



# मध्यप्रदेश आयुर्विज्ञान विश्वविद्यालय, जबलपुर

## Madhya Pradesh Medical Science University, Jabalpur

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 PG) <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 MSc 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 M.Sc. Nursing courses for the **academic year** .....

<b>1</b>	<b>Name of the Applicant College</b>		<b>Annexure</b>
	<b>Status</b>	<b>Government / Corporation / Private (Please tick)</b>	
	<b>Year of Establishment</b>		
	<b>Postal Address of the College</b>	..... .....	
	<b>PIN code:</b>		
	<b>Phone No.</b>		
	<b>Fax No. :</b>		
	<b>Email Address:</b>		
	<b>Mobile No. :</b>		

<b>2</b>	<b>Details of fee Submission</b>		<b>A</b>
	<b>Demand Draft No.</b>		
	<b>Drawn on Bank</b>		
	<b>Amount</b>		

3	Year of Recognition by Indian Nursing Council for existing UG course	Copy Attached		<b>B</b>	
		Yes	No		
	Year of Passing out of first batch of UG degree course				
	Year of Recognition by Indian Nursing Council for existing PG course	Copy Attached			<b>C</b>
Yes		No			
Year of Recognition by Madhya Pradesh State Nursing Council for existing courses		Copy Attached		<b>D</b>	
		Yes	No		

4	Orders of the University in which Provisional Affiliation was granted to conduct existing UG/ PG Courses.	Copy Attached		<b>E</b>
		Yes	No	

5	Madhya Pradesh Government Resolution received for Opening of new course/ Increase in Intake/ Seats to the Institute/ Trusts / Societies / Organization.	Copy Attached		<b>F</b>
		Yes	No	

6	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	<b>G</b>

7	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	<b>H</b>

8	Subject (s) and No. of Seats in which PG Courses of Nursing faculty are Existing in the institute (Attach Separate sheet in this Format)			<b>I</b>
	S.No	Subject	No. of Seats	
	1			
	2			

9	Subject (s) and No. of Seat for which PG Recognition is applied (starting of new subject) (Attach Separate sheet in this Format as per permission of INC)			<b>J</b>
	S.No	Subject	No. of Seats	
	1			
	2			

10	Subject (s) and No. Seat for which Intake Capacity is to be increased (Attach Separate sheet in this Format)				<b>K</b>	
	S.No	Subject	Previous Intake (A)	Applied for Increase (B)		Total Intake (A+B)
	1					
	2					

11	Hospital information	HOSPITAL		
		Parent	Affiliated	
	Name of Parent Hospital: 1. .... 2. No. of Beds .....			
	Name of Affiliated Hospital: 1. . 2. . 3. .	Agreement of Institute with Affiliated Hospital (Please Attach Copy of Agreement )		<b>L</b>

12	<b>Hospital &amp; its infrastructure facilities available Department wise</b>			<b>M</b>
	Name of the Hospital .....			
	Date of Establishment	Date: _____		
	Date of Registration (Attach a copy of Registration certificate)	Date: _____		
		Attached		
		Yes	No	
	No. of Beds available	Male		
		Female		
		Total		
	ICCU Bed Strength			
	Super specialty total Bed Strength			
	Bed Occupancy (Annual)			
	OPD (No. of Patients on the day of visit) _____			
	Average OPD per day			
	IPD (No. of Patients on the day of visit)			
	Average IPD per day			
	Casualty Department	Yes	No	
	Blood Bank: Size .....	Yes	No	
CT/ MRI	Yes	No		
Whether the Hospital has trained Nursing Staff as per Council Norms	Yes	No		
Distance from College to Hospital Distance in K.M. ....				
Whether Transport facility available	Yes	No		
13	<b>Classification of Beds as per subject Specialty</b>			
	Ward	No of beds		
	Medical Surgical			

Paediatric	
Maternal / Obstetrics and Gynecology	
Community Health	
Psychiatric	
Other	

