

# RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES KARNATAKA

4<sup>th</sup> 'T' Block, Jayanagar, Bangalore – 560 041

# Application for Continuation of Affiliation of UG & PG courses for the year 2024-25 (Except Medical Faculty)

**FACULTY:** 

NAME OF THE INSTITUTE:

# **DATE OF SUBMISSION:**

1. CONTINUATION OF AFFILIATION:

**YEAR: 2024-25** 

# RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA 4<sup>th</sup> 'T' Block, Jayanagar, Bangalore – 560 041

To be filled in by the College. Please read carefully before you start filling up. Please attach copies of supporting documents / Certificate etc., wherever necessary. In case space is not sufficient, give particulars in a separate sheet. Please do not leave any column blank. (Fill whichever is applicable).

# 1. FOR CONTINUATION OF AFFILIATION:

# A. Particulars of Affiliation fee:

SL	DESCRIPTION	Amount	Online Payment	Date
No			ayment	
1.	Particulars of application fee of			
	Rs. 1000/- each paid for UG			
	Rs. 1000/- paid for PG			
	Rs. 1000/- paid for PG Diploma			
	(Dental)			
2.	Continuation of Affiliation (UG):			
3.	Continuation of Affiliation (PG):			
4.	Annual Fee:			
5.	Administrative & Service Charges for			
	existing seats:			
6.	Late fee for Affiliation			
7.	Helinet fee			

A. Particulars of college					
1. Name of the College	:				
2a. College Address	:				
Pin Code	:				
Telephone (Off. & Res.)	:				
Fax	:				
Telex	:				
Email	:				
2b. Year of Starting the College	:				
3. Title of Head of Institution	;				
3a. Name of Head of Institutions &	Address including telephone, fax, telex, Email :				
4. Status of College (Independent I Wing of a Medical College):	nstitution or a wing of another college reg.				
5a. Name of the Administrative au	thority managing the college and its address:				
Furnish the details of member	s of Governing Body / Council				
5b. If the same management is run	nning other Health Science Colleges, Please give the name				
of college and courses conducted:					
6. Name of the Authority or Public	body that				
a. Finances and					
b. Manages the funds of the college Page 3 of 19					

a. Recurring :								
b. Non-recurrin	b. Non-recurring :							
2. Deposits held b	y the college	:						
3. Amount of fee s	such as Tuition, Sp	oorts Union, Libra	ry etc. collected	during the financial				
year								
Tuition :		Union	:					
Sports :		Library	:					
Others :								
4. Whether accou	nt books of the col	lege showing fina	ncial transaction	have been				
maintained.			: Yes / N	0				
5. Whether accou	nts of the college h	ave been duly au	dited					
			: Yes / N	o				
6. Whether any do	onation, capitation	fee etc., is levied	apart from tuitio	n fee, if so give				
details								
Name of the cours	ses offered (give se	parately degree co	urses (under gra	duate and post				
graduate) and dip	loma courses offer	ed, year of startin	g and number of	annual admissions)				
Name of the	Year of starting	No. of admission	18	Remarks				
course		Sanctioned	Admitted					
Particulars of san	ction, inspection a	nd affiliation (plea	ase attach the fol	lowing documents for				
every course, sepa	arately.)							
Permission of Gov	ernment of Karnat	taka with sanction	ned intake.					
Permission of the	concerned Counci	l / Apex Body (for	eg. Medical Cou	ncil, Dental Council,				
AICTE etc.,) with	number of admissi	ons permitted.						
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1. Annual Budget

Last affiliation granted by RGUHS with sanction intake.

Permission of Government of India wherever applicable.

# D. Action Taken Report:

Give particulars of action taken to correct the deficiencies if any pointed out during the previous inspection by any of the bodies mentioned in section B of part 1. Please attach a copy of the relevant report.

Deficiencies pointed out in the last inspection by	Extent to which remedied

# E. Is there a Governing Council / Advisory Committee in case of Government Colleges?

: Yes / No

If Yes give details of membership and meetings held

### F. Service Registers & Pay Scale

- 1. Give details of pay scales (norms followed eg., UGC, Karnataka Govt. etc., for different cadres of staff (Enclose separately the details)
- i. Teaching Staff :
- ii. Non-Teaching staff :
- iii. Office Staff :
- 2. Whether following registers are maintained
  - i. Service Register as [prescribed from time to time for each member of the staff

: Yes / No

- ii. Acquittance registers : Yes / No
- 3. Provident fund benefit provided (give details) :

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# Part II: ACADEMIC MATTERS

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

Name of the course:

Year	Name of students		Remarks		
	appeared				
	Regular Repeater	Pass %	First lass	Distinction	
1	2	3	4	5	6
1st Year					
2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
Final Year					

b. Students: Staff ratio for theory classes () & Practical (
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#### c. Course curriculum:

Please include (Give details separately)

1. Teaching schedule :

2. Time table :

3. Working hours :

4. Vacation period :

5. Scheme of Examination :

i. Internal Assessment :

ii. University Examination:

#### d. Student Records

Whether following registers and records are maintained:

i. Register of intake of students, admissions & withdrawal: yes / No

ii. Register for student attendance in various subjects : Yes / No

iii. Register of fee paid showing dates : Yes / No

iv. Counterfoil of receipt book : Yes / No

v. Counterfoil of transfer certificates : Yes / No

vi. Register of marks obtained by each student in the

internal assessment at the terminal examination

for theory and practical : Yes / No

vii. Accounts books showing the financial transaction of

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The accounts shall show transaction in full	:	Yes / No
viii. Register of scholarships and concessions of all kir	nds	
whether of tuition, boarding or lodging	:	Yes /No
ix. Register of address of students	:	Yes / No
e. Education Unit		
Year of starting :		
(Furnish details)		
List of Members :		
Nature of activities :		
List of continuing Education and faculty Developm	ent Prog	grammes conducted in last
one year:		
<ul> <li>i. Research and Publication</li> <li>i. Publication during last 3 years – total No =</li> <li>(enclose a list giving references in respect of papers indexed journals)</li> <li>ii. Research projects actually undertaken or in prog</li> <li>1. PG students :</li> <li>2. Staff members along with title and funding agen</li> </ul>	publish	ned by staff in standard
g. Academic Committees: list the Academic Committees, members (list to be enclosed) :		
h. Anti – Ragging Committee: whether a committee for controlling ragging in the Colle	ge is for	med? Yes / No give details.

the college as separate from those of the management.

- i. Library:
- 1. Central library

# 1. Collection Development (Departmental Library):

Type of Documents		Total as on current year				Added in previous year				
1. Books										
2. Current Journals (No. of Titles)										
3. Bound Volumes of Journals										
4. Monographs										
5. Govt. Publications										
6. Thesis / Dissertation										
7. Reports / Pamphlets										
8. Microfilms / Microfiche										
9. Slides										
10. Audio Cassettes										
11. Video Cassettes										

# II. Building:

Whether the library is housed in an independent building Yes or No Total floor area in Sq. Mtrs

# III. Library equipments:-

1. Type of Computer	Yes / No
2.E-Mail	Yes / No
3. Connected to any network	Yes / No
4. Photocopying Machine	Yes / No
5.Microfilm reader	Yes / No
6.Audio Visual	Yes / No
7.Telephone	Yes / No
8.Telex	Yes / No
9.Fax	Yes / No
10. Bindery	Yes / No
11. Others i.e.	

# IV. Library Finance:- (Please Specify)

- 1. Total Budget proposed (Rupees in Lakhs)
- 2. Expenditure proposed for library equipment:

ITEMS	EXPENDITURE PROPOSED
BOOKS	
CD-ROM DATABASE	
MICROFILMS	
MICRO FICHES	
AUDIO - CASSETTES	
VIDEO - CASSETTES	
BINDING WORKS	

Technical Processing:-

Classification scheme YOU use :

Subject Headings YOU use :

Cataloguing Code YOU use :

Type of Catalogue YOU use :

# VI Library Services: (Please Specify)

1. Literature Search	Yes / No
2.Compiling Bibliography on request	yes / No
3. Compiling Bibliography in anticipation	Yes / No
4. Selective Dissemination of Information	Yes / No
5. Abstracting Services	Yes / No
6. Indexing Services	Yes / No
7. Translating Material for users	Yes / No
8. Current awareness	Yes / No
9. Do you use MEDLARS / MEDILINE	Yes / No
10. E.Mail	Yes / No
11. Internet	Yes /No
12. Consultancy	Yes / No
13. Photocopying Facility	Yes / No

### VII. Users:

Category of Users	Total Number
No. of teaching staff	
No. of Research Scholars / Assistants	
No. of Post Graduate Students	
No. of Under graduate Students	
No, of Administrative Staff	
No. of Para-Medical Staff	
No. of Outsiders	

Do you provide any User Education Programmes?

# VIII. Library Staff:

Sl No	Name	Designation	Qualification	Experience	Pay Scale	Category

# 2. Departmental Library

Name of the	Total Number	No. of Books added	No of Current	Library Sta	ff
Department	of Books	during the year	Journals		

# j. Any Other Special features or achievements you want to mention.

(please attach a separate sheet).

# PART III: STAFF

# a. Principal

Name	Qualification with date & Where	
	obtained	post held – from to

Please attach relevant certificates.

b.	Teaching staff (please give department wise break up) eg. Anatomy	7.
	Name of Department / Sections and subjects attached to them	

1. Attached copy of on-line teachers database

Sl	Post	Name	Qualification	Teaching experience in		Responsibilities		
No			with date &	year & Month		& work load		
			Where obtained			per week		
			(University)					
				UG		PG		
				From	То	From	То	

- C. Furnish particulars regarding number of posts, Qualification and teaching experience recommended by the respective Councils / Apex Bodies, Department / Subject wise in Section II.
- d. If there is shortage of staff, give list vacant posts, reasons and arrangements made to recruit:

PART IV: PHYSICAL INFRASTRUCTRUE (AT PROPOSED COLLEGE)

a.	General Facilities		
a)	Land	in Acres	
b)	Own / Lease / Ren	ıd	
c)	Built up area		in Sa. fee

**COLLEGE LAND BUILDING:** 

# a. Principal Chamber (Specify in sq ft) b. Office Room (Specify in sq ft) c. Total No. of Department staff room (Specify in sq ft) d. Total No. of Lecture Hall (Specify in sq ft) e. Total No. of Laboratories : (Specify in Sq ft) f. Seminar Hall (Specify in sq ft) g. Auditorium (Specify in sq ft) h. Museum (Specify in sq ft) i. Examination Hall (Specify in sq ft) j. Animal House (Specify in sq ft) k. Workshop (give particulars) : i. staff ii. Equipment iii. Scope of Work 1. Animal House (give particulars) : i. Area iii. Type of animals ii. Staff m. Committee rooms: o. Common room for Men Students : Lady Students (Specify in sq ft)

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Administrative Section - PHYSICAL FACILITIES AVAILABLE:

q. Availability of Staff Resid	dential Quarters
Principal	:
Other Staff	;
Teaching an Ancillary Staff	:
Please give details	:
r. Equipment (Please Give d	letails as per Annexure – 1)
s. Central Photographic – c	um-Audio Visual Unit.
m. For institutions having co details regarding registration	urse requiring human cadaver dissection, please furnish under Anatomy Act, 1969.
PART V: CLINICAL AND HO	SPITAL FACILITIES:
a. Name of General Hospital	& Full address :
b. Sanctioned bed strength a	nd the distribution of beds in each discipline / subject:
c. Whether the hospital is po-	ssessed by
the applicant or has a tie-	up please
furnish details and suppor	rtive documents :
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p. Students Hostel

