****

**Application for Continuation of Affiliation**

**for the year 2023-24**

**(Medical Colleges/Institutes)**

|  |  |  |
| --- | --- | --- |
| **1.** | **Name of the Trust/Society** |  |
| **2** | **Name of the College** |  |
| **3** | **Address of College** |  |
| **4** | **Dean/Director/Principal Name** |  |
|  | **(1)Mobile Number** |  |
|  | **(2)Email ID** |  |
| **5** | **Contact Person/Nodal Officer for affiliation** |  |
|  | **(1)Mobile Number** |  |
|  | **(2)Email ID** |  |
| **6** | **Applied for continuation of affiliation for[tick ✓ appropriate box]** | **UG** |  |
| **PG Degree/Diploma** |  |
| **Super Specialty** |  |

|  |  |
| --- | --- |
| **7** | **Courses applied for Continuation of affiliation** |

**(1) UG (Enclose previous years notification copy)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Courses** | **Intake** | **Year of Starting the course** |
| **01** | **MBBS** |  |  |

**(2) PG Degree [Use the nomenclature of the course as per MCI] (Enclose previous years notification copy)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Course** | **Intake** | **Year of Starting the course** |
|  |  |  |  |

**(3) PG Diploma[Use the nomenclature of the course as per MCI] (Enclose previous years notification copy)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Course** | **Intake** | **Year of Starting the course** |
|  |  |  |  |

**(4) Super Specialty [Use the nomenclature of the course as per MCI]**

**(Enclose previous years notification copy)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Course** | **Intake** | **Year of Starting the course** |
|  |  |  |  |

|  |  |
| --- | --- |
| **8** | **Fee paid details for continuation of affiliation** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Particulars** |  | **Amount** | **Transaction ID, Date, Bank** |
| **(1)** | **Application fee**  |  |  |  |
|  | 1. **UG**
2. **PG Degree/Dip.**
3. **Super Specialty**
 | **1000X1****1000X1****1000X1** |  |  |
| **(2)** | **UG**  **(001 to 100 = Rs.460000)****(101 to 150 = Rs.540000)****(151 to 200 = Rs.620000)****(201 to 250 = Rs.700000)** | **(Mention intake here)** |  |  |
| **(3)** | **PG Degree****(Rs.3000 X intake)** | **(Mention No. of total intake here)** |  |  |
| **(4)** | **PG Diploma****(Rs.2000 X intake)** | **(Mention No. of total intake here)** |  |  |
| **(5)** | **Super Speciality****(Rs.5000 X intake)** | **(Mention No. of total intake here)** |  |  |
| **(6)** | **HELINET Institution Fee****(Rs.100000 for UG colleges)****(Rs.130000 for PG/SSP colleges)** |  |  |  |

|  |  |
| --- | --- |
| **9** | **Particulars of College** |

|  |  |  |
| --- | --- | --- |
| **SL NO** | **DESCRIPTION** | **DETAILS** |
| (01) | **Name of the Institution** |  |
|  | **Address:****Telephone:****Address:****Email:****Website:****Type of Institution****(GOVT/KPCF/KRLMPCA/AMPCK/****Specify, if Others)** |  |
| (02) | **Trust / Society Name** |  |
| (03) | **Year of Establishment of the Trust****REGISTRATION / INCORPORATION** |  |
| (04) | **Year of Establishment of the College.** |  |
| (05) | **Private / Government** |  |
| (06) | **Director/Dean/Principal*****(Head of Institution)*** |  |
|  | **Name** |  |
|  | **Age & Date of Birth** |  |
|  | **Teaching experience** |  |
|  | **PG Degree** ***(Recognized/ Not-Recognized)*** |  |
|  | **Subject / Specialty** |  |

|  |  |  |
| --- | --- | --- |
| **(07)** | **Course approval details** | **Enclose the relevant copies of approvals from RGUHS, GOK, MCI/NMC and GOI as annexures** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Fresh/Increase** | **First LOP date**  | **No. of Seats** | **Permitted****Year** | **Recognized****Year** |
| UG (MBBS) | Fresh |  |  |  |  |
| UG (MBBS) | Increase |  |  |  |  |

**Enclose the relevant copies of approvals from RGUHS, GOK, MCI/NMC and GOI as annexures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Fresh/Increase** | **First LOP date**  | **No. of Seats** | **Permitted****Year** | **Recognized****Year** |
| PG (Subject 1) | Fresh |  |  |  |  |
| PG (Subject 1) | Increase |  |  |  |  |
| PG (Subject 2) | Fresh |  |  |  |  |
| PG (Subject 2) | Increase |  |  |  |  |

