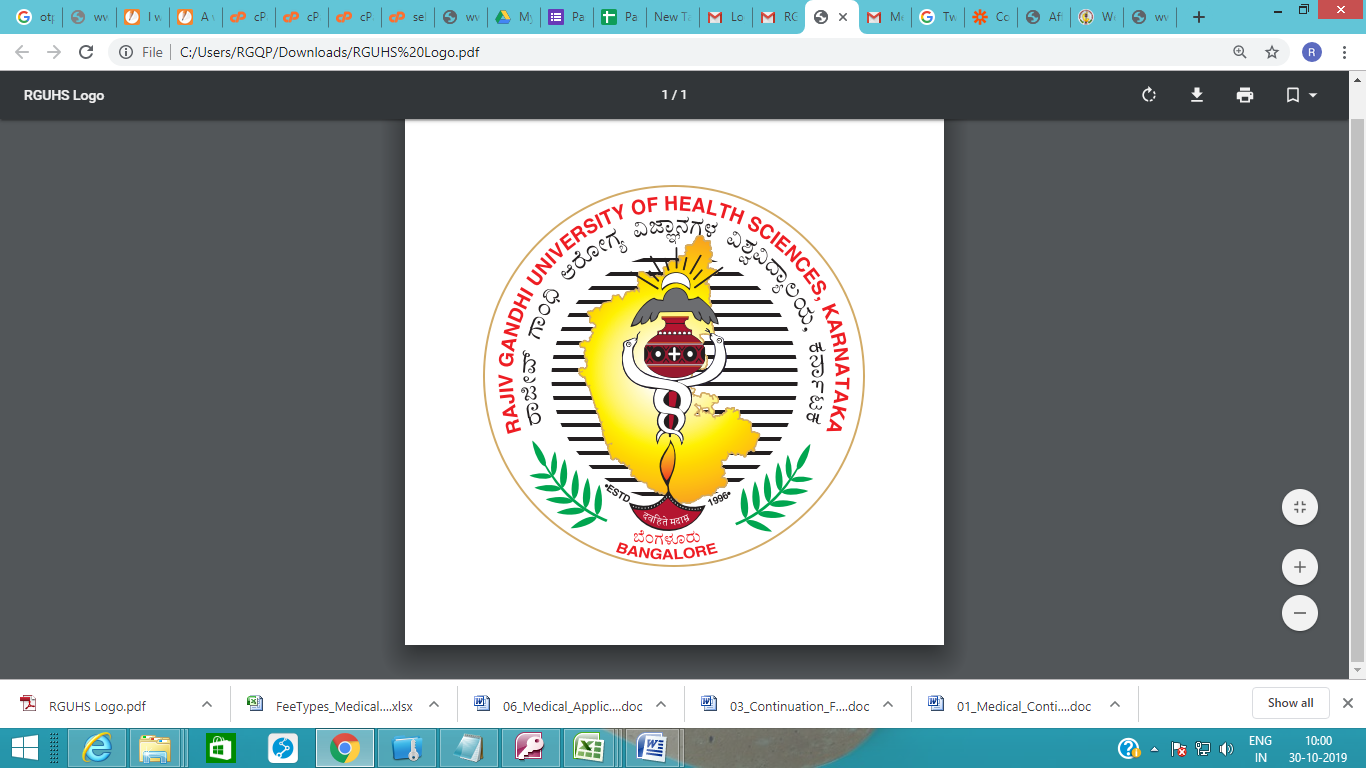
****

**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** |  |

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| --- | --- |
| **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 the  internal assessments & at the terminal examination  for theory and practical with result – | **Certified page of the each register to be enclosed** |
| Register of scholarships and concessions of all kinds  whether 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** | | |  | |
|  |  | | |  | |

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| --- | --- | --- |
| **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 by  the applicant or has a tie-up please  furnish 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 room  2) Laboratories  3) Library  4) 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: