



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
NASHIK**

Proposal for Fellowship/Certificate Course(s)

Academic Year :

Proposal No. : -----

From : affiliated/non-affiliated College/Institute
(for office use only)

Application form for Starting Fellowship/Certificate Course(s).

(Under Section 64 of the Maharashtra University of Health Sciences Act, 1998)

- N.B. 1. The management/Institute/College seeking permission to start a new Fellowship/certificate course(s) of 12 / 09 /06 /03 months shall submit the application in **three copies** in the prescribed format alongwith D.D. of affiliation fees (**Rs.10,000/- up to 10 Fellowship/Certificate Courses. If affiliation is required for more than Ten Course(s) then Rs.1,000/- each for extra Course every year.**) drawn in favour of The Registrar, Maharashtra University of Health Sciences, Nashik on any Nationalized Bank, payable at Nashik.
2. Please read the instructions carefully before filling the form.

To,
The Registrar,
Maharashtra University of Health Sciences,
Mhasrul, Dindori Road,
Nashik - 422 004.

Sir,

I am/ we are submitting herewith the application with a request, for starting of a new Fellowship/Certificate course(s) of 12 months / 09 months /06 months /03 months in -----for ----- intake capacity from the academic year -----.

Following are the particulars:

1. Name and Address of the
Society/ Institution /College

Name :

Postal Address :

PIN Code :

Telephone No. :

Fax :

E-mail Address :

2. Number and date of the Registration of Society/Institution/ College:
 i) Public Trust Act 1950 : _____
 ii) Society's Registration Act 1860: _____
 iii) Year of establishment : _____
 (Please enclose attested copies of Registration, Constitutions and Memorandum of

Association)

3. Name of the College/ Institute where this course will be conducted :

Name : _____
 Postal Address : _____

 PIN Code : _____
 Telephone No. : _____

 Fax : _____

 E-mail Address : _____

4. Whether Institute/College is affiliated to MUHS Nashik, Yes/No
 If yes, mention the letter No..... Date.....

5. Payment details :
 i) Amount Rs.-----
 ii) D.D.No. -----
 iii) Dated: -----
 iv) Name of the Drawee Bank :

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6. Financial position of the Society/College/Institute
 (Please attach audited statements of preceding three
 years) 200.....-200.....
 200.....-200.....
 200.....-200.....
 7. Budgetary provision for the Fellowship/Certificate
 Course for the next three years : Year
 200.....-200.....
 200.....-200.....
 200.....-200.....

8. Mention the name of various audio visual aids available.

Sr.No.	Name	Yes/No	If Yes, Number
1.	Slide projector	Yes/No	
2.	6 mm projector	Yes/No	
3.	LCD Projector	Yes/No	
4.	Overhead projector	Yes/No	
5.	Screen	Yes/No	
6.	V.SAT Connectivity with CMC Vellove	Yes/No	

9. **Teaching Facilities** :

(A) **Full time staff** :
(Please attach a list in the following proforma)

Sr. No.	Name	Qualification	Experience	Recognised by

(B) **Part time Staff**
(Please attach a list in the following proforma)

Sr. No.	Name	Qualification	Experience

(C) **Visiting Faculty/ Consultants**
(Please attach a list in the following proforma)

Sr. No.	Name	Qualification	Experience

10. **Research** – Indicate Department wise number of publications
(Please attach a list)

11. **Staff** : (Please attach a list)

- a) **Teaching**
- b) **Non-Teaching**
- c) **Technical**

12. **LIBRARY** : (Please attach a list)

Books & Journals – (Please attach a list of books, Journals, e-library, e-journals & e-books available in the library and indicate if the institution has a liaison with other library if so, please mention its distance from the Institution/ Hospital. Attach the permission letter from the concerned Institute)

13. **Building** : (Please attach a Map)

- a. For Administrative Block.....Sq.ft.
- b. Class rooms No.Total.....Sq.ft.
- C. Play Ground
- d. Gymkhana

14. **Laboratory :**

a. State whether there is research laboratory. Please give information in detail

b. List of Equipments/instruments for the conduct of Course

15. **Hostel :** Provision for boys hostel : Yes/No No. of Rooms
Provision for girls hostel : Yes/No No. of Rooms

16. **Computer Facilities :**

- a) No. of computers :
- b) Internet facility :
- c) Own web site :

Available/Not Available
Available/Not Available

17. **Ethical Committee :**

Is there an ethical committee :

Yes/No
If yes, attach Names of Committee members

18. **Hospital : Owned/Attached**

i) Name of the Hospital : -----

ii) Faculty : Medical Dental Ayurved
Unani Homeopathy General
(Please tick in the appropriate box)

iii) Nos. of beds available : -----

iv) Built –up area : -----

v) OPD (No. of patients per year) :-----

vi) IPD (No. of patients per year) :-----

vii) ICU

viii) ICCU

vi) List of Paramedical staff :

vii) List of Instruments available (CT Scan, MRI, ECG, Sonography, X-ray etc.):

I solemnly declared that, information furnished above is true and correct to the best of my knowledge.

Signature of Head of the Department

Signature of the Head of the Institute

Date :

Place :

***Note : Renewal of Affiliation for Fellowship/Certificate Course(s) is required every year.**