****

**Application for Continuation of Affiliation**

**for the year 2020-21**

**(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)** |  |  |

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

|  |  |  |
| --- | --- | --- |
| **a.** | **Date of LOP & renewal from GOI/MCI for UG with sanctioned intake**  |  |
| **b.** | **Date of LOP from GOI/MCI for PG – Each subject- copies of the letters to be enclosed**  | **Subject Name**  | **Date of LOP** | **Admissions** | **Date of recognition /renewal of recognition by apex bodies**  |
|  |  | **Sanctioned**  | **Admitted**  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **All the courses needs to be entered without fail**  |  |  |
| **c.** | Particulars of sanction, inspection and affiliation (please attach the following documents for **every course**, (separately.) |
| **d.** | Permission of Government of Karnataka with sanctioned intake( wherever applicable) | Yes /no If yes – then provide the details along with intake |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **e.** | Last affiliation granted by RGUHS with sanction intake | Provide details  |  |
| Last LIC Report  | Action taken to rectify the deficiencies – specify in detail  |  |
| **f.** | **Any other courses being conducted – specify**  |  |
| **g.** | **Governing council members – list**  | **Attached – yes /no**  |
| **Details of the university nominee in the governing council with contact number**  |
| **h.** | **Details of the authority/****body, who manages the funds of the college**  | **Name and address**  | **Contact details**  |
|  |  |
| **i.** | **Budget and deposit of the college**  | **Recurrent ( Annual)** | **Non recurring ( Annual)** | **Deposits**  |
|  |  |  |
| **j.** | Amount of fees collected during the previous financial year  | **Heads**  | **Amount**  |
| **Tuition**  |  |
| **Sports**  |  |
| **Union**  |  |
| **Library**  |  |
| **Others**  |  |
| **k.** | Whether any donation, capitation fee etc., is levied apart from tuition fee, if so give details | **If yes then provide the details**  |  |
| **l.** | 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**  |

|  |  |
| --- | --- |
| **m.** | 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/** |  |

|  |  |  |
| --- | --- | --- |
| **n.** | Whether all teachers working in the college are updated in the online teachers database | Yes/No(Enclose printout from online portal)  |
| **o.** | Department wise teaching faculty details |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Department**  | **Designation**  | **Name of the staff**  | **Date of Birth**  | **Total no. of years of experience**  |  |
|  | **Professor & HOD** **Professor**  |  |  |  |  |
|  | **Associate professor / Reader**  |  |  |  |  |
|  | **Assistant professor**  |  |  |  |  |
|  | **Lecturer**  |  |  |  |  |
|  | **Tutor**  |  |  |  |  |
|  | **Senior Resident** |  |  |  |  |
|  | **Junior Resident**  |  |  |  |  |

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

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

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

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

|  |  |
| --- | --- |
| **10** | **Whether accounts of the college have been duly audited – Yes / No, if yes- provide the audited statement** |

|  |  |
| --- | --- |
| **11** | **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**  |

|  |  |
| --- | --- |
| **12** | **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: