



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 College of Health Sciences

Instructions:

1. The management seeking Letter of Consent for Increase in Intake/ Seats, 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 college, Following are the particulars:

							ANNEXURE/ PAGE NO.
1.	Name of the Society/ Institution: <i>(Not Applicable for Government owned Institute/ College)</i>	_____					
	Address of the Society/ Institution:	_____ _____					
	PIN code:						
	Phone No.(O) :						
	Fax No. :						
	Applicant 's (R) :						
	Email Address:						
	Mobile No. :						

2.	Name of the proposed College			
	Postal Address of the proposed College			
	PIN code:			
	Phone No.(O) :			
	Fax No. :			
	Applicant 's (R) :			
	Email Address:			
	Mobile No. :			

3.	New College of	<i>Medical</i>		<i>Dental</i>		
		<i>Ayurved</i>		<i>Unani</i>		
		<i>Homoeopathy</i>		<i>Siddha</i>		
		<i>Naturopathy & Yoga</i>		<i>B.Sc.(Nur)</i>		
		<i>Paramedical (Physiotherapy)</i>		<i>P.B.B.Sc. (Nur)</i>		
		<i>Paramedical (Other)</i>				
	Specify Course (i.e. M.B.B.S., B.D.S.)	1. _____ 2. _____				
Intake Capacity per Course	1. _____ 2. _____					
Academic year for which first batch is proposed						

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

5	Number and date of the Registration of Society / Institution: (Enclose attested copies of Registration) <i>(Not Applicable for Government owned Institute/ College)</i>	Registration No. _____	B-
		Date _____	

6	A copy of the constitution of the Foundation Society (Memorandum of Understanding); (Enclose attested copies of Constitution and Memorandum of Association) <i>(Not Applicable for Government owned Institute/ College)</i>	Copy Attached		C-
		Yes	No	

7	The Trusts / Societies / Organisation shall produce a copy of the Trust Deed. <i>(Not Applicable for Government owned Institute/ College)</i>	Copy Attached		D-
		Yes	No	

8	The resolution of the Management in respect of opening of new College / Institute with reference to the provision in the memorandum of the Society / Institute (Enclose copy of the Resolution) <i>(Not Applicable for Government owned Institute/ College)</i>	Resolution No. _____ Date _____	E-
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9	“ Essentiality Certificate ”, issued by the Government of Madhya Pradesh for starting new college/institute of health science, to the Trusts / Societies / Organisation. <i>(Not Applicable for Government owned Institute/ College)</i>	Copy Attached		F-
		Yes	No	

10	Readiness of 1st year requirements													
	a) Land	i) Whether the land is owned by the Applicant Society / Trust <i>(Attach copy of land documents i.e. 7/12 extract / property card)</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">If yes, then Area</td> </tr> <tr> <td>Acre</td> <td>Hectors</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			If yes, then Area		Acre	Hectors			G-
		Yes	No											
		If yes, then Area												
		Acre	Hectors											
		ii) Whether the land is registered through a Sale Deed / Gift Deed / Leased from the Government / Private bodies in the name of the Applicant Society / Trust. <i>(Please tick)</i> . <i>(Attach copy of registered Sale Deed / Gift Deed etc.)</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">If yes, then Registration Number : _____</td> </tr> <tr> <td colspan="2">Date of Registration : _____</td> </tr> <tr> <td colspan="2">Place of Registration : _____</td> </tr> </table>	Yes	No			If yes, then Registration Number : _____		Date of Registration : _____		Place of Registration : _____		H-
Yes		No												
If yes, then Registration Number : _____														
Date of Registration : _____														
Place of Registration : _____														
iii) If more than one 7/12 extracts / Property cards <i>(Attach a copy of map showing the land is in one piece)</i>	<table border="1"> <tr> <td colspan="2">Map attached</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Map attached		Yes	No			I-						
Map attached														
Yes	No													
iv) Date of possession of land <i>(Please attach a copy of possession certificate.)</i>	<table border="1"> <tr> <td colspan="2">Copy attached</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Copy attached		Yes	No			J-						
Copy attached														
Yes	No													
v) Any loans/ mortgage shown against the title of the land	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">If yes, How much? Rs. _____</td> </tr> </table>	Yes	No			If yes, How much? Rs. _____								
Yes	No													
If yes, How much? Rs. _____														
vi) Whether the land is Non-Agriculture (N.A.) <i>(If yes, then enclose copy of N.A. certificate.)</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			K-								
Yes	No													
vii) Whether the copy of latest Search Report of the land shown for proposed college is attached along with the proposal	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No			L-								
Yes	No													