(See under students amenities)

e. Daily average indoor patients	:
f. Distance between hospital & College	:
g. Particulars of the hospital including a plan	:
1. Details regarding administrative block of h	nospital and its location
2. The Staff working (both hospital and admi	nistrative staff
3. Details of clinical departments for trainin	g and teaching purpose, outpatients section
and indoor section, both accommodation and	d distribution of beds for different clinical
departments.	
Furnish information in Section II	
Outdoor :	
Indoor :	
4. Facilities like Radiology, Ultra Sound, Clin	ical Laboratory, Blood Bank, Operation
5. Facilities like Central Sterile Service, Kitch	en, Laundry, Canteen, Pharmacy,
Workshop, Stores, Medical records keeping	g.
6. Casualty / Emergency Service.	
7. Mortuary and Central Cold Storage facility	7.
7a. Facilities for disposal of Hospital waste	
(eg. Incinerator or any other method. Spe	•
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d. Daily average outdoor patients

9. Equipments (please provide teaching in annexure – II)	a list of major equipments necessary for patient care and
h. Details of Tie-up with othe documents.	er hospital (where necessary) attach supporting
(Eg. Psychiatry and Mental	Health teaching
Tuberculosis	
Leprosy	
Burns etc.	
i. Proposed plan for future	developments
PART VI: FIELD PRACTICE A	REA (HEALTH CENTRES) FOR COMMUNITY HEALTH
PLANNING	
Please give details under the	following headings for (1) Rural and (2) Urban centers
separately.	
a. Location and address	:
b. Managed by	:
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8. Any other special services and special clinics

c. Staff – (list of the personnel working)	:
d. Population served	:
e. Activities and services provided – outdoor,	
Indoor, outreach, domiciliary, emergency	:
f. Records maintained by the centers,	
eg. Family folders, type of registers	:
g. Equipments available	:
h. i. Details of Residential . Non Residential	
training activities	:
ii. How supervision is done	:
iii. Accommodation available for trainees	
and supervisors	:
PART VII : VEHICLES	
a. For students	:
b. For interns	:
c. Ambulance	:

# PART VIII: STUDENT AMENITIES

1. In the college

Give details of facilities	:
For Men students	:
For lady students	:
Whether own or rented	:
Space given to each student in sq	
Meters furniture provided for	:
Sleeping	:
Sanitary and bathing facilities	:
Dining hall	:
Common room	:
Visitors room	:
Kitchen & pantry	:
Warden's office	:
Enquiry or Reception counter	:; eation including play ground
cilities provided for games and recre	
cilities provided for games and recre	
cilities provided for games and recre	ation and Health Services
acilities provided for games and recreations acilities provided for Medical Examinum:  IX: other matter the management would	ation and Health Services
cilities provided for games and recre cilities provided for Medical Examin  IX: other matter the management would	ation and Health Services

: Yes / No

: Yes / No

: Yes / No

a. Common room for men students

b. Common room for lady students

c. Any other

Subje	ect	:		
List o	of Equipment available			
S1 No	Name of Equipment	Number Required as per Norms	Number available	Remarks
Place	<b>::</b>		Sig	nature of Principal
Date	:			

# Additional information to be provided for PG courses

# a) Existing PG Courses

Sl. No	Name of the Subject	No of sanctioned apex body	Previous notification from RGUHS	GOK order

# b) Physical infrastructure provided for PG courses other than UG course

- 1) Class room
- 2) Laboratories
- 3) Library
- 4) Equipments
- c) Enclose list of recognized PG guides approved by RGUHS (subject wise)
- d) Clinical facilities provided for PG courses other than UG course
  - 1) Total bed strength
  - 2) Dept bed strength
- e) Academic Activities
  - 1. Medical Education Cell
  - 2. Research Projects
  - 3. Publication/ Presentation
  - 4. Conferences Conducted
  - 5. Conferences Attended
  - 6. TOT Programmes
    - a. Conducted
    - b. Attended
  - 7. CME Programmes