



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

4th 'T' Block, Jayanagar, Bangalore – 560 041

Form No. 3

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

FACULTY :

NAME OF THE INSTITUTE :

DATE OF SUBMISSION:

RENEWAL CONSENT OF AFFILIATION:

YEAR : 2025-26

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA
4th '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 st Year						
2 nd Year						
3 rd 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) :

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)

- Total Budget proposed (Rupees in Lakhs)
- 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.

a. Principal

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

Please attach relevant certificates.

III. Medical Subjects (in case of Dental Sciences, Physiotherapy, Nursing etc.)

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	

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 _____

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

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