



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

Proposal for Academic Year <b>201_ - 201_</b>	<b>FACULTY</b>  <b>NURSING</b>	<b>College Code</b> 	University form Receipt no.	
			date of payment for affiliation	
			Recognition letter no. and Date	
FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC UG) <a href="http://www.mpmsu.edu.in">www.mpmsu.edu.in</a>				

## Application Form for First Affiliation of a New College / Institution, New Course, Increase in Intake, for BSc Nursing / Post Basic BSc Nursing Course(s) of Nursing faculty

**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 B.Sc. Nursing/ P.B.B.Sc. Nursing 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		<b>A</b>
	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>B</b>
	Date		
	Year of starting		

7	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

9	Permission letter received from Indian Nursing Council to start new Course/Increase in Intake capacity (If, yes attach a copy of Permission letter)	Yes	No	D

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

11 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 INC	INC letter no. & date
1	B.Sc. Nursing				
2	P.B.B.Sc. Nursing				

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

12	Name of the Principal of the College	
	Date of joining the College	
	Qualification	
	Teaching Experience :	

**Note:** - Qualifications and Experience required for the appointment of Principal is 10 years experience, after M.Sc. including 5 years experience in teaching.

13	<b>Availability of the teaching staff</b> (Detail list should be attached, subject wise, with Name of the P.G. teacher, Qualification, Experience as per proforma):-	F
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**(A) B.Sc. Nursing College :- Teaching staff required for First year**

No. of students	Principal cum Professor			Vice Principal cum Professor			Lecturer			Clinical Instructor			Total
	R	A	D	R	A	D	R	A	D	R	A	D	
<b>Upto 40</b>	1			1			1			3			6
<b>More than 40</b>	1			1			1			4			7

At least 2 M.Sc. (N) qualified teaching faculty to be available to start B.Sc.(N) programme along with other required teaching faculties.

**(B) P.B. B.Sc. Nursing College :- Teaching staff required for First year**

No. of students	Principal cum Professor			Vice Principal cum Professor			Lecturer			Total
	R	A	D	R	A	D	R	A	D	
<b>Upto 50</b>	1			1			3			5

At least 2 M.Sc. (N) qualified teaching faculty to be available to start P.B.B.Sc.(N) programme along with other required teaching faculties.

**(C) Teaching staff required for First year for starting Basic B.Sc. Nursing & P.B.B.Sc. Nursing programme Simultaneously**

<b>Basic B.Sc. Nursing 30 students and P.B.B.Sc. Nursing 30 students</b>															
Principal cum Professor			Vice Principal cum Professor			Asso. Profes. or Reader			Lecturer			Clinical Instructor			Total
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	
1			1			1			1			4			8
<b>Basic B.Sc. Nursing 40 students and P.B.B.Sc. Nursing 30 students</b>															
Principal cum Professor			Vice Principal cum Professor			Asso. Profes. or Reader			Lecturer			Clinical Instructor			Total
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	
1			1			1			1			5			9
<b>Basic B.Sc. Nursing 50 students and P.B.B.Sc. Nursing 30 students</b>															
Principal cum Professor			Vice Principal cum Professor			Asso. Profes. or Reader			Lecturer			Clinical Instructor			Total
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	
1			1			1			1			6			10

14. 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						
3						
4						

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

15. **College Building:** - Nursing college should be started in own building. If desirous Institution wants to start the proposed college in rented building then, the construction of own college building shall be completed within a period of 2 years.

[As per INC norms the minimum construction of the building should be 54470 sq.ft. area]

**a) Teaching Block**

Sr. No.	Teaching block	As per required Area (in sq. ft.)	Actual area available (In sq.ft.)	
1	Lecture Hall (04 numbers)	4@1080=4320		H
2	I) Fundamental of Nursing	1500		
	II) CHN	900		
	III) Nutrition	900		
	IV) OBG	900		
3	Computer Lab	1500		
4	Multipurpose Hall / Auditorium	3000		
5	Common Room (Male / Female)	2000		
6	Staff Room	1000		
7	Principal's Room	300		
8	Vice Principal's Room	200		
9	Library	2400		
10	Audio Visual Aids Room	600		
11	One room for each HOD	800		
12	Faculty Room	2400		
13	Provisions for toilets	1000		
<b>Total</b>		<b>23720</b>		