**Enclose the relevant copies of approvals from RGUHS, GOK, MCI/NMC and GOI as annexures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Fresh/Increase** | **First LOP date**  | **No. of Seats** | **Permitted****Year** | **Recognized****Year** |
| SSP (Subject 1) | Fresh |  |  |  |  |
| SSP (Subject 1) | Increase |  |  |  |  |
| SSP (Subject 2) | Fresh |  |  |  |  |
| SSP (Subject 2) | Increase |  |  |  |  |

**Enclose the relevant copies of approvals from RGUHS, GOK, MCI/NMC and GOI as annexures**

|  |  |
| --- | --- |
| **10** | **Year-wise available clinical materials (during previous 3 years) for each department** (Enclose separate sheet for each dept if required.) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Parameters**  | **Year 1****(2020)** | **Year 2****(2021)** | **Year 3** **(2022)** |
| 1 | Total number of patients in OPD |  |  |  |
| 2 | Total number of patients admitted (IPD) |  |  |  |
| 3 | Total Number of Major Operations |  |  |  |
| 4 | Total Number of Minor Operations |  |  |  |

|  |  |  |
| --- | --- | --- |
| **11** | **Number of Units with beds in each unit (Department Wise)** |  |

|  |  |
| --- | --- |
| **12** | **Total Teachers in each Department as per NMC norms** (enclose separate sheet for each dept.) |

|  |
| --- |
| **Department :**  |
| **Name of Department with Intake of PG** | **Required** | **Available** | **Deficiency** |
| Professor |  |  |  |
| Associate Professor |  |  |  |
| Assistant. Professor |  |  |  |
| Senior Resident |  |  |  |
| Junior Resident |  |  |  |
| Tutor/Demonstrator |  |  |  |
| Others |  |  |  |

|  |  |
| --- | --- |
| **13** | **Enclose list of Teachers in the following format department wise**  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of Faculty | Designation | Department | Recognised PG teacher Yes / No | Mobile | Email | PAN / Aadhaar No |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **14. Whether all the above listed teachers are uploaded in the online faculty database of RGUHS? If yes, pls enclose the printout taken from online database. (LIC inspectors shall ensure that they verify the list of faculty uploaded in RGUHS online faculty database)**  | **Yes/No** |

|  |  |
| --- | --- |
| **15** | **Other Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| **a.** | Last affiliation granted by RGUHS with sanction intake | Provide details  |  |
| Last LIC Report  | Action taken to rectify the deficiencies – specify in detail  |  |
| **b.** | **Any other courses being conducted – specify**  |  |
| **c.** | **Governing council members – list**  | **Attached – yes /no**  |
| **Details of the university nominee in the governing council with contact number**  |
| **d.** | **Details of the authority/****body, who manages the funds of the college**  | **Name and address**  | **Contact details**  |
|  |  |
| **e.** | **Budget and deposit of the college**  | **Recurrent ( Annual)** | **Non recurring ( Annual)** | **Deposits**  |
|  |  |  |
| **f.** | Amount of fees collected during the previous financial year  | **Heads**  | **Amount**  |
| **Tuition**  |  |
| **Sports**  |  |
| **Union**  |  |
| **Library**  |  |
| **Others**  |  |
| **g.** | Whether any donation, capitation fee etc., is levied apart from tuition fee, if so give details | **If yes then provide the details**  |  |
| **h.** | Whether account books of the college showing financial transaction have been maintained. | **Yes /no – if yes attach the balance sheet and opening sheet or Debit/credit/balance register last page**  |

|  |  |
| --- | --- |
| **i.** | Pay scale to the Teaching staff UGC/AICTE/GOK |

|  |  |
| --- | --- |
| Designation | Type of Scale |
| **Prof.** |  |
| **Asso. Prof / Readers** |  |
| **Asst. prof.** |  |
| **Lecturer** |  |
| ***Tutors*** |  |
| **Senior residents** |  |
| **Junior residents** |  |
| **CMO/****LMO/** |  |

|  |  |
| --- | --- |
| j. **Total number of vacant posts**  | **Provide department wise** |

|  |  |
| --- | --- |
| **k.** | Pay scale to the Non-Teaching staff  |

|  |  |
| --- | --- |
| Designations (List all designations) | Type of Scale |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **l.** | Whether PF / ESI benefits provided  | **Yes / no** **if yes provide the details**  |  |
| **m.** | Whether service registers of all staff maintained  | **Yes / no** **if yes provide the details**  |  |
| **n.** | Salary acquittance register  | **Provide a copy**  |  |

|  |  |
| --- | --- |
| **16** | **Whether accounts of the college have been duly audited – Yes / No, if yes- provide the audited statement** |

|  |  |
| --- | --- |
| **17** | **ACADEMIC MATTERS** |

1. **Academic performance of students in previous University examination. Please furnish particulars course wise.**

