



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

Proposal for Academic Year 201_ - 201_	FACULTY MEDICAL	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 First Affiliation of a New College / Institution, New Course, Increase in Intake, for Post Graduate Course(s) of Medical 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 Post Graduate 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		A
	Demand Draft No.		
	Drawn on Bank		
	Amount		

3	Starting of MBBS course in the College (attach a copy of MCI/Govt. of India notification)		B
	Date		
	year		

4	Recognition of MBBS degree (If, yes attach a copy of University letter)	Yes	No	C

5	Recognition of already running PG degree (if any) (If, yes attach a copy of University letter)	Yes	No	D

6	Recognition of already running Super specialty degree (if any) (If, yes attach a copy of University letter)	Yes	No	E
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7	Consent of Affiliation to start new PG Course/ Super specialty Course/ Increase in Intake capacity, issued Either by MPMSU or Other University (Attach a copy of Consent letter)	Yes	No	F

8	Permission letter received from Govt. of India to start new PG Course/ Super specialty Course/ Increase in Intake capacity, (If, yes attach a copy of Permission letter)	Yes	No	G

9	Permission letter received from Medical Council of India to start new PG Course/ Super specialty course/ Increase in Intake capacity, (If, yes attach a copy of Permission letter)	Yes	No	H

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

11	Sanctioned intake capacity						J
Sr. No.	Degree	Subject	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 MCI/ Government of India	MCI/ GO letter no. & date	
1	PG Diplomas						
2	PG Degrees						
3	Super specialties						

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

12	Name of the Principal of the College	
	Date of joining the College	
	Qualification	
	Designation	

13. Availability of the teaching staff for the subject for which Government Resolution is issued to start new PG Course/ Super specialty course/ Increase in Intake capacity: (as per MCI norms)

Sr. No.	Degree	Name of Subjects	Intake sanctioned	Existing			K-1
				Prof.	Asso. Prof.	Lect.	
1	PG Degrees						
2	PG Diplomas						
3	Super specialties						

(Detail list should be attached, subject wise, with Name of the P.G. teacher, Qualification, Experience as per above proforma):-

14. No. of seats applied by the college for increase in Intake for PG Course/ Super speciality 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)	L
1						
2						
3						
4						
5						
6						

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

15	Academic year of new PG Course/ Super speciality course/ Increase in Intake capacity, proposed to be started	
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16	Hospital (Detailed list should be attached, subject wise, as per norms of Apex council)			M
A	Owned or Rented If rented, name & full address of the Hospital and distance from College (Please attach copy of agreement)	Owned	Rented	
B	Information of the Hospital			
	i	Total Bed Strength		
	ii	Department wise Bed Strength		
		No.	Department	No. of Beds
	a		Medicine	
	b		Paediatrics	
	c		Psychiatry	
	d		T.B. & Chest	
	e		Dermatology, STD & leprosy	
	f		Infectious	
	g		General Surgery	
	h		Orthopaedics	
	i		ENT	
	j		Obst. & Gynae	
	k		Ophthalmology	
	l		ICU	
			ICCU	
	m		Emergency	
	n		Super speciality(Please specify)	
	o		Any other (Please specify)	
			TOTAL	
	iii	Average Indoor Admissions per day		
	iv	Average Outpatient attendance per day For last three years (year wise)		
		YEAR..... patients / day		
		YEAR..... patients / day		
		YEAR..... patients / day		

	v	Average Bed Occupancy (%) For last three years (year wise) YEAR..... Bed Occupancy (%)..... YEAR..... Bed Occupancy (%)..... YEAR..... Bed Occupancy (%).....		
	vi	Casualty department : Yes/No		
	vii	Blood Bank : Size :	YES NO	
	viii	C.T. / M.R.I.	YES NO	
C	Laboratories			
i	Central Lab: (Average no. of investigations per day).....			
	a	Bio Chemistry		
		i) Clinical Biochemistry :tests / day		
		ii) Endocrinology:		
	iii) Other Fluids:			
	b	Pathology		
		i) Haematology :day		
		ii) Cytology :day		
		iii) Histo-pathology :day		
	iv) Blood bank :day			
	c	Micro-biology		
		i) Bacteriology :day		
		ii) Serology :day		
		iii) Mycology :day		
iv) Parasitology :day				
v) Virology:				
vi) Immunology :day				
ii	Wards side lab available -	Yes	No	
iii	Emergency round the clock	Yes	No	
iv	Any other specialized laboratory : Please attach a list of investigations conducted			
v	Central Research Laboratory	YES	NO	
	(Attach list of staff with Name & Designation)			
	(Attach list of equipments)			
D	Research: Indicate Department wise number of publications in indexed / non-indexed journals / books / monograms from the institution during the last 5 years. (Attach list separately with Title of Research article & Name of Author)			
E	Availability of			
	a	Incinerator / Common Biomedical waste Management facility as per norms	Available	Not Available
	b	Central laundry / Contract as per norms	Available	Not Available
	c	Kitchen / Contract as per norms	Available	Not Available
F	Radio diagnosis and Imaging Department			
	i	Total no. of equipment's :		
	ii	No. of investigations /Year :		

		a) Total no. of conventional X-rays:		
		b) Total no. of special investigations: No. of USG examinations: CT Scan MR Scan Mammo Graphy Barium studies / IVP :		
	iii	X-ray record section as per norms	Available	Not Available
	iv	24 hours Emergency diagnostic facilities	Available	Not Available
G	Radiotherapy Department			
	i	Total no. of patients registered / year :		
	ii	no. of equipments :		
	iii	Teletherapy No. of equipments.....		
	iv	Brachytherapy Specialised clinics :		
H	Anaesthesiology Department & Operative Facilities (Surgical)			
a	Operation theatres			
	i	Number:		
	ii	Equipments as per norms (attach list)	Adequate	Inadequate
	iii	Air conditioning/ Central Cooling system as per norms	Available	Not available
b	Anaesthesiology Section			
	i	Equipments (attach list)		
	ii	Facilities for different type of anaesthetics as per norms	Available	Not Available
	iii	Pre anaesthetic clinic	Available	Not Available
	iv	Post anaesthetic care unit	Available	Not Available
I	Intensive care unit			
	i	Special Staff : (Attach separate list with Name Designation)		
	ii	Facilities Available (Attach separate list)		

17	LIBRARY FACILITIES (Please attach detail list department wise wherever necessary as per norms of Apex council)			N
A	CENTRAL LIBRARY			
	1	Space in sqft.....		
	2	Reading Room as per norms	Available	Not Available
	3	No. of Books.....		
	4	No. of Periodicals Subscribed annually	National.....	International.....

	5	Back Nos. of journals	No. of Journals	
			No. of back volumes	
	6	Photocopy facility	Available	Not Available
	7	No. of computers.....		
	8	Internet facilities	Available	Not Available
9	Whether qualified Librarian appointed		YES	NO
10	Web or Digital Library account of the University available		YES	NO
B	DEPARTMENTAL LIBRARY			
	1	Name of the Department		
	2	Space		
	3	No. of Books		
	4	No. of Journals	National.....	
			International.....	
	5	No. of computers		
6	Internet facilities	Available	Not Available	

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	Starting of MBBS course in the College (attach a copy of MCI/Govt. of India notification)	B				
3	Recognition of MBBS degree (Attach a copy of University letter)	C				
4	Recognition of already running PG degree (if any) (If, yes attach a copy of University letter)	D				
5	Recognition of already running Super specialty degree (if any) (If, yes attach a copy of University letter)	E				
6	Consent of Affiliation to start new PG Course issued Either by MPMSU or Other University (Attach a copy of Consent letter)	F				
7	Permission letter received from Govt. of India to start new PG Course (Attach a copy of Permission letter)	G				
8	Permission letter received from Medical Council to start new PG Course (Attach a copy of Permission letter)	H				
9	Madhya Pradesh Government Resolution received to start new PG Course (Attach a copy of Resolution letter)	I				
10	Sanctioned intake capacity (Please attach subject wise list separately as per proforma)	J				
11	Availability of the teaching staff for the New PG Course subject wise as per MCI norms	K-1, K-2				
12	No of increased seats sanctioned by the Govt. to the college (For Increase in Intake capacity only)	L				
13	Hospital Facility (Detailed list should be attached, subject wise, as per norms of Apex council)	M				
14	Library facilities (Attach complete list)	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

Details of fee Submitted for First Time Affiliation for PG Degree/ Diploma Course

Name of the College:

Fee for PG Degree (MD/MS)				
Total No. of subjects in which PG Degree (MD/MS) is permitted				
Total No. of Seats in all subjects in which PG Degree (MD/MS) 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	3000/-		
2	Fee for opening of new course Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges)	300000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	2000/-		
4	University Development Fee	800/-		
5	University Administrative expense (if consent granted by other University)	3000/-		
		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				
Total No. of subjects in which PG Diploma is permitted				
Total No. of Seats in all subjects in which PG Diploma 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 opening of new course Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges)	200000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	2000/-		
4	University Development Fee	500/-		
5	University Administrative expense (if consent granted by other University)	2000/-		
		Amount per Subject	Total No. of subjects in which PG Diploma is permitted	
6	Cost of Application	2000		
7	Grand Total			

Fee for Super specialty course				
Total No. of subjects in which Super specialty course is permitted				
Total No. of Seats in all subjects in which Super specialty course 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	10000/-		
2	Fee for opening of new course Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges)	10,00,000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	5000/-		
4	University Development Fee	1000/-		
5	University Administrative expense (if consent granted by other University)	10000/-		
		Amount per Subject	Total No. of subjects in which PG Degree is permitted	
6	Cost of Application	2000		
7	Grand Total			

Date :

Seal and Signature of Dean/Principal

Appendix "A"

Details of fee Submitted for First Time Affiliation for Increase in Intake for PG Degree/ Diploma Course

Name of the College:

Fee for PG Degree (MD/MS)				
Total No. of subjects in which Increase in Intake for PG Degree (MD/MS) is permitted				
Total No. of Increase in Seats in all subjects in which PG Degree (MD/MS) 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	3000/-		
2	Fee for Increase in Intake Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges)	100000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	2000/-		
4	University Development Fee	800/-		
		Amount per Subject	Total No. of subjects in which PG Degree is permitted	
5	Cost of Application	2000		
6	Grand Total			

Fee for PG Diploma				
Total No. of subjects in which Increase in Intake for PG Diploma is permitted				
Total No. of Increase in Seats in all subjects in which PG Diploma 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)	50000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	2000/-		
4	University Development Fee	500/-		
		Amount per Subject	Total No. of subjects in which PG Diploma is permitted	
5	Cost of Application	2000		
6	Grand Total			

Fee for Super specialty course				
Total No. of subjects in which S Increase in Intake for uper specialty course is permitted				
Total No. of Increase in Seats in all subjects in which Super specialty course 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	10000/-		
2	Fee for Increase in Intake Per Subject per seat sanctioned for annual intake (<i>one time</i>) (exemption for government colleges)	1,00,000/-		
3	IT Fees Per Subject per seat sanctioned for annual intake	5000/-		
4	University Development Fee	1000/-		
		Amount per Subject	Total No. of subjects in which PG Degree is permitted	
5	Cost of Application	2000		
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 'O'-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 'O'-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