	b) Building	i) If Constructed- total built up area (Attach a certified copy of plan of building by an Architect and completion certificate) OR If not constructed: Attach certified copy of drawing plan of proposed building as per Council norms by an Architect.	Sq. ft. _____	M-																		
			Yes No																			
		ii) Provision of Library	Yes No																			
		iii) Provision of Laboratories	Yes No																			
		iv) Class Rooms & Administrative blocks	Yes No																			
c) Teaching and Non Teaching Staff		i) Principal/Dean (Applicant must obtain the consent of joining of qualified and eligible Principal/Dean on Rs. 100/- Stamp paper duly notarized) <i>(Not Applicable for Government owned Institute/ College)</i>	Consent obtained	N-																		
			Yes No																			
		ii) Other Teaching Staff (Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and teaching staff as per respective Apex Council on Rs. 100/- Stamp paper duly notarized) <i>(Not Applicable for Government owned Institute/ College)</i>	Undertaking by applicant		O-																	
	Yes No																					
		iii) List of non teaching staff appointed	Attached	P-																		
			Yes No																			
11	Hospital	<table border="1"> <thead> <tr> <th colspan="2">Hospital</th> <th>Own</th> <th>Attached*</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Hospital		Own	Attached*														
		Hospital		Own	Attached*																	
		i) Name of the Hospital _____																				
		ii) Faculty <i>Please ✓ tick in the appropriate box</i> <table border="1"> <tbody> <tr> <td>Medical (Allopathic)</td> <td></td> <td>Naturopathy & Yoga</td> <td></td> </tr> <tr> <td>Dental</td> <td></td> <td>Homoeopathy</td> <td></td> </tr> <tr> <td>Ayurved</td> <td></td> <td>Unani</td> <td></td> </tr> <tr> <td>General Hospital</td> <td></td> <td>Paramedical (Allied Health)</td> <td></td> </tr> </tbody> </table>				Medical (Allopathic)		Naturopathy & Yoga		Dental		Homoeopathy		Ayurved		Unani		General Hospital		Paramedical (Allied Health)		
		Medical (Allopathic)		Naturopathy & Yoga																		
Dental		Homoeopathy																				
Ayurved		Unani																				
General Hospital		Paramedical (Allied Health)																				
iii) Date of Establishment			Date: _____																			
iv) Date of Registration <i>(Attach a copy of Registration certificate)</i>			Date: _____	Q-																		
			Attached																			
			Yes No																			
v) No. of Beds available			Male																			
			Female																			
			Total																			

		vi) OPD (No. of Patients per year) _____			
		vii) IPD (No. of Patients per year) _____			
		viii) No. of wards (Enclose the list separately with bed strength.)	List Enclosed		R-
			Yes	No	
		ix) Built-up area _____ (Submit a drawing plan duly certified by Architect.)	drawing plan		S-
			Yes	No	
		x) Attach list of equipments and infrastructure facilities available	List Enclosed		T-
			Yes	No	
		xi) List of Para-medical Staff	List Enclosed		U-
			Yes	No	
		xii) Provision for Dental Chairs (For Dental College only)	Yes	No	

*Note :				V-
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. (Not Applicable for Government owned Institute/ College)				
2) There should be own running hospital of the applicant's Society / Trust for Medical, Ayurved, Unani & Homoeopathy faculties.				

12	Hostel	i) Provision for boys hostel	Yes	No	
		ii) Provision for girls hostel	Yes	No	
		iii) If Constructed- total built up area : _____ Sq. ft. (Attach a certified copy of plan of Hostel building by an Architect)	Attach copy of plan		W-
			Yes	No	
iv) If not constructed : (Certified copy of drawing plan of proposed building as per Apex Council norms by an Architect)	Certified copy attached				
			Yes	No	

13	a) Detailed information regarding the School(s) and College(s) run other than this by the applicant Society / Institution with year of establishment. (Attach detailed separate sheet, if applicable) (Not Applicable for Government owned Institute/ College)		X-
	b) if the applicant institute is running following nursing programmes and now applied for starting of B.Sc. Nursing college, please submit following details :- (Not Applicable for Government owned Institute/ College)		
	Nursing programme	Intake	Name of the attached hospital with number of beds
	ANM		
	GNM		

e) if the applicant institute is applying for <i>P.B.B.Sc.Nursing:-</i> <i>(As per INC circular dated 11 July 2012, application for P.B.B.Sc.(N) will be considered only in case of recognized institutions conducting B.Sc.(N) Course)</i>		
<i>Year of starting B.Sc. (N) Programme</i>		
<i>intake capacity</i>		

14	Financial position of the Society / Institution as on 31st March of the Financial Year <i>Encls: i) Copies of audited statements for last preceding three financial years.</i> <i>ii) Attach latest bank balance certificate.</i> <i>(Not Applicable for Government owned Institute/ College)</i>	<i>i)Copies of audited statements attached</i>		Y-
		Yes	No	
		<i>ii)Copies of latest bank balance attached</i>		Z-
		Yes	No	
	<i>iii) Budgetary provisions to establish the college for next 5 years</i> <i>(Not Applicable for Government owned Institute/ College)</i>	Certified copy attached		AA
		Yes	No	

I solemnly declare that, information furnished above is true and correct to the best of my knowledge.

Place:

Signature of the Officer authorized by the Government/ Chairman / Secretary

Date:

Seal of the Society / Institution

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 may be rejected.**

Undertaking

(Undertaking by The President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and teaching staff as per norms of respective Apex Council)

(To be executed on Rs. 100/- Stamp paper and attested by Notary Public)

(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 College / Institute,
- (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.
- (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) Laboratories will be provided for the course(s),
- (g) Local managing committee will be formed for the proposed College / Institute as per the provision of the Act, Statutes, Ordinances and Regulations of the University.
- (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 may be rejected if the same is incomplete and not supported with necessary documents.**
- (j) All instructions & information has been carefully read, understood by me.

Place :

Signature of the President / Secretary

Date :

Seal of the Society / Institution / Trust

Undertaking

Regarding correctness of documents submitted about Land, Building, Ownership, Lease etc.

(To be executed on Rs. 100/- Non judicial Stamp paper and attested by Notary Public)

(Not Applicable for Government owned Institute/ College)

I/We,..... Son of..... residing
at..... the Owner/Chairman/Proposer of the
.....(Organization/Institution),Profession.....Age
..... do hereby solemnly affirm and state as follows:-

1. That, the documents submitted along with the application for opening of a new college such as regarding Survey No. of land/Building, Area of land/building, Ownership of land/building, Lease agreement and other documents related with the land/building of the proposed college/institute of Health Sciences, are true and correct to the best of my/our knowledge.
2. That the search report submitted along with the proposal for opening of a new college related with the land/building of the proposed college/institute of Health Sciences, is true and correct to the best of my/our knowledge.
3. I/we also state that I/we have personally verified these documents and are found correct as per the respective record of concerned authorities.
4. I/We further state that no addition / deletion / alteration is found or made in any of the documents submitted along with the application for opening of a new college / institute.
5. I/We undertake that if any dispute or claim arises in future about any document submitted by me / us, I/We shall indemnify, defend and hold harmless to the University.
6. I/We further undertake that the University will be free to initiate any action, including the action of disaffiliation, if it is revealed at any time that any of the documents submitted along with the application are fake / altered or fabricated.
7. I/We further undertake that our college / institute shall be governed by and construed in accordance with the provisions of MPMSU Act 2011, the statutes, ordinances, rules-regulations, directions made there under and decisions of various authorities and bodies of the University.

Signature of Deponent

Undertaking

Regarding Endowment Fund

(Not Applicable for Government owned Institute/ College)

(To be executed on Rs. 100/- Non judicial Stamp paper and attested by Notary Public)

The Institution/College has sufficient funds to deposit as Endowment Fund and the Foundation Society shall deposit the Endowment Fund with the University within the time period as prescribed by the University.

Place :

Signature of the President / Secretary

Date :

Seal of the Society / Institution / Trust

Undertaking

(Not Applicable for Government owned Institute/ College)

(To be executed on Rs. 100/- Non judicial Stamp paper and attested by Notary Public)

No student shall be admitted to the institution/College until the admission prayed for has been granted by the University.

Place :

Signature of the President / Secretary

Date :

Seal of the Society / Institution / Trust

Undertaking

(To be executed on Rs. 100/- Non judicial Stamp paper and attested by Notary Public)

(Not Applicable for Government owned Institute/ College)

Proper and latest Information technology equipment and infrastructural communication facilities shall be available in the institute to establish communication with the University, as prescribed by the University from time to time,

Place :

Signature of the President / Secretary

Date :

Seal of the Society / Institution / Trust

FORM OF RESOLUTION

(Not Applicable for Government owned Institute/ College)

Subject: - Opening of New Health Sciences College in the Faculty of From the academic year 20 – 20

Resolution: - No. Dated:

In view of the above subject this Management of.....
(Name of the Society/Institution/Trust)

In its meeting held on.....resolved unanimously that the Health Sciences College in the Faculty of be started at
(Place with address)

From the academic year 20 –20

Resolution proposed by _____

Seconded by _____

Date: -

Place: -

Signature of President / Secretary

Seal

Consent of Principal

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

(Not Applicable for Government owned Institute/ College)

I, the undersigned Dr/Mr./Mrs./Smt..... Age

..... Years. Presently working as.....

Department.....at.....

I herewith give my consent to join as Dean / Principal to the proposed..... College

to be setup by

Society / Trust at as and when required.

My educational qualifications are as follows:-

Sr. No.	qualification	Name of University	Year of Passing	Subject

I will faithfully serve the Institute in this capacity to the best of my ability.

Seal of
Notary

Signature

Name in Full

Address

Undertaking for appointing 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 undertaking that the required teaching staff will be appointed for the
.....(name of the proposed pathy college) to
be established at(name of the place) as per
the norms of(name of the respective council) and Madhya
Pradesh Medical Science University, Jabalpur (M.P.) at the time of first affiliation.

Place :

Signature

Date :

Name of the President / secretary:

Seal of Notary

CHECK - LIST

(Please attach papers as per check list and flag the appendices)

Sr.No	Documents description (Attach detailed information as per norms of Apex Council)	Enclosed at Page No. of application form				
		Appendices	Yes	Not applicable	Page No.	For University Office Use
1	Demand Draft of prescribed fees	A				
2	Certified copy Registration of Society / Institution:	B				
3	Certified copy of constitution and Memorandum of Association	C				
4	Certified copy of the Trust Deed.	D				
5	Copy of Resolution (Original) of Management	E, U-6				
6	Copy of “ Essentiality Certificate ”, issued by the Government of Madhya Pradesh	F				
7	Land earmarked for the College (Attach copy of 7/12 extract / property card.)	G				
8	If lease deed, copy of registered lease deed	H				
9	Map of Village / Town / City showing land is in one piece. (In case where more than one 7/12 extracts)	I				
10	Attach a copy of Land possession certificate.	J				
11	Certificate / Document regarding Non-Agriculture of land	K				
12	The copy of latest Search Report of the land shown for proposed college	L				
13	Certified copy of drawing plan of building / proposed building plan by Architect.	M				
14	Consent of joining of Principal / Dean (given on Rs. 100/- stamp paper duly notarized)	N, U-7				
15	Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and staff. (given on Rs. 100/- stamp paper duly notarized)	O, U-1				
16	List of non teaching staff appointed	P				

17	Registration of Hospital	Q				
18	Certified copy of No. of wards with bed strength in the Hospital	R				
19	Drawing plan of Hospital duly certified by Architect	S				
20	List of equipments and infrastructure facilities available	T				
21	List of Paramedical Staff appointed	U				
22	If attached hospital(s), (please attach separate memorandum of understanding (MOU) for each attached Hospital on Rs. 100/- stamp paper duly notarized)	V				
23	Attach a certified copy of plan of Hostel building by an Architect	W				
24	List of schools/ colleges etc. run by society / trust	X				
25	Copies of audited statements for last preceding three financial years duly attested.	Y				
26	Latest Bank Balance Certificate	Z				
27	Budgetary provisions to establish the college for next 5 years	AA				
28	Undertaking regarding correctness of documents submitted about Land, Building, Ownership, Lease etc. (given on Rs. 100/- stamp paper duly notarized)	U-2				
29	Undertaking Regarding Endowment Fund	U-3				
30	Undertaking Regarding Student admission	U-4				
31	Undertaking Regarding Information technology	U-5				
32	Undertaking Regarding teaching staff	U-8				

<p>CERTIFICATE I hereby certify that papers are attached as per the check list. (Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).</p>		<p>Signature of MPMSU Scrutiny Officer</p>
<p>Place Date :</p>	<p>Chairman / Secretary</p>	