Name of the course :

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Number of students appeared | Number of | Remarks |
|  | Regular | Repeater | Pass % | First Class | Distinction |  |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1st Year |  |  |  |  |  |
| 2nd Year |  |  |  |  |  |
| 3rd Year |  |  |  |  |  |
| Final Year |  |  |  |  |  |

**Students : Staff ratio for theory classes ( \_\_\_\_\_\_\_\_\_\_\_ ) & Practical (\_\_\_\_\_\_\_\_\_\_\_\_)**

|  |
| --- |
| 1. **Course curriculum** (Give details separately)
 |
| Teaching schedule – of the current academic year  |  **Copy to be enclosed**  |
| Time table | **Copy to be enclosed** |
| Working hours  |  |
| Scheme of Examination | **Mention all the schemes under which the students are existing in your institution**  |
| Internal Assessment – provide the details  |  |
| University Examination |  |

|  |
| --- |
| 1. **Student Records**
 |
| Register of intake of students, admissions & withdrawal | **Certified page of the each register to be enclosed**  |
| Register for student attendance in various subjects | **Any one department from each of the phase – attendance register copy to be enclosed**  |
| Register of fee paid showing dates | **Copy of current year – to be attached**  |
| Counterfoil of transfer certificates  | **Copy to be attached**  |
| Register of marks obtained by each student in all theinternal assessments & at the terminal examinationfor theory and practical with result –  | **Certified page of the each register to be enclosed** |
| Register of scholarships and concessions of all kindswhether of tuition, boarding or lodging | **Certified page of the each register to be enclosed** |

|  |
| --- |
| 1. **Medical Education Unit**
 |
| Letterhead showing all the members  |  |
| Number of programmes conducted in the last year and during the current year  |  |
| Regional MET centre to which it is attached  | **Provide the copy**  |

|  |
| --- |
| 1. **Research and Publication**
 |
| Publication during last 3 years – total No | enclose a list giving references in respect of papers published by staff in standard indexed journals |
| Research projects actually undertaken or in progress  | **With the name of the department under which the projects are being done**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Research grants availed by RGUHS  | **Number**  | **Name of the Department &** **the staff with designation**  | **Total amount received**  | **Project completed – yes /no**  |
|  |  |  |  |

|  |
| --- |
| 1. **Committees – attach the last three meetings proceedings duly signed by member secretary and head of the institution in the committee letter head , having names and contact details of all the members**

 **If the following committees are not present – then please enter not**  **existing**  |
| Academic council details  |  |
| Anti-ragging committee |  |
| Gender harassment committee  |  |
| Institutional ethical committee  |  |

|  |
| --- |
| 1. **Central library**
 |
| **Area in sq mtrs**  |  |
| Classification scheme used |  |
| Cataloguing Code used |  |
| Type of Catalogue used |  |

|  |  |  |
| --- | --- | --- |
| **Books** | **Total as on current year**  | **Total – added since last year**  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Journals ( No. of Titles)Foreign+ Indian  | **Foreign**  | **Indian**  | **Foreign**  | **Indian**  |
|  |  |  |  |
| Bound Volumes of Journals |  |  |
| Govt. Publications |  |  |
| Thesis / Dissertation |  |  |
| Digital library cum digital valuation centre  | **Number of nodes**  |  |  |
| **IP Address**  |  |
| **CCTV**  |  |
| Number of books in each department  | **Attach the departmental library register certified page**  |
| Library email ID /Telephone /Fax  |  |
| Photocopying Machine  |  |
| Total Budget proposed |  |
| Expenditure proposed for library equipment |  |
| 1. **Library services**
 |
| Literature Search |  |
| Compiling Bibliography on request & in anticipation  |  |
| Selective Dissemination of Information |  |
| Abstracting & Indexing Services |  |
| Translating Material for users |  |
| Do you use MEDLARS / MEDILINE/ PUBMED/HELINET  |  |
| Do you provide any User Education Programmes? | **Yes / No – if yes provide the details of the recently conducted programme**  |

|  |
| --- |
| 1. **Library Staff:** Pay scale to the Non-Teaching staff
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  | **Designation** | **Qualification** | **Experience** | **Pay Scale** | **Category** |
|  |  |  |  |  |  |
|  |  |  |  |  | **Please enter all the staff details**  |

|  |  |
| --- | --- |
| **17** | **PHYSICAL INFRASTRUCTRUE OF THE INSTITUTE** |

|  |  |  |
| --- | --- | --- |
| **1** | **Total campus Land area in acres**  | **Provide the details**  |
| **2** | **Own/lease/rented**  | **Provide the necessary documental proof**  |
| **3** | **Built up area in sqmtrs**  | **building plan approval copy from competent authority** |
| **4** | **Administrative block**  | **Available/ not available**  |
| **5** | **Number of lecture halls ( seating capacity of each hall )**  |  |
| **6** | **Total number of laboratories**  |  |
| **7** | **Central diagnostic laboratory**  | **Available/ not available**  |
| **8** | **Central research laboratory**  | **Available/ not available**  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9** | **Examination hall – mention the number of halls**  | **Seating capacity**  | **Seating** **arrangement as per RGUHS norms**  | **QP Downloading facility separately**  | **clock**  | **Photo****copy machine**  | **Packing facility**  | **CCTV with** **streaming**  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **10** | **Auditorium with seating capacity**  | **Available/ not available – if available mention the seating capacity**  |
| **11** | **Hostel for students** **Boys/girls @75%****Residents @100%** | **Boys** | **Girls** |
| **Number of rooms**  | **Number of students**  | **Number of rooms**  | **Number of students**  |
|  |  |  |  |
| **12** | **Hostel for interns @100%** | **Boys** | **Girls** |
| **Number of rooms**  | **Number of students**  | **Number of rooms**  | **Number of students**  |
|  |  |  |  |
| **13** | **Common rooms** **Boys** **Girls**  | **Available/ not available** |
| **14** | **Residential quarters** **Teaching @20%****Non teaching @20%** | **Teaching**  | **Non teaching**  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **15** | **Central Photographic – cum-Audio Visual Unit** | **Provide the details of the equipments available**  |

|  |  |
| --- | --- |
| **13** | **Equipment (Please Give details as per Annexure – 1)** |
| **14** | For institutions having course requiring human cadaver dissection, please furnish details regarding registration under Anatomy Act, 1969 |

|  |  |
| --- | --- |
| **15** | **CLINICAL AND HOSPITAL FACILITIES:** |

|  |  |  |
| --- | --- | --- |
| **(1)** | Name of the teaching Hospital & Full address |  |
| **(2)** | Plan of the hospital building  | **Provide the plan approval copy**  |
| **(3)** | Whether the hospital is possessed bythe applicant or has a tie-up pleasefurnish details and supportive documents |  |
| **(4)** | Distance between hospital & College |  |
| **(5)** | Administrative block of hospital and its location | **Available / not available – mention the location**  |
| **(6)** | Total Number of teaching beds available | **As per Annexure II** |
| **(7)** | Daily average outdoor patients |  |
| **(8)** | Daily average indoor patients |  |
| **(9)** | Number of departments available in the hospital |  |
| **(10)** | Blood bank with components separation facility  | **Available / not available – Provide the license copy**  |
| **(11)** | Radiological facilities like Ultra sound/ X-Ray/ CT-Scan/ MRI etc  | **Available / not available – provide the AERB permission copy**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **(12)** | Number of staff working  | **Hospital staff**  | **Administrative staff**  |
|  |  |
| **(13)** | CSSD | **Available / not available- Provide the plan copy**  |
| **(14)** | Kitchen  | **Available / not available- Provide the plan copy**  |
| **(15)** | Laundry  | **Available / not available- Provide the plan copy**  |
| **(16)** | Pharmacy store and dispensing shop  | **Available / not available- mention the number of sub stores**  |
| **(17)** | Medical record section  | **Available / not available- provide the details of the staff working** **Computerized / non computerized**  |
| **(18)** | Stores – main store and sub stores  | **Available / not available** |
| **(19)** | Mortuary and Central Cold Storage facility | **Available / not available****Gallery type / non gallery type mortuary**  |
| **(20)** | Solid waste management plant  | **Available / not available if available – provide the plan copy** **If not available then mention the alternative arrangement made with documentary proof**  |
| **(21)** | Effluent treatment plant / Liquid waste management facility  | **Available / not available if available – provide the plan copy** **If not available then mention the alternative arrangement made with documentary proof**  |
| **(22)** | Specialty clinic services  | **Available / not available- if available provide the details**  |
| **(23)** | Details of Tie-up with other hospital (where necessary) attach supporting documents. | **Hospital name and address** **MOU Copy to be attached**  |
| (**24)** | RHTC -1* Location and address
* Managed by
* Staff – (list of the personnel working)
* Population served
* Records maintained by the centers
* Equipments available
 |  |
| **(25)** | UHTC -2* Location and address
* Managed by
* Staff – (list of the personnel working)
* Population served
* Records maintained by the centers
* Equipments available
* Accommodation available for trainees and supervisors
 |  |
| **(26)** | Number of ambulances available in the hospital  | **Provide details of the vehicle**  |
| **(27)** | Number of vehicles available for students  | **Provide details of the vehicle**  |
| **(28)** | Number of vehicle available for interns  | **Provide details of the vehicle**  |
| **(29)** | Facilities provided for games and recreation including play ground | **Provide details of the vehicle**  |

|  |  |
| --- | --- |
| **16** | **Give details about sanctioned bed strength and the distribution of beds in each discipline / subject** |
| **17** | **Give Particulars of the hospital including a plan** |
| **18** | **Give details of Casualty / Emergency Service** |

|  |  |
| --- | --- |
| **19** | **Physical infrastructure provided for PG courses other than UG course** |
|  | 1) Class room2) Laboratories 3) Library4) Equipments |
| **20** | **Enclose list of recognized PG guides approved by RGUHS ( subject wise)** |
| **21** | **Clinical facilities provided for PG courses other than UG course (Department-wise)** |
|  |  **1) Total bed strength** **2) Dept bed strength**  **3) List of Eligible PG guides** |
| **22** | **Academic Activities (enclose the relevant documents )- Department wise** |
|  | 1. **Research Projects**
2. **Publication/ Presentation**
3. **Conferences Conducted**
4. **TOT Programmes -Conducted**
5. **CME Programmes**
 |

Place: Signature of Principal

Date:

**ANNEXURE – I**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl****No.** | **Department** | **Total Number of equipments available** | **List attached** |
| 1 | Anatomy  |  | Yes/no  |
| 2 | Biochemistry  |  |  |
| 3 | Physiology  |  |  |
| 4 | Pathology  |  |  |
| 5 | Microbiology  |  |  |
| 6 | Pharmacology  |  |  |
| 7 | Forensic Medicine  |  |  |
| 8 | General Medicine  |  |  |
| 9 | Dermatology, Venereology & Leprosy  |  |  |
| 10 | Psychiatry  |  |  |
| 11 | Respiratory Medicine  |  |  |
| 12 | General Surgery  |  |  |
| 13 | Oto Rhino Laryngology |  |  |
| 14 | Ophthalmology  |  |  |
| 15 | Obstetrics & Gynaecology |  |  |
| 16 | Paediatrics  |  |  |
| 17 | Anaesthesiology  |  |  |
| 18 | Radio Diagnosis |  |  |
| 19 | Orthopaedics  |  |  |
| 20 | Community Medicine  |  |  |
| 21 | Dentistry  |  |  |
| 22 | Blood bank  |  |  |
| Additional departments can be mentioned in the same format  |

Place: Signature of Principal

Date:

**Annexure - II**

|  |
| --- |
|   **BEDS DISTRIBUTION FOR MBBS AND RESPECTIVE PG COURSE** **( \* IF ADDIDTIONAL DEPARTEMENTS ARE THERE THEN KINDLY FURNISH THE DETAILS AS PER THIS FORMAT )** |
| **For UG** | **For PG** |
| I | **Bed Distribution** |  | Number of Beds |  |
|    A    | Medicine & Allied | Gen. Medicine |   |  |
|  Paediatrics |   |  |
|  TB & Chest |   |  |
|  Skin V.D. |   |  |
|  Psychiatry |   |  |
| **Total** |   |  |
|    B   | Surgery & Allied |  Gen. Surgery |   |  |
|  Orthopaedics |   |  |
|  Ophthalmology |   |  |
|  ENT |   |  |
| **Total** |   |  |
|  C     | OBG |  Obstetrics & ANC |   |  |
|  Gynaecology |   |  |
|  Postpartum |   |  |
| **Total** |   |  |
| **Grand Total** |   |  |
|  II  | OT | Major OT |   |  |
|  Minor OT |   |  |
|   III    | Intensive Care Facilities |  ICCU  |   |  |
| ICU |   |  |
| PICU/ NICU  |   |  |
| SICU |   |  |
| TOTAL OF ICU BEDS  |  |  |
|  Casualty Beds |   |  |

Place: Signature of Principal

Date: