

Proposal for academic year

Registration No.

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2014 - 2015

(For Office use only)



## Maharashtra University of Health Sciences, Nashik

### Application for Opening of New College

(Under Section 64 of the Maharashtra University of Health Sciences Act, 1998)

- N.B.
1. The management seeking permission to open a new College or Institute shall submit the application in **three copies** in the prescribed format to the Registrar, Maharashtra University of Health Sciences, Nashik – 422 004, before the last working day of October of the year preceding the year for which the permission is sought, along with D.D. of prescribed fees drawn in favour of **The Registrar, Maharashtra University of Health Sciences, Nashik** on any Nationalized Bank.
  2. Please read the instructions carefully before filling the form.

To,

**The Registrar**

Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik – 422 004.

Sir,

I am / we are submitting herewith the application with a request, under Section 64 (3) of the Maharashtra University of Health Sciences Act, 1998 for opening of

New<sup>\*</sup> .....College at ..... Tal.....  
Dist. ....for ..... intake capacity from the academic year 2014 - 15

Following are the particulars:

- 1) Name and address of the Society/Institution :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN code : \_\_\_\_\_

Phone No.(O) : \_\_\_\_\_

Fax No. : \_\_\_\_\_

Applicant 's (R) : \_\_\_\_\_

Email Address : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

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<sup>\*</sup> Mention the name of faculty i.e. Medical / Dental / Ayurved / Unani / Naturopathy & Yoga / Homoeopathy / B.Sc.(Nur) / P.B.B.Sc.(Nur) / P.T. / O.T. / BASLP / BP&O / etc.

**2) Name of the proposed College & Postal Address :**

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PIN code : \_\_\_\_\_

Phone No.(O) : \_\_\_\_\_

Fax No. :

Email Address :

Mobile No. :

3) Payment details : i) Amount Rs. \_\_\_\_\_  
ii) D.D. No. \_\_\_\_\_ Dated \_\_\_\_\_  
iii) Name of the Drawee Bank :

**A-**

**4) Number and date of the Registration of Society / Institution :**

i) Public Trust Act 1950 :

**B-**

ii) Society's Registration Act 1860 :

**C-**

*(Enclose attested copies of Registration, Constitution and Memorandum of Association)*

5) 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*). } No. \_\_\_\_\_  
Dated \_\_\_\_\_

**D-**

**6) Readiness of 1<sup>st</sup> year requirements :**

E-

**a) Land :**

i) Whether the land is owned by the Applicant Society / Trust : **Yes / No**

F-

If yes, then

Area	Acre	/	Hectors
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(Attach copy of land documents i.e. 7/12 extract / property card)

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. *(Please tick)*.

YES ☐ NO ☐

**G-**

If yes, then

Registration Number :

Date of Registration :

Place of Registration :

(Attach copy of registered Sale Deed / Gift Deed etc.)

iii) If more than one 7/12 extracts / Property cards

Map attached : Yes/No

H-

(Attach a copy of map showing the land is in one piece.

		Page No.
iv) Date of possession of land : _____ (Please attach a copy of possession certificate.)		
v) Any loans / mortgage shown against the title of the land: Yes / No If yes, How much? Rs. _____		
vi) Whether the land is Non-Agriculture (N.A.) : Yes / No (If yes, then enclose copy of N.A. certificate.)		I-
b) Whether the copy of latest Search Report of the land shown for proposed college is attached along with the proposal : Yes / No (If No, then it is mandatory to submit the same on or before 31 <sup>st</sup> Jan 2014 to the University)		J-
c) Building :		
i) If Constructed- total built up area : _____ Sq. ft. (Attach a certified copy of plan of building by an Architect and completion certificate) or If not constructed : (Certified copy of drawing plan of proposed building as per Council norms by an Architect) : Attached : Yes / No		K-
ii) Provision of Library : Yes / No		
iii) Provision of Laboratories : Yes / No		
iv) Class Rooms & Administrative blocks : Yes / No		
d) Teaching Staff and infrastructure :		
i) Principal/Dean : Consent obtained : Yes / No (Applicant must obtain the consent of joining of qualified and eligible Principal/Dean on Rs. 100/- Stamp paper duly notarized)		L-
ii) Other Teaching Staff : Undertaking by applicant : Yes / No (Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and teaching staff as per respective Central Council on Rs. 100/- Stamp paper duly notarized)		M-
e) List of non teaching staff appointed : Attached : Yes / No		
7) Hospital : Own / Attached *		N-
i) Name of the Hospital: _____		
ii) Faculty		
Medical (Allopathic)	<input type="checkbox"/>	Naturopathy & Yoga
Dental	<input type="checkbox"/>	Homoeopathy
Ayurved	<input type="checkbox"/>	Allied
Unani	<input type="checkbox"/>	General Hospital
(Please ✓ tick in the appropriate box)		
iii) Date of Establishment: _____		
iv) Date of Registration:		
(a) As per Bombay Nursing Home Registration Act 1949 _____		O-
(b) Under Shop Act 1948 _____ (Attach a copy of Registration certificate)		P-

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.) \_\_\_\_\_

ix) Built-up area \_\_\_\_\_

(If own /attached, submit a drawing plan duly certified by Architect.)

x) Attach list of equipments and infrastructure facilities available : \_\_\_\_\_

xi) List of Para-medical Staff : \_\_\_\_\_

xii) Provision for Dental Chairs : Yes / No  
(For Dental College only)

Q-

**\*Note :** 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 .

R-

2) There should be own running hospital of the applicant's Society / Trust for Medical, Ayurved, Unani & Homoeopathy faculties.

- 8) Hostel: - Provision for boys hostel: - Yes / No  
girls hostel :- Yes / No

If Constructed- total built up area : \_\_\_\_\_ Sq. ft.

(Attach a certified copy of plan of Hostel building by an Architect)

or

If not constructed :

(Certified copy of drawing plan of proposed building as per Council norms by an Architect)

9)

- a) Detailed information regarding the School(s) and College(s) run other than this by the applicant Society / Institution with year of establishment.

(Attach separate sheet, if required)

S-

- b) if the applicant institute is running following nursing programmes and now applied for starting of B.Sc. Nursing college, please submit following details :-

Nursing programme	Intake	Name of the attached hospital with number of beds
ANM		
GNM		

❖ 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.

❖ Year of starting B.Sc. (N) Programme .....

With intake capacity .....

		Page No.				
10)	Financial position of the Society / Institution as on 31 <sup>st</sup> March of the Financial Year. <i>Encls: i) Copies of audited statements for last preceding three financial years. ii) Attach latest bank balance certificate.</i>	T-				
11)	Cash flow statement with budgetary provision to establish the college for next 5 years. Statement attached : Yes / No	V-				
12)	Certificate of population of the District / Municipal Corporation of the city by the Competent Authority.	W-				
<table border="1"> <thead> <tr> <th>Population of the City in which college is to be opened (letter from Competent Authority attached )</th> <th>No. of colleges already existing of the same pathy in the city</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Population of the City in which college is to be opened (letter from Competent Authority attached )	No. of colleges already existing of the same pathy in the city			
Population of the City in which college is to be opened (letter from Competent Authority attached )	No. of colleges already existing of the same pathy in the city					

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

Place : .....

*Signature of the 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 will be rejected.

## **Undertaking**

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

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

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 Central 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 non-teaching 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 Section 67 of the Maharashtra University of Health Sciences Act, 1998.
- (h) Provision made under Maharashtra University of Health Sciences Act, 1998, Statutes, Ordinances, Regulations, Rules, Directions, Notifications and Circulars shall be strictly observed by the Society / Institution.
- (i) **We are fully aware that the application will be rejected if the same is incomplete and not supported with necessary documents.**
- (j) **We are also aware that if our application is not within the purview of Perspective Plan (2012-17) for the Academic Year 20 -20 , the application will not be recommended.**
- (k) I am fully aware of the condition of Perspective Plan and it will be binding on me as prescribed.
- (l) 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)**

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 under section 73 of the MUHS Act 1998, 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 MUHS Act 1998, the statutes, ordinances rules–regulations, directions made there under and decisions of various authorities and bodies of the University.

**Signature of Deponent**

**FORM OF RESOLUTION**

**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)

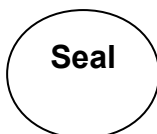
from the academic year 20    –20

Resolution proposed by \_\_\_\_\_

Seconded by \_\_\_\_\_

**Date: -**

**Place: -**



**Signature of President / Secretary**



## CHECK – LIST

(Please attach papers as per check- list)

Sr. No	Documents description	Write page numbers in the bracket of Page No.			
		Yes/ No	Appex	Page No.	For office use
1	Demand Draft of prescribed fees		<b>A</b>		
2	Certified copy of Registration of Society / Institution under Public Trust Act, 1950		<b>B</b>		
3	Certified copy of Registration of Society / Institution under Society's Registration Act, 1860		<b>C</b>		
4	Certified copy of constitution and Memorandum of Association		<b>D</b>		
5	Copy of Resolution (Original) of Management		<b>E</b>		
6	Land earmarked for the College (Attach copy of 7/12 extract / property card.)		<b>F</b>		
7	Map of Village / Town / City showing land is in one piece. (In case where more than one 7/12 extracts)		<b>G</b>		
8	If lease deed, copy of registered lease deed		<b>H</b>		
9	Certificate / Document regarding Non-Agriculture of land		<b>I</b>		
10	The copy of latest Search Report of the land shown for proposed college		<b>J</b>		
11	Certified copy of drawing plan of building / proposed building plan by Architect.		<b>K</b>		
12	Consent of joining of Principal / Dean (given on Rs. 100/- stamp paper duly notarized)		<b>L</b>		
13	Undertaking by President/Chairman of the Applicant Trust regarding provision and maintenance of infrastructure and staff. (given on Rs. 100/- stamp paper duly notarized)		<b>M</b>		
14	List of non-teaching staff appointed		<b>N</b>		
15	Registration of Hospital under Bombay Nursing Home Act, 1949		<b>O</b>		
16	Registration of Hospital Under Shop Act 1948		<b>P</b>		
17	List of Paramedical Staff appointed		<b>Q</b>		
18	If attached hospital(s), (please attach separate memorandum of understanding (MOU) for each attached Hospital on Rs. 100/- stamp paper duly notarized)		<b>R</b>		
19	List of schools/ colleges etc. run by society / trust		<b>S</b>		
20	Copies of Audited statements of account of the last previous Financial Years 2010 - 11, 2011-12, 2012-13 duly attested.		<b>T</b>		
21	Latest Bank Balance Certificate		<b>U</b>		
22	Budgetary provision to establish the college for next 5 years		<b>V</b>		
23	Undertaking regarding correctness of documents submitted about Land, Building, Ownership, Lease etc. (given on Rs. 100/- stamp paper duly notarized)		<b>W</b>		
24	Certificate regarding population of the Municipal Corporation area of the city by the Competent Authority.		<b>X</b>		

### C E R T I F I C A T E

I hereby certify that papers are attached as per the check list.

(N.B. Please note that all documents are mandatory. The application will be rejected if one or more documents in the check list are not attached).

Place  
Date :

Seal

Chairman / Secretary

Signature of  
Scrutiny Officer of  
MUHS

## Consent of Principal

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

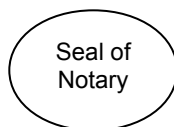
I, the undersigned Dr/Mr./Mrs./Smt.  
..... Age ..... Years.  
Presently working as.....  
Department.....  
at.....

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.



Signature

Name in Full

Address

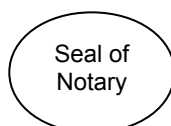
## **Undertaking for appointing Teaching staff**

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

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 Maharashtra University of Health Sciences, Nashik, at the time of first affiliation.

Place :

Date :



Signature  
Name of the President / secretary: