



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

Proposal for Academic Year <b>201_ - 201_</b>	<b>FACULTY</b> <b>AYURVEDA</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 B.A.M.S. Course(s) of Ayurveda 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 favor 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.A.M.S. course 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		

4	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

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

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

7	<b>Sanctioned intake capacity</b>					
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 CCIM	CCIM letter no. & date	
1	B.A.M.S.					

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

9	<b>Availability of the teaching staff</b> ( Attach detailed list as per SCHEDULE – IV of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals Regulations, 2012) (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) Minimum Teaching staff required for 60 Intake capacity for First year  
(Attach detailed list as per SCHEDULE – V of Minimum Standard Requirements of Ayurveda  
Colleges and attached Hospitals Regulations, 2012)

NAME OF DEPARTMENT	Professor			Reader			Lecturer		
	R	A	D	R	A	D	R	A	D
SamhitaSiddhant	1*			1*			1		
Sanskrit							1		
Rachana Sharir	1*			1*			1		
Kriya Sharir	1*			1*			1		
Total									
<b>(*) Either Professor or Reader</b>									

(B) Minimum Teaching staff required for 60 – 100 Intake capacity for First year  
(Attach detailed list as per SCHEDULE – V of Minimum Standard Requirements of Ayurveda  
Colleges and attached Hospitals Regulations, 2012)

NAME OF DEPARTMENT	Professor			Reader			Lecturer		
	R	A	D	R	A	D	R	A	D
SamhitaSiddhant	1			1			1		
Sanskrit							1		
Rachana Sharir	1			1			1		
Kriya Sharir	1			1			1		
Total									

10. 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)

**11. Building: -**

S.no.	Item	60 students	60 – 100 students	
1	Land ( Attach documents)	3 Acre	5 Acre	H
2	<b>College Building construction</b> ( Attach detailed list as per SCHEDULE – II of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)	2000 square meter	4000 square meter	I
3	<b>Hospital Building construction</b> ( Attach detailed list as per SCHEDULE – I of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)	2000 square meter	3500 square meter	J
4	<b>Herbal Garden:</b> With 100 medicinal plants ( Attach detailed list as per SCHEDULE – III of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)(Total area may vary upto 20%)	2500 square meter	4000 square meter	K

12	Hospital bed and Patients information					
	Number of Beds available		Minimum average number of IPD per day in year		Minimum average number of OPD per day in year	
	CCIM	Available	CCIM	Available	CCIM	Available
60 students	60		24		120	
60 – 100 students	100		40		200	

13	Detailed list of OPD Departments as per norms of CCIM			L1
	Detailed list of IPD Departments as per norms of CCIM			L2
14	List of equipments and machinery available department wise ( Attach detailed list as per SCHEDULE – VII of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012)			M
15	<b>Library</b> (Attach separate list of Books and Journals available as per provisions of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals Regulations, 2012)	Available / Not available		N
	If available how much area			
	No. of Text books			
	No. reference books			
	No. journals for subjects			
	No. journals for Allied subject			
16	<b>Details of Technical and Other Non teaching staff of the College</b> ( Attach detailed list as per SCHEDULE – VI of Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals Regulations, 2012)			O
17	<b>Financial Position :- (Not Applicable for Government Institutions)</b>			P
	Copy of audited statement for last three financial years of the Society / Trust submitted ( <i>Please enclose attested copies</i> )	List Enclosed		
		Yes	No	
	Latest Bank Balance Certificate submitted ( <i>Please enclose attested copies</i> )	List Enclosed		
		Yes	No	
			Q	

18. 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 \_\_\_\_\_  
Date \_\_\_\_\_

**Name and Signature of the Dean/Principal**  
**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 CCIM 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	Detailed paper of Land Alotment	H				
9	College Building construction details	I				
10	Hospital Building construction details	J				
11	Herbal Garden details	K				
12	Detailed list of OPD and IPD Departments	L1, L2				
13	List of equipments and machinery available department wise	M				
14	Library facilities (Attach complete list)	N				
15	Details of Technical and Other Non teaching staff of the College	O				
16	Copy of audited statement for last three financial years	P				
17	Latest Bank Balance Certificate submitted	Q				
18	Undertaking by Dean/Principal	Annexure 'R'-1				
19	Undertaking by Dean/Principal	Annexure 'R'-2				
20	Undertaking by Dean/Principal	Annexure 'R'-3				
21	Undertaking by Dean/Principal	Annexure 'R'-4				

Seal and Signature of Dean/Principal

**Details of fee Submitted for First Time Affiliation for B.A.M.S. Course**

Name of the College: .....

Fee for B.A.M.S. Course				
No. of Seats in which B.A.M.S. Course 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)
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1	Inspection Fee	500/-		
2	Fee for opening of new College Per Subject per seat sanctioned for annual intake ( <i>one time</i> ) (exemption for government colleges)	10,000/-		
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)
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
1	Inspection Fee	500/-	60	30000
2	Fee for opening of new College Per Subject per seat sanctioned for annual intake ( <i>one time</i> ) (exemption for government colleges)	10,000/-	60	6,00,000
3	IT Fees Per Subject per seat sanctioned for annual intake	1000/-	60	60000
4	University Development Fee	200/-	60	12000
5	University Administrative expense (if consent granted by other University)	1000/-	60	60000
		Fixed Amount		
6	Cost of Application	5,000		5,000
7	Grand Total			7,67,000

**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 'R'-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 'R'-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