



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,  
NASHIK**

**Proposal for Academic Year**

**Registration No.:**-----

**Year :**

From : affiliated/non-affiliated  
College/Institute

(for office use only)

**Application for Recognition of College/Institute for starting Certificate Course(s)**

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

- N.B. 1. The management seeking permission for Recognition of College/Institute for starting Certificate Course(s) shall submit the application in **two copies** in the prescribed format alongwith D.D.of prescribed fees 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, under section 64 (3) of the Maharashtra University of Health Sciences Act, 1998 for Recognition of College/ Institute for starting Certificate Course(s) at -----  
----- for ----- intake capacity from the academic year -----.

**Following are the particulars:**

1. **Name and Address of the Society :**

Name : \_\_\_\_\_

Postal Address : \_\_\_\_\_

PIN Code : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

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

E-mail Address : \_\_\_\_\_

2. **Number and date of the Registration of Society :**

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 :**

Name : \_\_\_\_\_  
Postal Address : \_\_\_\_\_  
PIN Code : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Fax : \_\_\_\_\_  
E-mail Address : \_\_\_\_\_

4. **Payment details :**

i) Recognition fees Rs.-----

ii) D.D.No. -----

iii) Dated: -----

iv) Name of the Drawee Bank :  
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5. Financial position of the Society/College/Institution (Please attached audited statements of preceding three years )

200.....-200.....

200.....-200.....

200.....-200.....

6. Budgetary provision for the Certificate Course for the next three years :

Year

200.....-200.....

200.....-200.....

200.....-200.....

7. The resolution of the Management in respect of Recognition of Institute (Enclose copy of Resolution)

Res. No. \_\_\_\_\_

Dated : \_\_\_\_\_

8. **Other Information :**

**a) Land :**

i) Whether the land is owned by the Applicant Institute/ College/ Trust : Yes/No

If yes, then Area

Acre / Hectors : \_\_\_\_\_

(Attach copy of land documents i.e. 7/12 extract/property card)

ii) Whether the land is registered : Yes/No

If yes, please mentioned Register Number :-----

Date of Registration :  
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Place of Registration : -----

iii) Any loans/mortgage shown against the title of the land : Yes/No

Mention the amount of the loan Rs. -----

**b) Building :**

i) Total built-up area : \_\_\_\_\_ sq. ft.

(Attach a certified copy of plan of building)

ii) Provision of library : Yes/No

iii) Provision of Laboratories: Yes/No

iv) Class Rooms & Administrative blocks : Yes/No

**C) Teaching Staff :** (Please attach a list)

**D) Non-Teaching Staff :** (Please attach a list)

**E) Technical Staff :** (Please attach a list)

9. **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/IPD (No. of patients per year) :-----

vi) List of Paramedical staff :

vii) List of Instruments available (CT Scan, MRI, ECG, Sonography, X-ray etc.):  
(Attach plan duly certified by architect)

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

| S.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 Vellore | Yes/No |                |

11. **LIBRARY :**

**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)

12. **Laboratory :**

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

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

13. **Hostel :** Provision for boys hostel : Yes/No

Provision for girls hostel : Yes/No

14. **Computer Facilities :**

- a) No. of computers : -----  
b) Internet facility : Available/Not Available  
c) Own web site : Available/Not Available

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

Place : *Signature of Head of the College/Institute*

Date : *Seal of the College/Institution*