



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

Proposal for Academic Year	FACULTY	College Code	University form Receipt no.	
			date of payment for affiliation	
			For University office use only www.mpmsu.edu.in	

Application Form for the Letter of Consent for Increase in Intake/ Seats

Instructions:

1. The management seeking Letter of Consent for Increase in Intake/ Seats, shall submit the application in **three copies** in the prescribed format to the Registrar, M.P. Medical Science University, Jabalpur (M.P.), along with D.D. of prescribed fees drawn in favour of “**The Registrar, M.P. Medical Science University, Jabalpur (M.P.)**” on any Nationalized Bank.
2. Please read the instructions carefully before filling the form.

To,
The Registrar
M.P. Medical Science University
Jabalpur (M.P.)
Sir/ Madam,

I am / we are submitting herewith the application for Increase in Intake/ Seats, Following are the particulars:

				ANNEXURE/ PAGE NO.
1.	Name of the Applicant College			
	Postal Address of the College			
	PIN code:			
	Phone No.(O) :			
	Fax No. :			
	Applicant 's (R) :			
	Email Address:			
	Mobile No. :			
2.	Payment details D.D. of prescribed fees drawn in favour of “The Registrar, M.P. Medical Science University, Jabalpur (M.P.)”	i) Amount Rs.	A-	
		ii) D.D. No.		
		iii) Dated		
		iv) Name of the Drawee Bank:		

3.	“ Essentiality Certificate ”, issued by the Government of Madhya Pradesh for Increase in Intake/ Seats to the Trusts / Societies / Organisation.	Copy Attached		B-
		Yes	No	

4	Resolution for increase in intake by Management in original (Not Applicable for Government owned Institute/ College)	Copy Attached		C-
		Yes	No	

5.	i) Proposed increase of intake / seats in the faculty of (Tick in the appropriate box)	<i>Medical</i>		<i>Dental</i>		
		<i>Ayurved</i>		<i>Unani</i>		
		<i>Homoeopathy</i>		<i>Siddha</i>		
		<i>Naturopathy & Yoga</i>		<i>B.Sc.(Nur)</i>		
		<i>Paramedical (Physiotherapy)</i>		<i>P.B.B.Sc. (Nur)</i>		
		<i>Paramedical (Other)</i>				
ii) Specify the Course for which increase of intake / seats is proposed (i.e. M.B.B.S., B.D.S.)	1. _____ 2. _____					
iii) Year of first batch admission in the proposed Course for which increase of intake / seats is applied. (i.e. M.B.B.S., B.D.S.) (Enclose first affiliation letter given by the University/ Apex Council permission letter)	. _____					
iv) Year of first batch pass out, in the proposed Course for which increase of intake / seats is applied. (i.e. M.B.B.S., B.D.S.)	. _____					
v) Existing Intake Capacity of the proposed Course approved by the University (Enclose latest affiliation letter given by the University)	1. _____ 2. _____				D-	
v) Existing Intake Capacity of the proposed Course approved by the Apex Council (Enclose latest approval letter)					E-	
vi) Number of seats proposed to be increased	. _____					

vii) Academic year for which first batch with increased seat is proposed	_____	
--	-------	--

6. Hospital	Hospital	Own	Attached*		
	i) Name of the Hospital _____				
	ii) Hospital <i>Please ✓ tick in the appropriate box</i>				
	Medical (Allopathic)		Naturopathy & Yoga		
	Dental		Homoeopathy		
	Ayurved		Unani		
	General Hospital		Paramedical (Allied Health)		
	iii) Date of Establishment _____		Date: _____		
	iv) Date of Registration _____ (Attach a copy of Registration certificate)		Date: _____		F-
			Attached		
			Yes	No	
	v) No. of Beds available		Male		
		Female			
		Total			
vi) OPD (No. of Patients per year) _____					
vii) IPD (No. of Patients per year) _____					
viii) No. of wards (Enclose the list separately with bed strength.)		List Enclosed		G-	
		Yes	No		
ix) Built-up area _____ (Submit a drawing plan duly certified by Architect, specially showing the new plan as per requirement for increase in intake)		<i>drawing plan</i>		H-	
		Yes	No		
x) Attach list of equipments and infrastructure facilities available		List Enclosed		I-	
		Yes	No		
xi) List of Para-medical Staff		List Enclosed		J-	
		Yes	No		
xii) Provision for Dental Chairs (For Dental College only)		Yes	No		

<p>*Note :</p> <p>1) In case of attached hospital(s), attach a Memorandum of Understanding between the Trust and owner of the hospital(s) at least for a period of five years on stamp paper of Rs. 100/- (each) duly notarized.</p> <p>2) There should be own running hospital of the applicant's Society / Trust for Medical, Ayurved, Unani & Homoeopathy faculties.</p>	K-
--	-----------

		ADDITIONAL PROVISIONS FOR INCREASE IN INTAKE/ SEATS AS PER NORMS OF APEX COUNCIL/ UNIVERSITY			
7.	a) Additional infrastructure	i) Provision of Library as per requirement for increase in intake (Enclose separate statement)	Yes	No	L-
		ii) Provision of Laboratories as per requirement for increase in intake (Enclose separate statement)	Yes	No	
		iii) Provision of Class Rooms as per requirement for increase in intake (Enclose separate statement)	Yes	No	N-
	b) Teaching and Non Teaching Staff	iv) Teaching Staff (Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and teaching staff as per respective Apex Council on Rs. 100/- Stamp paper duly notarized) <i>(Not Applicable for Government owned Institute/ College)</i>	Undertaking by applicant		
			Yes	Yes	
		v) List of non teaching staff appointed	Attached		P-
	Yes	Yes			
	vi) Accommodation facilities for teachers and other staff. (Enclose separate statement)	Attached		Q-	
		Yes	Yes		
8.	Hostel	i) Proper Provision for boys hostel (Enclose separate statement)	Yes	No	R-
		ii) Proper Provision for girls hostel (Enclose separate statement)	Yes	No	
9.	Financial position of the Society / Institution as on 31st March of the Financial Year <i>Encls: i) Copies of audited statements for last preceding three financial years. ii) Attach latest bank balance certificate. (Not Applicable for Government owned Institute/ College)</i>	<i>i) Copies of audited statements attached</i>		S-	
		Yes	No		
		<i>ii) Copies of latest bank balance attached</i>		T-	
		Yes	No		

I solemnly declare that, information furnished above is true and correct to the best of my knowledge.

Place:

Signature of the Chairman / Secretary

Date:

Seal of the Society / Institution

Note:-

- 1) Every page of the application form and enclosures must be serially numbered in the box provided against each column and Index should be given.
- 2) Please note that incomplete application form will be rejected.

U-1

Undertaking

(Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and teaching staff as per respective Apex Council)

(To be executed on Rs. 100/- Stamp paper and attested by Notary Public)

(Not Applicable for Government owned Institute/ College)

I _____

(Name of the President / Secretary)

President / Secretary, of _____ hereby

(Name of the Society / Institution)

Promise on behalf of the Society / Institution that –

- (a) The information furnished in the application and appendices appended to the application is true and correct to the best of my knowledge.
- (b) The Society / Institution shall provide essential infrastructure to the College / Institute before starting the courses with Increase in Intake/ Seats College / Institute
- (c) The Society / Institution shall appoint the required teaching, non-teaching and paramedical staff from time to time as per the norms of respective Apex Council required for Increase in Intake/ Seats.
- (d) Approval to the appointments of the Dean / Principal, qualified teaching staff will be sought from time to time from the University.
- (e) The Society / Institution shall make provision for salary of teaching and nonteaching staff of the proposed College / Institute as per Govt. Rules from time to time as well as for the contingent expenditure of the College,
- (f) Additional Laboratories and other infrastructural facilities will be provided for the course(s) as required for Increase in Intake/ Seats,
- (h) Provision made under Madhya Pradesh Ayurvigyan Vishwavidyalaya Act, 2011, Statutes, Ordinances, Regulations, Rules, Directions, Notifications and Circulars shall be strictly observed by the Society / Institution.
- (i) We are fully aware that the application will be rejected if the same is incomplete and not supported with necessary documents.**
- (j) All instructions & information has been carefully read, understood by me.

Place:

Signature of the President / Secretary

Date:

Seal of the Society / Institution / Trust

U-2

Undertaking

(To be executed on Rs. 100/- Non judicial Stamp paper and attested by Notary Public)

(Not Applicable for Government owned Institute/ College)

No student shall be admitted to the institution/College until the admission prayed for Increase in Intake/ Seats has been granted by the University, as the case may be.

Place:

Signature of the President / Secretary

Date:

Seal of the Society / Institution / Trust

FORM OF RESOLUTION

(Not Applicable for Government owned Institute/ College)

Subject: - Increase in Intake/ Seats in the Faculty of

From the academic year 20 – 20 --

Resolution: - No. Dated:

In view of the above subject this Management of.....

(Name of the Society/Institution/Trust)

In its meeting held on.....resolved unanimously that the Increase in Intake/ Seats in the Faculty of be started at the college/ Institute.....

(Name of the College)

From the academic year 20 –20

Resolution proposed by _____

Seconded by _____

Date: -

Place: -

Signature of President / Secretary

Seal

Undertaking for appointing Teaching and Non Teaching staff

(Should be submitted on Rs.100/- stamp paper duly notarized)

(Not Applicable for Government owned Institute/ College)

I
(Name of the president / secretary of the trust/society)

Hereby give undertaking that the required teaching and non teaching staff required for
Increase in Intake/ Seats will be appointed for the.....
(Name of the proposed faculty and the course)

at
(Name of the college)

As per the norms of
(Name of the respective council)

And Madhya Pradesh Medical Science University, Jabalpur (M.P.) before starting the course.

Place:

Signature

Date:

Name of the President / secretary:

Seal of Notary

Undertaking for proportionate increase in infrastructural facilities

(Should be submitted on Rs.100/- stamp paper duly notarized)

(Not Applicable for Government owned Institute/ College)

I

(Name of the president / secretary of the trust/society)

Hereby give undertaking that the required proportionate increase in infrastructural facilities

Including equipments, laboratory facilities, and Floor area as required for Increase in Intake/

Seats shall be made for the.....

(Name of the proposed faculty and the course)

at

(Name of the college)

As per the norms of

(Name of the respective council)

And Madhya Pradesh Medical Science University, Jabalpur (M.P.) before starting the course.

Place:

Signature

Date:

Name of the President / secretary:

Seal of Notary

CHECK - LIST

(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	Demand Draft of prescribed fees	A				
2	Copy of “Essentiality Certificate”, issued by the Government of Madhya Pradesh	B				
3	Resolution for increase in intake by Management in original	C, U-3				
4	Existing Intake Capacity of the proposed Course approved by the University (Enclose latest affiliation letter given by the University)	D				
5	Existing Intake Capacity of the proposed Course approved by the Apex Council (Enclose latest approval letter)	E				
6	Registration of Hospital	F				
7	Certified copy of No. of wards with bed strength in the Hospital	G				
8	Drawing plan of Hospital duly certified by Architect (specially showing the new plan as per requirement for increase in intake)	H				
9	List of equipments and infrastructure facilities available	I				
10	List of Paramedical Staff appointed	J				
11	If attached hospital(s), (please attach separate memorandum of understanding (MOU) for each attached Hospital on Rs. 100/- stamp paper duly notarized)	K				
12	Provision of Library (as per requirement for increase in intake)	L				
13	Provision of Laboratories(as per requirement for increase in intake)	M				
14	Provision of Class Rooms (as per requirement for increase in intake)	N				
15	Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and staff (as per requirement for increase in intake). (given on Rs. 100/- stamp paper duly notarized)	O, U-1				
16	List of non teaching staff appointed (as per requirement for increase in intake)	P				

17	Accommodation facilities for teachers and other staff (as per requirement for increase in intake)	Q				
18	Attach a certified copy of plan of Hostel building for both boys and girls by an Architect(as per requirement for increase in intake)	R				
19	Copies of audited statements for last preceding three financial years duly attested.	S				
20	Latest Bank Balance Certificate	T				
21	Undertaking Regarding Student admission	U-2				
22	Undertaking Regarding appointment of teaching and non teaching staff	U-4				
23	Undertaking for proportionate increase in infrastructural facilities	U-5				

<p>C E R T I F I C A T E</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>Place Date :</p> <p style="text-align: right;">Chairman / Secretary</p>	<p>Signature of MPMSU Scrutiny Officer</p>
--	--