available | |
| | One Webcam | Available / Not available | |
| | One laser Printer (for 100 students) | Available / Not available | |
| | One Photocopy Machine (Min. 35 ppm) (for 100 students) | Available / Not available | |
| | One Scanner | Available / Not available | |
| | One Generator | Available / Not available | |

17. NON TEACHING/ ADMINISTRATIVE & LABOUR STAFF FULL TIME (Attach list):-

| Sr. No. | Designation | Requirement | Available | P |
|---------|-------------------|-------------|-----------|---|
| 1 | Accountant | 01 | | |
| 2 | Clerk | 02 | | |
| 3 | Computer Operator | 01 | | |
| 4 | Technician | 04 | | |

| | | | |
|---|-----------|----|--|
| 5 | Chowkidar | 02 | |
| 6 | Peon | 02 | |
| 7 | Nurse | 02 | |
| 8 | Sweeper | 02 | |

18. Whether proposed college is to be opened in Municipal Corporation Area: - Yes /No

If yes, then population of the City: -

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:

1. Attach detailed information as per norms of Central Council

CHECK - LIST
(First Time Affiliation)

(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 | Any other health science courses running in the College (attach a copy of Affiliation of the course by the University) | B | | | | |
| 3 | Consent of Affiliation to start new Course/ Increase in Intake capacity, issued Either by MPMSU or Other University | C | | | | |
| 4 | Permission letter received from Paramedical Council to start new Course/Increase in Intake capacity | D | | | | |
| 5 | Madhya Pradesh Government Resolution received to start, new Course/ Increase in Intake capacity | E | | | | |
| 6 | Availability of the teaching staff | F | | | | |
| 7 | No. of seats applied by the college for increase in Intake for the course and No of seats actually sanctioned by the Govt. to the college | G | | | | |
| 8 | Teaching Block Layout | H | | | | |
| 9 | Hostel Block Layout | I | | | | |
| 10 | Notarized MOU between institute and the hospital for attachment of each hospital on stamp paper of Rs. 100/- | J | | | | |
| 11 | Attached hospital(s) Detail | K | | | | |
| 12 | Attached Hospitals Facility and list of Para-Medical staff, Non-teaching staff, equipments etc. | L | | | | |
| 13 | Attach list of Equipment available subject wise | M | | | | |
| 14 | Library facilities (Attach complete list) | N | | | | |
| 15 | Computer facilities (Attach complete list) | O | | | | |
| 16 | Non Teaching/ Administrative & Labor staff full time | P | | | | |
| 17 | Undertaking by Dean/Principal | Annexure 'Q'-1 | | | | |
| 18 | Undertaking by Dean/Principal | Annexure 'Q'-2 | | | | |
| 19 | Undertaking by Dean/Principal | Annexure 'Q'-3 | | | | |
| 20 | Undertaking by Dean/Principal | Annexure 'Q'-4 | | | | |

Seal and Signature of Dean/Principal

Details of fee Submitted for First Time Affiliation for DMLT Course

Name of the College:

| Fee for DMLT Course | | | | |
|--|--|-----------------|------------------|---------------|
| Total No. of Seats in which DMLT Course is permitted | | | | |
| Total No. of Seats in which DMLT Course is permitted | | | | |
| Demand Draft No. and Date | | | | |
| Drawn on Bank | | | | |
| Total Amount | | | | |
| Sl. No. | Fee Head | Amount per Seat | Sanctioned Seats | Total (B x C) |
| | A | B | C | D |
| 1 | Inspection Fee | 400/- | | |
| 2 | Fee for opening of new College Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges) | 7,000/- | | |
| 3 | IT Fees Per Subject per seat sanctioned for annual intake | 800/- | | |
| 4 | University Development Fee | 200/- | | |
| 5 | University Administrative expense (if consent granted by other University) | 800/- | | |
| | | Fixed Amount | | |
| 6 | Cost of Application | 5000 | | 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 | 400/- | 40 | 16000 |
| 2 | Fee for opening of new College Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges) | 7,000/- | 40 | 2,80,000 |
| 3 | IT Fees Per Subject per seat sanctioned for annual intake | 800/- | 40 | 32000 |
| 4 | University Development Fee | 200/- | 40 | 8000 |
| 5 | University Administrative expense (if consent granted by other University) | 800/- | 40 | 32000 |
| | | Fixed Amount | | |
| 6 | Cost of Application | 5,000 | | 5,000 |
| 7 | Grand Total | | | 3,73,000 |

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

UNDERTAKINGS

On Revenue Stamp Paper of rupees 100/-

Undertaking by Dean/Principal

(Not applicable to the government college)

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

(Not applicable to the government college)

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 'Q'-3

Undertaking by Dean/Principal

(Not applicable to the government college)

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 'Q'-4

Undertaking by Dean/Principal

(Not applicable to the government college)

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