

Maharashtra University of Health Sciences, Nashik

Proposal for academic year

College Code

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(From Affiliated College/Institute)

Application Form for Renewal of Affiliation for Fellowship/Certificate Course(s)

(Under Section 68 of the Maharashtra University of Health Sciences Act, 1998)

- Instructions :**
- The College / Institution presently affiliated to this University and applying for Continuation of Affiliation for existing Fellowship/Certificate course(s) in their college/Institute, shall submit an application in **two copies**, along with D.D. of prescribed fee, drawn in favour of **‘The Registrar, Maharashtra University of Health Sciences, Nashik’** on any Nationalised Bank payable at Nashik.
 - Please read the instructions carefully before filling the form.

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

Sir,

I am/We are submitting herewith an application with a request for Renewal of Affiliation for Fellowship/Certificate courses existing in our college/Institute, for the academic year 2010-11 under section 68 of the Maharashtra University of Health Sciences Act, 1998.

1. Name and address of the College / Institute : _____

PIN code

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Phone No. (O) _____

(R) _____

Fax No. _____

Email 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. **Present Statues of the existing Fellowship/Certificate Course (s) :**

Sr. No.	Name of the Fellowship/ Certificate Course	Duration	Intake Capacity Granted	Actual Students Admitted	Remark

4. **Name of the Courses to be started from Academic Year 2010-11**

Sr. No.	Name of the Fellowship/Certificate Course	Required Intake Capacity

5. **Payment details :**
- i) Renewal fees Rs : _____
- ii) D.D. No. _____ Dated _____
- iii) Name of the Drawee Bank _____

6. Information about approved Teaching Staff : Attach separate sheet
7. Information about Non- Teaching/Technical Staff : Attach separate sheet
8. Information regarding teaching facilities at college/Institute : Attach separate sheet
9. Information regarding Hospital : Attach separate sheet
10. Budgetary Provision for Certificate Course for next three Years : 200.....-200.....
200.....-200.....
200.....-200.....

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.

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.**