**b) Hostel Block**

Sr. No.	Hostel Block	As per required Area (in sq. ft.)	Actual area available (In sq.ft.)	
1	Single Room	2400		I
	Double Room			
2	Sanitary (one Latrine, One Bathroom for 05 students)	500		
3	Visitor Room	500		
4	Reading Room	250		
5	Store Room	500		
6	Recreation Room	500		
7	Dining Hall	3000		
8	Kitchen & Store	1500		
	<b>Total</b>	<b>30750</b>		

**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			

<b>16. [A]</b>	<b>Hospital Detail (for own hospital)</b>	
	Name of Own hospital(s)	
	Number of beds	
	If hospital is own, whether it is recognized by MCI	<b>Yes / No</b>

<b>16 [B]</b>	<b>if Attached hospital(s):- ( submit notarized MOU between institute and the hospital for attachment of each hospital on stamp paper of Rs. 100/- )</b>				<b>J</b>
	<b>How many attached hospital(s)</b>	.....			
	<b>Attached hospital(s) Detail</b>				<b>K</b>
<b>Sr. No.</b>	<b>Name of Hospital</b>	<b>Bed strength</b>	<b>Type of Hospital</b>	<b>Distance of Hospital from college building</b>	
1					
2					
3					
4					

**(Note :- As per INC norms the distance between the attached hospital and the proposed college building should be within the radius of 30 k.m.)**

<b>16 [C]</b>	<b>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.)</b>		<b>L</b>
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		

**Specific Remarks: –** .....

.....

**17. Provision for Transport for students: - Yes / No.**  
*If Yes, the type of vehicle available:*.....

**18. a) Laboratories:-**

- i) Anatomy :- Available / Not available
- ii) Physiology :- Available / Not available
- iii) Bio Chemistry :- Available / Not available

**Specific Remarks: –** .....

.....

**b) Clinical facilities:-**

- i) Medical :- Available / Not available
- ii) Surgical :- Available / Not available
- iii) Obst. & Gyne. :- Available / Not available
- iv) Pediatrics :- Available / Not available
- v) Ortho :- Available / Not available
- vi) Eye / ENT :- Available / Not available

**Specific Remarks: –**

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<b>19</b>	<b>Library (Attach separate list of Books and Journals available)</b>	Available / Not available	<b>M</b>
	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		

<b>20</b>	<b>Computer (Attach separate list)</b>	Available / Not available	<b>N</b>
	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	

**Specific Remarks :** .....

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

Sr. No.	Designation	Requirement	Available	O
1	P.A./ Steno Typist	01		
2	Clerk	01		
3	Registration Assistant	01		
4	Laboratory Assistant	01		
5	Store Keeper	01		
6	Peon	01		
7	Ward boys/ Ayah	As per clinical work load		
8	Sweeper	03		

**22. 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 Indian Nursing 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	Library facilities (Attach complete list)	M				
14	Computer facilities (Attach complete list)	N				
15	Non Teaching/ Administrative & Labor staff full time	O				
16	Undertaking by Dean/Principal	Annexure 'P'-1				
17	Undertaking by Dean/Principal	Annexure 'P'-2				
18	Undertaking by Dean/Principal	Annexure 'P'-3				
19	Undertaking by Dean/Principal	Annexure 'P'-4				

Seal and Signature of Dean/Principal



**Details of fee Submitted for First Time Affiliation for B.Sc. Nursing, P.B.B.Sc. Nursing**

Name of the College: .....

<b>Fee for B.Sc. Nursing, P.B.B.Sc. Nursing</b>				
Total No. of Seats in which B.Sc. Nursing is permitted				
Total No. of Seats in which P.B.B.Sc. Nursing 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	700/-		
2	Fee for opening of new College Per Subject per seat sanctioned for annual intake ( <i>one time</i> ) (exemption for government colleges)	20,000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	1000/-		
4	University Development Fee	200/-		
5	University Administrative expense (if consent granted by other University)	1000/-		
		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	700/-	40	28000
2	Fee for opening of new College Per Subject per seat sanctioned for annual intake ( <i>one time</i> ) (exemption for government colleges)	20,000/-	40	8,00,000
3	IT Fees Per Subject per seat sanctioned for annual intake	1000/-	40	40000
4	University Development Fee	200/-	40	8000
5	University Administrative expense (if consent granted by other University)	1000/-	40	40000
		Fixed Amount		
6	Cost of Application	5,000		5,000
7	Grand Total			9,21,000



**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 'P'-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 'P'-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