



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

Proposal for Academic Year 20..... – 20.....	FACULTY DENTAL	College Code 	University form Receipt no.	
			date of payment for affiliation	
			Recognition letter no. and Date	
FOR UNIVERSITY OFFICE USE ONLY (ACADEMIC PG) www.mpmsu.edu.in				

Application Form for Continuation of Affiliation for Post Graduate Course(s) of Dental Faculty

Instructions: The College / Institutions presently affiliated to this University applying for Continuation of affiliation shall submit **two sets of hard copies and one soft copy (CD)** of application form with D.D. of prescribed fee drawn in favour of the “**Registrar, Madhya Pradesh Medical Science University, Jabalpur, Madhya Pradesh**” on any Nationalised Bank on or before the last day as prescribed by the University in its notification.

(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 Continuation of Affiliation for Post Graduate courses existing in our college, for the **academic year 20.....-20.....**

			Annexure
1	Name of the College		
	Address of the College		
	Phone No.		
	Mobile No.		
	Fax No.		
	Email		
2	Details of fee Submission		A
	Demand Draft No. and Date		
	Drawn on Bank		
	Amount		
Submit detail as per Annexure “A”			

3	M.P. Medical Science University letter granting affiliation for the year 2015 - 16 (attach a copy)		Copy attached		B		
			Yes	No			
4	Has the University pointed out any deficiency to the College				C		
	Yes		No				
	If Yes, Has the College complied with the deficiencies communicated earlier by the University?						
	Yes		No				
	If yes, attach a copy of Compliance Report.		Copy attached				
		Yes	No				
5	Total Number of students on roll during the academic year 2015-2016.				D1,D2		
	Total Number of Seats for which affiliation is required in the academic year 2016 - 17						
	Is there any increase in seat in the current session from the last session?						
	YES		NO				
	If Yes, Attach Subject wise copy of permission for increase in seat by the University and DCI/ GOI						
6	Sl. No.	Subject	PG Degree		PG Diploma		E
			Intake sanctioned by DCI	Student admitted in session 2015 -16	Intake sanctioned by DCI	Student admitted in session 2015-16	
	1						
2							
7	Sanctioned intake capacity Subject wise by the Government of India/DCI for A.Y. 2016-17						
	Sl. No.	Subject	PG Degree		PG Diploma		F
	1						
	2						
Attach detail list according to this proforma							
8	Date of Last visit of DCI in the College/ Institute				G		
	Any Deficiency pointed out Subject wise by DCI?						
	Yes		No				
	If yes, attach a copy of Report of DCI Subject wise.						
If yes attach a copy of compliance report submitted to the DCI Subject wise				H			
9	Information about approved teaching staff. (Submit information as per the proforma attached.)		Copy attached		I		
			Yes	No			
10	Information about non-teaching staff (attach a copy)		Copy attached		J		
			Yes	No			

11	Information regarding Hospital : (Submit information as per the proforma attached.)	Copy attached		K
		Yes	No	
12	Information regarding teaching facilities at College. (Submit information as per the proforma attached.)	Copy attached		L
		Yes	No	
13	Copies of audited statements for last preceding three financial years duly attested.(Not applicable for Govt. Institute)	Copy attached		M
		Yes	No	
	Latest Bank Balance Certificate (Not applicable for Govt. Institute)	Copy attached		N
		Yes	No	

14. Name of the Dean / Principal/Director :- _____

a) Nature of appointment	Permanent	Temporary	Officiating

b) Residential Address

.....

c) Phone no. (O)

(R).....

(M).....

d) Fax no.....

e) Email address.....

I,..... 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.

CHECK - LIST

(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	M.P. Medical Science University letter granting affiliation for the year 2014 - 15	B				
3	Copy of Compliance Report submitted for deficiencies pointed by the University	C				
4	Copy of permission for increase in seat by the University and DCI/ GOI	D1,D2				
5	Detail list according to proforma "E"	E				
6	Sanctioned intake capacity Subject wise by the Government of India/DCI for A.Y. 2015-16	F				
7	Report of Deficiencies pointed out by DCI in last visit, Subject wise.	G				
8	Copy of compliance report submitted to the DCI Subject wise	H				
9	Information about approved teaching staff	I				
10	Information about non-teaching staff	J				
11	Information regarding Hospital	K				
12	Information regarding teaching facilities at College.	L				
13	Copies of audited statements for last preceding three financial years duly attested.	M				
14	Latest Bank Balance Certificate	N				
15	Undertaking by Dean/Principal	Annexure O-1				
16	Undertaking by Dean/Principal	Annexure O-2				
17	Undertaking by Dean/Principal	Annexure O-3				
18	Undertaking by Dean/Principal	Annexure O-4				

Seal and Signature of Dean/Principal

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	Permanent	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

Proforma regarding Information of Hospital for P.G. course

1. Own Hospital

a) Whether minimum 100 bedded Allopathic

General Hospital is attached to the Dental College : Yes / No

(Attach contract copy and proof of ownership, if applicable)

b) I.P.D.

c) Daily OPD :

Total Patients:No. of New Patients :No. of Old Patients :

d) Running Dental Hospital with good No. of patients, equipped with 10 Dental Chairs and units, should be available during 1st B.D.S. For the admission of 40, 60, 100.

2. Dental Chairs :

3. Bed strength :

4. Bed Occupancy :

5. Equipments : Adequate / Inadequate. (attach list as per DCI norms)

6. Paramedical Staff : Adequate / Inadequate.

7. Space : Sufficient / Insufficient.

8. Student Patient Ratio :

9. Laboratories :

10. Casualty Department : Yes / No

11. ICU bed strength : :

**Seal & Signature
Principal / Dean**

(P.G. Course)

Proforma regarding Information of College infrastructure, Library & Hostel etc.

1) College infrastructure :

- i. Own Land (enclose copy of 7/12) : 5 Acres (minimum)
- ii. Own College Building : Yes / No.
- iii. Built-up area :

Intake Capacity -	40	60	100
Ist year requirement as per DCI norms -	16000 Sq. Ft.	24000 Sq. Ft.	40000 Sq. Ft.

2) Library :

- i. No. of Books available :
- ii. No. of Journals available :
- iii. Reading room for staff : Available / Not available
- iv. Reading room for students : Available / Not available

3) Hostel:

- i. Girls Hostel : Own / Rented, Capacity :
- ii. Boys Hostel : Own / Rented, Capacity :

Seal & Signature

Principal / Dean

UNDERTAKINGS

On Revenue Stamp Paper of rupees 100/-

Undertaking by Dean/Principal

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

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 'O'-3

Undertaking by Dean/Principal

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 'O'-4

Undertaking by Dean/Principal

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

Faculty : Dental

College Code

ANNEXURE "A"

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Details of fee Submitted for Continuation of Provisional Affiliation for PG Degree/ Diploma Course

- Name of the College:
- Total No. of subjects in which PG Degree (MDS) is permitted.....
- Total No. of subjects in which PG Diploma is permitted.....
- Total No. of Seats in all subjects in which PG Degree (MDS) is permitted.....
- Total No. of Seats in all subjects in which PG Diploma is permitted.....

Fee for PG Degree (MDS)				
Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	3,000/-		
2	Continuation of Provisional Affiliation	4,000/-		
3	University Administrative Expenses Fee (UAE)	3,000/-		
4	IT Fees	2,000/-		
5	University Development Fee	800/-		
		Amount per Subject	Total No. of subjects in which PG Degree is permitted	
6	Cost of Application	2000		
7	Grand Total			

Fee for PG Diploma				
Sl. No.	Fee Head	Amount per Seat	Sanctioned Seats	Total (B x C)
	A	B	C	D
1	Inspection Fee	2,000/-		
2	Continuation of Provisional Affiliation	3,000/-		
3	University Administrative Expenses Fee (UAE)	2,000/-		
4	IT Fees	2,000/-		
5	University Development Fee	500/-		
		Amount per Subject	Total No. of subjects in which PG Diploma is permitted	
6	Cost of Application	2000		
7	Grand Total			

Date :

Seal and Signature of Dean/Principal