<b>14</b>	<b>TEACHING STAFF: Teaching Staff (Full Time / Visiting / External ):-</b> (Please attach department wise and cadre wise list of teachers as per the attached Proforma)		<b>N -1</b>							
	(Please attach separate sheet department wise and cadre wise list of teachers as per norms of Nursing Council of India in this proforma) <b>Subject:</b> <b>Total Intake of Seats *</b>		<b>N -2</b>							
		<b>Professor Cum Coordinator</b>			<b>Reader</b>			<b>Lecturer</b>		
		Required with reference to no. of seats proposed	Available	Shortfall	Required with reference to no. of seats proposed	Available	Shortfall	Required with reference to no. of seats proposed	Available	Shortfall
		*Total Intake of Seats include a) In case of new course - Total no. of Seats Applied for consent for PG Degree b) In case of Increase in Seats - Total no. of existing Seats of PG Degree and PG Diploma or Super-specialty + Applied for consent for increase in intake for PG Degree and PG Diploma or Super-specialty								
<b>15</b>	Non-teaching staff appointed							List Enclosed		<b>O</b>
								Yes	No	

<b>16</b>	<b>College Building and Infrastructural Facilities: (Required as per Council Norms)</b>								
	<b>Drawing plan details :</b> Whether each specialty building have adequate space to House Lecture Halls, Laboratory, Seminar Halls, office of Departmental Heads, Staff Room, Operation Theaters and Departmental Library with easy access for the Post Graduate apart from the space for the beds specified, as per norms of INC (Attach Drawing Plan Certified by Architect)		<table border="1"> <tr> <td colspan="2"><i>drawing plan</i></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>		<i>drawing plan</i>		Yes	No	
<i>drawing plan</i>									
Yes	No								

<b>17</b>	<b>College / Institute Physical facilities</b>			
	Common room for Boys & Girls		Yes	No
Number of Class Room own (as per intake capacity, including all programmes) .....				
Labs :- (Nutrition, CHN, MCN, FON, Computer) (Attach detailed list)		<b>Q</b>		
Auditorium with capacity.....		Yes	No	
Audio Visual aids (Teaching material list) (Attach detailed list)		<b>R</b>		
Administrative Office with Computer, Internet, Fax facilities		Yes	No	

	Office for teaching staff	Yes	No	<b>S</b>
	Library – Furnish details with regards to number of Books and Journals in the Specialty Concerned –(enclose list)			
	i. No. of Books.....			
	ii. No. o Journals.....			
	(National/ International)			
	Hostel facilities with capacity			
	i. Boys.....			
	ii. Girls.....			
iii. Mess facility ..... available/ Not available				
Guest house	Yes	No		
No. Of rooms and capacity.....				
Residential quarters for the staff	Yes	No		
Ambulances	Yes	No		
Staff vehicle	Yes	No		
Play Ground:-	Yes	No		

<b>18</b>	<b>Equipments in the department</b>			<b>T</b>
	The department shall have adequate number of all equipments including the latest ones necessary for training and as may be prescribed by the Nursing Council of India for the specialty from time to time. (Attach list of Equipments)	List Enclosed		
		Yes	No	

<b>19</b>	Whether the Trust/Management is running any other College(s) /course (s). Please Specify (Attach list of Colleges / course)  (Note: Where more than one course is conducted, the Trust/ Institute must ensure that the course under Reference has got sufficient Infrastructural facilities Independent of the facilities Provided for other courses(s))	List Enclosed		<b>U</b>
		Yes	No	

<b>20</b>	<b>Financial Position :- (Not Applicable for Government Institutions)</b>			<b>V</b>
	Copy of audited statement for last three financial years of the Society / Trust submitted (Please enclose attested copies)	List Enclosed		
		Yes	No	
Latest Bank Balance Certificate submitted (Please enclose attested copies)	List Enclosed		<b>W</b>	
	Yes	No		

<b>21</b>	<b>Dean/ Principal</b>		
	Name		

	Date of Birth and Age		<b>X</b>
	Qualification (s)		
	Total Experience in Years		
	Date of appointment in the institute(Attach copy of the order)	Attached	
Yes		No	

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
2. All the documents/ attachments must be signed by the principal/ special officer incharge

**Details of fee Submitted for First Time Affiliation for M.Sc. Nursing Course**  
(Please refer to ordinance no. 3 of the MPMSU for the fee structure)

Name of the College: .....

Fee for M.Sc. Nursing Course				
Total No. of subjects in which <b>M.Sc. Nursing Course</b> is permitted				
Total No. of Seats in all subjects in which <b>M.Sc. Nursing Course</b> 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	2000/-		
2	Fee for opening of new course Per Subject per seat sanctioned for annual intake ( <i>one time</i> ) (exemption for government colleges)	50000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	1000/-		
4	University Development Fee	500/-		
5	University Administrative expense (if consent not granted by other University)	2000/-		
		Amount per Subject	Total No. of subjects in which PG Degree is permitted	
6	Cost of Application	1000		
7	Grand Total			

Date :

Seal and Signature of Dean/Principal

**Details of fee Submitted for First Time Affiliation for Increase in Intake for M.Sc. Nursing Course**

Name of the College: .....

Fee for M.Sc. Nursing Course				
Total No. of subjects in which Increase in Intake for <b>M.Sc. Nursing Course</b> is permitted				
Total No. of Increase in Seats in all subjects in which <b>M.Sc. Nursing Course</b> is permitted				
Demand Draft No.				
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	2000/-		
2	Fee for Increase in Intake Per Subject per seat sanctioned for annual intake ( <i>one time</i> ) (exemption for government colleges)	10000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	1000/-		
4	University Development Fee	500/-		
5	University Administrative expense (if consent not granted by other University)	2000/-		
		Amount per Subject	Total No. of subjects in which PG Degree seat is to be increased	
5	Cost of Application	1000		
6	Grand Total			

Date :

Seal and Signature of Dean/Principal





**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 Y-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 Y-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

On Revenue Stamp Paper of rupees 100/-

Annexure Y-5

**Undertaking by Dean/Principal**

(Not applicable to the government college)

I, **Dean/Principal** of \_\_\_\_\_ College hereby give undertaking that the Institute has a feasible and Time bound programme to provide additional equipment and infrastructural facilities like required number of teaching and non teaching staff, space, funds, equipments and teaching beds etc. for starting the higher course as per the recommendations and regulations of Nursing Council of India.

Date :

**Place:**

Seal and Signature of Dean/Principal

**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	Year of Recognition by Indian Nursing Council for existing UG course	B				
3	Year of Recognition by Indian Nursing Council for existing PG course	C				
4	Year of Recognition by Madhya Pradesh State Nursing Council for existing courses	D				
5	Orders of the University in which Provisional Affiliation was granted to conduct existing UG/ PG Courses.	E				
6	M.P. Government Resolution received for Opening of new course/ Increase in Intake/ Seats to the Institute/ Trusts / Societies / Organization.	F				
7	Consent of Affiliation to start new Course/ Increase in Intake capacity, issued Either by MPMSU or Other University	G				
8	Permission letter received from Indian Nursing Council to start new Course/Increase in Intake capacity	H				
9	Subject (s) and No. of Seats in which PG Courses of Nursing faculty are Existing in the institute	I				
10	Subject (s) and No. of Seat for which PG Recognition is applied	J				
11	Subject (s) and No. Seat for which Intake Capacity is to be increased	K				
12	Agreement of Institute with Affiliated Hospital	L				
13	copy of Registration certificate of Hospital	M				
14	Teaching Staff	N-1, N- 2				
15	Non-teaching staff appointed	O				
16	College Building and Infrastructural Facilities	P				
17	Detail of Labs	Q				
18	Audio Visual aids	R				
19	Library facilities (Attach complete list)	S				
20	Equipments in the department (enclose department wise)	T				
21	Whether the Trust/Management is running any other College(s) /course (s).	U				
22	Copy of audited statement for last three financial years of the Society / Trust submitted	V				
23	Latest Bank Balance Certificate submitted	W				
24	Date of appointment of Dean in the institute	X				
25	Undertaking by Dean/Principal	Annex Y-1				
26	Undertaking by Dean/Principal	Annex Y-2				
27	Undertaking by Dean/Principal	Annex Y-3				
28	Undertaking by Dean/Principal	Annex Y-4				
29	Undertaking by Dean/Principal	Annex Y-5				

Seal and Signature of Dean/Principal