



**RAJIV GANDHI UNIVERSITY OF HEALTH  
SCIENCES, KARNATAKA**

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

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**Form No. 3**

**APPLICATION FOR RENEWAL CONSENT OF  
AFFILIATION FOR POST GRADUATE COURSES**

**FACULTY :**

**NAME OF THE INSTITUTE :**

**DATE OF SUBMISSION:**

**RENEWAL CONSENT OF AFFILIATION:**

**YEAR : 2025-26**

**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. RENEWAL FOR CONSENT OF AFFILIATION**

**YEAR**

| SL No | DESCRIPTION | Online Payment No. | DATE | AMOUNT |
|-------|-------------|--------------------|------|--------|
| 1.    | Renewal 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 Institution or a wing of another college rg.

Wing of a Medical College):

5a. Name of the Administrative authority managing the college and its

address:

Furnish the details of members of Governing Body / Council

5b. If the same management is running 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

1. Annual Budget :

a. Recurring :

b. Non-recurring :

2. Deposits held by the college :

3. Amount of fee such as Tuition, Sports Union, Library etc. collected during  
the financial year

Tuition : Union :

Sports : Library :

Others :

4. Whether account books of the college showing financial transaction have been

maintained.

: Yes / No

5. Whether accounts of the college have been duly audited

: Yes / No

6. Whether any donation, capitation fee etc., is levied apart from tuition fee, if so give details

Name of the courses offered (give separately degree courses (under graduate and post graduate) and diploma courses offered, year of starting and number of annual admissions)

| Name of the course | Year of starting | No. of admissions |          | Remarks |
|--------------------|------------------|-------------------|----------|---------|
|                    |                  | Sanctioned        | Admitted |         |
|                    |                  |                   |          |         |
|                    |                  |                   |          |         |
|                    |                  |                   |          |         |

Particulars of sanction, inspection and affiliation (please attach the following documents for every course, separately.)

Permission of Government of Karnataka with sanctioned intake.

Permission of the concerned Council / Apex Body (for eg. Medical Council, Dental Council, AICTE etc.,) with number of admissions permitted.

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) :

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

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

**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 the college as separate from those of the management. The accounts shall show transaction in full : Yes / No

viii. Register of scholarships and concessions of all kinds

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 Development Programmes  
conducted in last  
one year:

f. Research and Publication

i. Publication during last 3 years – total No = \_\_\_\_\_

(enclose a list giving references in respect of papers published by staff  
in standard  
indexed journals)

ii. Research projects actually undertaken or in progress by

1. PG students : \_\_\_\_\_

2. Staff members along with title and funding agency. ( Previous 3 or 5  
years)

g. Academic Committees: list the Academic Committees, their functions and  
names of

members (list to be enclosed) : \_\_\_\_\_

h. Anti – Ragging Committee:

whether a committee for controlling ragging in the College is formed? Yes /  
No give details.

i. Library :

1. Central library



**1. Collection Development (Departmental Library) :**

| <b>Type of Documents</b>             | <b>Total as on current year</b> |  |  |  |  | <b>Added in previous year</b> |  |  |  |  |
|--------------------------------------|---------------------------------|--|--|--|--|-------------------------------|--|--|--|--|
| 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 Department | Total Number of Books | No. of Books added during the year | No of Current Journals | Library Staff |  |
|------------------------|-----------------------|------------------------------------|------------------------|---------------|--|
|                        |                       |                                    |                        |               |  |
|                        |                       |                                    |                        |               |  |
|                        |                       |                                    |                        |               |  |

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

(please attach a separate sheet).

**PART III: STAFF**

Particulars of staff consisting of name of individual, designation, qualification, teaching experience (both under graduate and post graduate where applicable), Number of posts, recommended by Council or University sanctioned and filled to be given separately as required in Section II for the relevant course.





**IV. Supervision in Field practice Area (Health Centers)**

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

**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 INFRASTRUCTURE (AT PROPOSED COLLEGE)**

**COLLEGE LAND BUILDING:**

**a. General Facilities**

**land**

**a.** Whether the minimum standard requirement of land prescribed by concerned Councils / Apex bodies is available. (produce documents).

