

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

Proposal for
Academic Year

FACULTY					

University form Receipt no.	
Date of Payment for Consent	
For University office use only	www.mpmsu.edu.in

Application Form for the Consent of Opening of New Course of Health Sciences

Instructions:

- 1. The management seeking Letter of Consent for opening of new course of health science, 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 opening of new course, following are the particulars:

		ANNEXURE/ PAGE NO.
	Name of the Applicant College	
	Postal Address of the College	
	PIN code:	
1.	Phone No.(O):	
	Fax No.:	
	Applicant 's (R):	
	Email Address:	
	Mobile No. :	

	Payment details	i) Amount Rs.	
2.	D.D. of prescribed fees drawn	ii) D.D. No.	
	in favour of "The Registrar,	iii)Dated	A-
	M.P. Medical Science	iv)Name of the Drawee Bank:	

3. "Essentiality Certificate", issued by the Government of Madhya Pradesh for opening of new course/ subject, to the Trusts / Societies / Organisation. 4. Resolution for opening of new course/ subject, by Management in original (Not Applicable for Government owned Institute/ College) New Course of faculty Medical Dental Ayurved Unani Homoeopathy Siddha Naturopathy & B.Sc.(Nur) Yoga Paramedical (Other) Paramedical (Physiotherapy) (Other) Paramedical (Physiotherapy) (Other) Paramedical (Othe		University	, Jabalpur (M.P.)"							
Madhya Pradesh for opening of new course/ subject, to the Trusts / Societies / Organisation. 4 Resolution for opening of new course/ subject, by Management in original (Not Applicable for Government owned Institute/ College) New Course of faculty Medical Dental Ves No Paramedical Dental Dent										
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A Resolution for opening of new course/ subject, by Management in original (Not Applicable for Government owned Institute/ College) New Course of faculty Medical		Madhya P	radesh for opening	of new course/					─ │ B -	
New Course of faculty Medical		Trusts / S	ocieties / Organis	ation.						
New Course of faculty Medical										
New Course of faculty Medical Dental Ayurved Unani Homoeopathy & B.Sc.(Nur) Yoga Paramedical (Physiotherapy) (Other)	4	Resol	ution for opening o	f new course/s	ubiect, b	v	Copy Att	ached	C-	
New Course of faculty Medical			Managemen	t in original						
Ayurved Unani Homoeopathy Siddha Naturopathy & B.Sc.(Nur) Yoga Paramedical (Physiotherapy) (Other) Paramedical (Other) Specify Course (i.e. M.B.B.S., B.D.S.) Type of course UG Degree UG Diploma PG Degree PG (Diploma) Superspeciality Other (Specify) Intake Capacity per Course I 2 Academic year for which first batch is proposed Hospital Own Attached*		(Not A	Applicable for Governm	ent owned Institute	e/ College)					
Ayurved Unani Homoeopathy Siddha Naturopathy & B.Sc.(Nur) Yoga Paramedical (Physiotherapy) (Other) Paramedical (Other) Specify Course (i.e. M.B.B.S., B.D.S.) Type of course UG Degree UG Diploma PG Degree PG (Diploma) Superspeciality Other (Specify) Intake Capacity per Course I 2 Academic year for which first batch is proposed Hospital Own Attached*										
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Specify Course (i.e. M.B.B.S., B.D.S.) Intake Capacity per Course Academic year for which first batch is proposed Hospital Homoeopathy Siddha B.Sc.(Nur) Nursing (Other) Paramedical (Other) 1 2 Type of course PG (Diploma) Superspeciality Other (Specify) Other (Specify)		New Cour	se of faculty							
Specify Course (i.e. M.B.B.S., B.D.S.) Type of course UG Degree UG Diploma PG Degree PG (Diploma) Superspeciality Other (Specify) Intake Capacity per Course Academic year for which first batch is proposed Hospital Own Attached*					_					
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Academic year for which first batch is proposed Hospital Own Attached*		00 005	lee OG Dipiona	I O Degree	ו ט (די	ιρισιια,	Supersp	Clairty	Other (Specify)	
Academic year for which first batch is proposed Hospital Own Attached*										
Academic year for which first batch is proposed Hospital Own Attached*		Intake Ca	apacity per Course	1						
Hospital Own Attached*				2				<u>-</u>		
Hospital Own Attached*		Academic	year for which firs	t						
		batc	h is proposed							
i) Name of the Hospital			Hosp	ital	Own	Attach	ed*			
i) Name of the Hospital										
			i) Name of the Hospital							
ii) Hospital Please ✓ tick in the appropriate box			ii) Hospital Please ✓ tick in the appropriate box							
Medical Naturopathy				Medical		Naturo	opathy			
(Allopathic) & Yoga			_				_			
Dental Homoeopathy				Dental		Homoe	eopathy			
Ayurved Unani				Ayurved		Un	ani			

			General Hospital			amedical ed Health)			
		iii) Date of Estal			(7 1111)	Date:			
		iv) Date of Regi			Date:		D-		
_		(Attach a copy o	A	Attache	d				
6.	TT 24 - 1					Yes		No	
	Hospital								
		v) No. of Beds a	vailable			Male			
						Female			
						Total			
		vi) OPD (No. of							
		vii) IPD (No. of		:)			1 1		T.
		viii) No. of ward		:41-	la ad		nclosed	-	E -
		(Enclose the strength.)	nst separately	With	bed	Yes	No		
		ix) Built-up area				drawing plan			F-
		(Submit a drav				Yes	No		
		Architect, specie		_					
		per requirement		ew cour	se)	Lint En	1 1		G
		x) Attach list of infrastructure fac				Yes	nclosed No		G
		imitastructure ra	cinties available			168	NO	<u> </u>	
		xi) List of Para-ı	nedical Staff			List Enclosed			H-
						Yes	No		
		xii) Provision fo	r Dental Chairs			Yes	No		
		(For Dental Col							

*Note:	I-
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.	
2) There should be own running hospital of the applicant's Society / Trust for Medical,	
Ayurved, Unani & Homoeopathy faculties.	

	a) infrastruc	ADDITIONAL PROVISIONS FOR OF SUBJECT, AS PER NORMS OF APEX				
	ture	i) Provision of Library as per requirement for	es	No	J-	
		opening of new course/ subject (Enclose				
		separate statement)				
		ii) Provision of Laboratories as per	Y	es	No	K -
		requirement for opening of new course/				
		subject (Enclose separate statement)				
7.		iii) Provision of Class Rooms as per	Y	es	No	
		requirement for opening of new course/				L-
		subject (Enclose separate statement)				
	b)	iv) Teaching Staff (Undertaking by	Undertaking by		M -	
	Teaching	President/Chairman of the Applicant Trust	applicant			
	and Non	regarding provision and maintenance of	Y	es	Yes	
	Teaching	infrastructure and teaching staff as per norms		·	•	

	Staff	Stamp paper duly notarized) (Not Applicable	of respective Apex Council on Rs. 100/- Stamp paper duly notarized) (Not Applicable for Government owned Institute/ College)					
		v) List of non teaching staff appointed Attached Yes Yes				N-		
		vi) Accommodation facilities for teacher and other staff. (Enclose separate statement	1 L	Atta Yes	rched Yes	0-		
8.	Hostel	i)Proper Provision for boys hostel(Encloseparate statement) ii)Proper Provision for girls hostel(Encloseparate statement)		Yes Yes	No No	P-		
9.	as on 31st Encls: i) preceding ii) Attach	position of the Society / Institution March of the Financial Year Copies of audited statements for last three financial years. latest bank balance certificate. licable for Government owned Institute/ College)	i)Copies of audited statements attached Yes No ii)Copies of latest bank balance attached Yes No			Q-		
[sol	emnly declar	e that, information furnished above is true and	d corre	ect to the b	est of my kn	owledge		
Plac	e:	Signature	of th	e Chairma	ın / Secretar	y		
Date	:	Seal of	the S	ociety / Ins	stitution			

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.

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)

I _______ (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 new courses/ subject.
- (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 starting the new courses/ subject.
- (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 starting the new courses/ subject.
- (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.

Signature of the President / Secretary
Seal of the Society / Institution / Trust
<u>U-2</u>
dertaking
cial Stamp paper and attested by Notary Public)
vernment owned Institute/ College)
College until the admission prayed for starting the new sity.
Signature of the President / Secretary
Seal of the Society / Institution / Trust
,

FORM OF RESOLUTION

(Not Applicable for Government owned Institute/ College)

Subject: - starting the academic year 20		ses/ subje	ect in t	he Facu	ılty of	•••••••••••••••••••••••••••••••••••••••	••••••	From
Resolution: - No		· · · · · · · · · · · · · · · · · · ·		••••••	Dated:			
of		view				subject		Management
	e of the Societ							
In its meeting held of Faculty of			· · · · · · · · · · · · · · · · · · ·		be	started	at	the college/
		(Name	of the C	College)				
From the academic ye	ear 20 –20							
Resolution proposed l	оу			-				
Seconded by				-				
Date: -								
Place: -				Sig	nature of	President /	Secretai	·y

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 undertakin	ng that the teaching and non teaching staff required for starting the new courses,
subject shall be appoint	ted 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 N	Medical Science University, Jabalpur (M.P.) before starting the course.
Place:	Signature
Date:	Name of the President / secretary:
	7
Seal of Notary	

Undertaking for Provision of proper infrastructural facilities

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

(Not Applicable for Government owned Institute/ College)

(Name of the president / secretary of the trust/society)										
Hereby give undertaking that the required infrastructural facilities including equipments, laboratory										
facilities, and floor area as required for starting the new courses/ subject shall be made for										
he										
(Name of the proposed faculty and the course)										
t										
(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	Enclosed at Page No. of application form					
	(Attach detailed information as per norms	Appendices	Yes	Not	Page	For University	
	of Apex Council)			applicable	No.	Office Use	
1	Demand Draft of prescribed fees	A					
2	Copy of "Essentiality Certificate",	В					
	issued by the Government of Madhya						
	Pradesh						
3	Resolution for opening of the new	C, U-3					
	courses/ subject by Management in						
	original						
6	Registration of Hospital	D					
7	Certified copy of No. of wards with bed	E					
	strength in the Hospital						
8	Drawing plan of Hospital duly certified	F					
	by Architect (specially showing the new						
	plan as per requirement for increase in						
	intake)	C					
9	List of equipments and infrastructure	G					
10	facilities available	11					
10	List of Paramedical Staff appointed	H I					
11	If attached hospital(s), (please attach separate memorandum of understanding	1					
	(MOU) for each attached Hospital on Rs.						
	100/- stamp paper duly notarized)						
12	Provision of Library (as per requirement	J					
12	for increase in intake)						
13	Provision of Laboratories(as per	K					
10	requirement for increase in intake)						
14	Provision of Class Rooms (as per	L					
	requirement for increase in intake)						
15	Undertaking by President/Chairman of the	M, U-1					
	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)	_					
16	List of non teaching staff appointed (as	N					
1.7	per requirement for increase in intake)						
17	Accommodation facilities for teachers and	О					
	other staff (as per requirement for						
10	increase in intake)	D					
18	Attach a certified copy of plan of Hostel	P					
	building for both boys and girls by an						
	Architect(as per requirement for increase in intake)						
	III IIIIaku)						

19	Copies of audited statements for last preceding three financial years duly attested.	Q		
20	Latest Bank Balance Certificate	R		
21	Undertaking Regarding Student admission	U-2		
22	Undertaking Regarding appointment of teaching and non teaching staff	U-4		
23	Undertaking for provision of proper infrastructural facilities	U-5		

CERTIFICATE

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).

Signature of MPMSU Scrutiny Officer