Yes / No

If Yes give details:

If no, what are the (I) Plans and purchase, (II) Budget provision made for construction.

b. Whether the land for building has enough space for expansion according to future

needs: Yes / No

**BUILDING**

c. Whether the buildings for conducting the course is available as per the minimum standard requirement if the Councils / Apex bodies :

d. Give details whether land and building are owned by the institution or is taken by way of rent or lease:

Land \_\_\_\_\_ Building \_\_\_\_\_

e. Floor area of building \_\_\_\_\_ No. of Blocks \_\_\_\_\_ No. of Floors \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Year of construction: \_\_\_\_\_

**Administrative Section - PHYSICAL FACILITIES AVAILABLE:**

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**

l. **Animal House** (give particulars) : **i. Area**    **ii. Staff**    **iii. Type**

**of animals**            **m. Committee rooms :**

o. Common room for

Men Students :

Lady Students :

(Specify in sq ft)

**p. Students Hostel**

(See under students amenities)

**q. Availability of Staff Residential Quarters**

Principal :

Other Staff :



Teaching an Ancillary Staff :

Please give details :

**r. Equipment (Please Give details as per Annexure – 1)**

**s. Central Photographic – cum-Audio Visual Unit.**

m. For institutions having course requiring human cadaver dissection, please furnish details regarding registration under Anatomy Act, 1969.

**PART V: CLINICAL AND HOSPITAL FACILITIES:**

a. Name of General Hospital & Full address :

b. Sanctioned bed strength and the distribution of beds in each discipline / subject:

c. Whether the hospital is possessed by the applicant or has a tie-up please furnish details and supportive documents :

d. Daily average outdoor patients :

e. Daily average indoor patients :

f. Distance between hospital & College :

g. Particulars of the hospital including a plan :

1. Details regarding administrative block of hospital and its location
2. The Staff working (both hospital and administrative staff
3. Details of clinical departments for training and teaching purpose, outpatients section and indoor section, both accommodation and distribution of beds for different clinical departments.

Furnish information in Section II

Outdoor :

Indoor :

4. Facilities like Radiology, Ultra Sound, Clinical Laboratory, Blood Bank, Operation

5. Facilities like Central Sterile Service, Kitchen, Laundry, Canteen, Pharmacy,

Workshop, Stores, Medical records keeping.

6. Casualty / Emergency Service.

7. Mortuary and Central Cold Storage facility.

7a. Facilities for disposal of Hospital waste.

(eg. Incinerator or any other method. Specify)

8. Any other special services and special clinics

9. Equipments (please provide a list of major equipments necessary for patient care and

teaching in annexure – II)

**h. Details of Tie-up with other hospital (where necessary) attach supporting**

**documents.**

(Eg. Psychiatry and Mental Health teaching

Tuberculosis

Leprosy

Burns etc.

**i. Proposed plan for future developments**

**PART VI : FIELD PRACTICE AREA (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 :
  
- 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

- a. Common room for men students : Yes / No
- b. Common room for lady students : Yes / No
- c. Any other : Yes / No

2. Hostel

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

: \_\_\_\_\_

3. Facilities provided for games and recreation including play ground

4. Facilities provided for Medical Examination and Health Services

**Part IX:**

Any other matter the management would like to furnish

**ANNEXURE – I**

Name of the Department :

Subject :

List of Equipment available

| Sl No | Name of Equipment | Number Required as per Norms | Number available | Remarks |
|-------|-------------------|------------------------------|------------------|---------|
|       |                   |                              |                  |         |
|       |                   |                              |                  |         |
|       |                   |                              |                  |         |
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|       |                   |                              |                  |         |
|       |                   |                              |                  |         |
|       |                   |                              |                  |         |
|       |                   |                              |                  |         |

Place:

Signature of Principal / Dean / Director

Date:

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LIST OF PG /SS (**RENEWAL/INCREASE IN INTAKE /ADDITIONAL COURSES**)

APPLIED FOR THE YEAR \_\_\_\_\_

Name of the College

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax

\_\_\_\_\_

| Sl No | Name of the course and amount of fee paid for Renewal consent of affiliation | Name of the subjects with intake and amount of fee paid for increase in intake | Name of the subjects with intake and amount of fee paid for additional course | Grand Total of amount paid |
|-------|--|--|---|----------------------------|
|       |  |  |   |                            |
|       |  |  |   |                            |
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|       |  |  |   |                            |
|       |  |  |   |                            |

**Note:** The fee paid for each subject should be mentioned in detail both in the application form (2 sets) as well as in the form and submit them to the University.



**PART X: PARTICULARS FOR INCREASE IN NUMBER OF SEATS**

1. Give details regarding the course and increase in number of seats proposed:

| Name of the course | Year of starting | Number of admissions |                           | Proposed increase in No. of seats | Remarks |
|--------------------|------------------|----------------------|---------------------------|-----------------------------------|---------|
|                    |                  | Permitted            | Admitted in previous year |                                   |         |
|                    |                  |                      |                           |                                   |         |
|                    |                  |                      |                           |                                   |         |
|                    |                  |                      |                           |                                   |         |
|                    |                  |                      |                           |                                   |         |

2. Particulars of sanction / permission by competent authority.  
(Enclose copies of documents)

3. Full justification for increase in number of seats :

4. Staff:

4.1. Give particulars of proportionate increase in the staff pattern of each department teaching the course.

**i. Full Time :**

| Existing staff strength by Designation |        | Proposed additional staff |        | Remarks |
|--|--------|---------------------------|--------|---------|
| Name of Post                           | Number | Name of Post              | Number |         |
| 1                                      | 2      | 3                         | 4      | 5       |
|  |        |                           |        |         |
|  |        |                           |        |         |

**ii. Part Time :**

| Existing staff strength by Designation |        | Proposed additional staff |        | Remarks |
|--|--------|---------------------------|--------|---------|
| Name of Post                           | Number | Name of Post              | Number |         |
| 1                                      | 2      | 3                         | 4      | 5       |
|  |        |                           |        |         |
|  |        |                           |        |         |

**iii. Medical Subjects:**

| Existing staff strength by Designation |        | Proposed additional staff |        | Remarks |
|--|--------|---------------------------|--------|---------|
| Name of Post                           | Number | Name of Post              | Number |         |
| 1                                      | 2      | 3                         | 4      | 5       |
|  |        |                           |        |         |
|  |        |                           |        |         |

**iv. Supervisors in field Practice Area :**

| Existing staff strength by Designation |        | Proposed additional staff |        | Remarks |
|--|--------|---------------------------|--------|---------|
| Name of Post                           | Number | Name of Post              | Number |         |
| 1                                      | 2      | 3                         | 4      | 5       |
|  |        |                           |        |         |
|  |        |                           |        |         |

4.2. Qualification and Teaching Experience and work load of Additional staff

Please give details as per particulars given in Part III, b (I to iv) of this form.

4.3. Does the additional staff conform to the staff pattern and number recommended by the

Council / Apex Body

: Yes / No

4.3.1. Please produce evidence to the effect that appointments have been made or

appointments have been accepted : Yes / No

4.3.2. If there is shortage proposed action for filling up the post and the time period by which it will be done : Yes / No

**5. PHYSICAL INFRASTRUCTURE :** (At the college)

What proportionate increase in accommodation at college level and hospital level have

been made please give relevant details as per particulars give in section 1. Part IV

(C,D,E,F,G,H,J,K,L and M)

**6. CLINICAL AND HOSPITAL FACILITIES:**

**6.1. What proportionate increase in bed strength and other facilities have been made**

**for increasing the number of seats? Please give relevant details.**

**6.2. Bed Strength :**

| Name of the Department. | Existing number of beds | Additional number of Beds | Remarks |
|-------------------------|-------------------------|---------------------------|---------|
|                         |                         |                           |         |
|                         |                         |                           |         |
|                         |                         |                           |         |
|                         |                         |                           |         |

**6.3. Number of Units:**

| Name of the Department. | Existing number of beds | Additional number of Beds | Remarks |
|-------------------------|-------------------------|---------------------------|---------|
|                         |                         |                           |         |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6.4. Does the additional beds and units conform to the recommendations of Council /**

**Apex Body : Yes/ No**

**6.5. If there is shortage, give proposals to make up and the time frame :**

**7. Field Practice area (Health Centre) :**

What additional facilities proportionately would be made for training and supervision as well as hostel facilities. Give details

**8. Equipments :**

What proportionate increase in equipment would be required. Please provide relevant details

**9. Library**

What proportionate increase in number of books, journals and other facilities would be

Made, give particulars.

**10. Student Amenities**

Additional hostel facilities for

Men Students :

Lady students :

**11. Transport Facilities**

Additional Vehicles –

Particulars of provision made additional vehicles for students and staff

## **PART XI : STARTING OF A NEW COURSE**

### **A. Particulars of proposed New course**

1. Name of the proposed Course :
2. Proposed year of starting :
3. Number of Admission per year :

### **B. Particulars of permission obtained**

1. Permission of Government of Karnataka with sanctioned intake  
(Attach copies of Government Order)
2. Permission of Concerned Council / Apex Body (Attach copy of permission)
3. Permission from Government of India, where applicable (Attach copy).

### **C. Special Reasons regarding the ‘need’ and suitability of the locality for establishing the proposed course:**

1. Score and nature of employment opportunities:
2. Are there similar courses in the neighbored? Yes / No  
If yes, give particulars : (Attach separate sheet it necessary)
  1. Name of institution
  2. Course
  3. Student Strength
  4. Distance in Kms from your college

**D. Financial Resources proposed to be utilized for starting the course  
i.e. for additional building, staff equipment, vehicles and student  
amentias.**

(please give details)

E. Balance sheet of assests and liabilities

F. Income and expenditure account

G. Budget for next three years and provision made to the possible deficit  
therein.

H. has the college been inspected earlier for starting this course and not  
allowed to start the course      Yes/ No

        If yes give details and attach a copy of reports including action taken  
report.