

VEER NARMAD SOUTH GUJARAT UNIVERSITY

University Campus, Udhna Magdalla Road, Post Box No. 49,

SURAT - 395007

Rs.2,500/-

Internet Copy



FORM D

APPLICATION FOR INSTITUTING POST – GRADUATE CENTRE OR STARTING P.G. COURSES (ON SELF – FINANCED BASIS) AT AFFILIATED COLLEGES / INSTITUTES UNDER THE FACULTY OF MEDICINE

from the Academic Year – 20 - 20

(Date of Receipt by University Office)

Date of sending complete application to the University : _____
As per the University Ord. 66 which the Centre is to be started.

Note :

- (1) Application with incomplete information / details will not be taken into consideration.
- (2) Seven copies of the application for each Degree prepared on computer and duly completed in all respect must reach the University office before the due date.
- (3) In the case of acceptance of the need of the course / programme by the University, prescribed fee (if any) will be remitted / paid by the Institute to University by the due date as notified by University and the application /s will be taken into consideration thereafter.

Part – I (Institutional Information)

A. General Information

- (1) (a) Name of the Applicant–Institution
 - (b) Year of establishment
 - (c) Name of affiliating University
 - (d) Year in which permanent affiliation was granted
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- (2) (a) Nomenclature of the proposed Degree / Diploma courses and its Subject / Branch / Specialization of Broad / Super-Specialty area
 - (b) Whether above P.G. Programme is to be instituted as–University P.G. Centre under Grant–In–Aid category OR as–Self Financed course (s)
 - (c) Proposed Fee Structure (per annum)
for Self Financed course (s)
for Degree course (s)
for Diploma course (s)

(3) Particulars of Head of the Institution
(Director / Dean / Principal) whosoever is head

- Name
- Age
- PG Degree { University
Institution
Year
- Total Teaching experience (give details)
 - Demonstrator
 - Ass. Professor
 - Assoc. Professor
 - Professor

(4) Department to be inspected

(5) Particulars of Head of the Department of _____
(Director / Dean / Principal) whosoever is head

- Name
- Age
- PG Degree { University
Institution
Year
- Total Teaching experience (give details)
 - Assistant Professor
 - Associate Professor
 - Professor

(6) Previous inspection of Department by University / MCI, if any :

- Date
- Purpose
- Deficiencies pointed out, if any
- Whether Degree / Diploma has been approved / recognised by MCI ?

(7) Whether the course was started with
prior approval of University / MCI ?
(Give details)

- Date of permission of MCI for Degree / Diploma
- Annual intake for Degree / Diploma
- Date of first admission for Degree / Diploma

(8) Mode of selection (actual / proposed) of PG students

(9) No of PG students to be admitted (proposed) and available PG Teachers during the next year.

Year	No of PG students		Name of recognised PG Teachers against whom the students to be admitted
	Degree	Diploma	

B. Institutional Facilities

(1) Annual Plan & Non-plan budget allotted and utilized in the last three years. (at UG level)

Year	Plan		Non – Plan	
	Budget allotted	Budget Spent	Budget allotted	Budget Spent

(2) Statement of Salary paid to the faculty staff during the last three years.

Year	Plan

(3) Sanctioned annual intake for UG by MCI. : _____ per year

(4) Departments running PG courses and their sanctioned intake : (if any)

Department	P.G. Courses	No. of admission per Year

(5) Teaching staff required (in the Department inspected by MCI / LIC) for UG.

Designation	Staff required	Staff available	Deficient staff

(6) Unit wise Teaching staff (available) (*As per enclosed profoma Annexure – 1*)

- (7) Department wise bed strength in the Hospital(s) owned and managed by the Institute / College.

Department	Bed strength
(1) Medicine including ICCU	
(2) General Surgery	
(3) Paediatrics including Paediatric bed in other specialities	
(4) Tuberculosis & Chest Medicine	
(5) Psychiatry	
(6) Skin & VD	
(7) ENT	
(8) Orthopedics	
(9) Ophthalmology	
(10) Obs & Gynaec & Antenatal	
(11) Non-teaching beds	
Total	

- (8) Average daily patients attendance

- OPD
- IPD
- Average Bed occupancy rate
- Year - wise average daily patient attendance (during previous period three years)

Year	Average daily new admissions	Average daily OPD attendance

- (9) **Central Library :**

- Total No. of Books
- Journal subscribed
- Books of the subject
- Purchase of latest editions in last 3 years
- Journals :
 - Indian
 - Foreign
- Year / month up to which Indian Journals available
- Year / month up to which Foreign Journals available
- Internet / Medlar / Photocopy facilities available / not available :
- Library opening timings
- Reading facility out of route library hours
- Library Staff
 - Librarian
 - Asst. Librarian
 - Clerk
 - Servant (Class IV)

- (10) Lecture theatres (give type & seating capacity of each) :
- (11) Hostel facilities : Accommodation (No. of rooms) available for
- For UG students
 - For Internts
 - For PG students
- (12) Residential staff quarters : Number (Category wise)
- Dean & Superintendent Bungalow
 - Professor
 - Associate Professor
 - Assistant Professor
 - Tutor
 - Class–III
 - Class–IV
- (13) College Council (**Constitution**)
- (14) PG Committee (**Constitution**)
- (15) Ethical Committee (**Constitution**)
- (16) Medical Education Unit (**Constitution**)
- (17) Department of Illustration / Photography
(Artist, Modeler, Photographer)
- (18) Emergency / Casualty Department :
- Available Space
 - No of beds
 - Equipment(s)
 - Available staff (Medical / Paramedical)
 - No of cases (Average daily attendance of patients)
 - Investigative facilities available
 - Facilities available
- (19) Blood Bank
- Valid License
 - No. of blood units available
 - Average blood units consumed daily
 - Staff for Blood Bank

- Facilities of blood components available
- Nature of blood storage facilities
(Whether as per specifications)
 - Blood bank refrigerator
 - Deep Freezer
 - Platelet incubator cum agitator
- All blood Units tested for Hepatitis C, B, HIV

(20) **Central Laboratory**

- Controlling Department
- Working Hours
- Investigative work load

(21) **Central Research Lab**

- Whether there is any Central Research Lab
- Administrative Control
- Staff
- Equipment
- Work load

(22) Investigative facilities (Approx. number of investigations done daily)

(I) Radiology

- Plant X-rays
- CT scan
- MR scan
- Mammography
- Barium Studies / IVP
- Ultra sonography
- Others

(II) Radiotherapy

- Radiotherapy
- Teletherapy
- Brachy therapy

(III) Pathology

- Haematology
- Histopathology
- FNAC & Cytology

(IV) Microbiology

- Bacteriology
- Serology
- Mycology
- Parasitology
- Virology
- Immunology

(V) Biochemistry

- Blood Chemistry
- Endocrinology
- Other fluids

(23) Operation Theatres

- Number of AC
- Equipment(s)
- Pre-Anaesthetic Clinic
- Post-anaesthetic care area
- Resuscitation arrangement
- ICU
- Pain Clinic
- Total Anaesthesia staff
- Average No. of cases operated daily
 - Major
 - Minor

(24) Central Supply of Oxygen / Suction

(25) Central Sterilization Deptt.

(26) Laundry

(27) Kitchen

(28) Incinerator

(29) Generator Facility

(30) Medical Record Section

(31) Animal House

(32) Central Workshop

(33) Recreational facilities

- Play grounds
- Gymnasium
- Auditorium

I hereby give an assurance on behalf of the Management of _____
_____ that after having given affiliation / approval for the
P.G. course(s), any change in office barer/ existing teaching staff that may occur in future or
any information that may be asked for by the University will be sent immediately.

Instructions that may be given by the University for constituting the Governing Body of
the Institute will be followed and observed solely.

I further assure to abide by the rules and regulations prescribed in this behalf from time
to time, by the University / State Govt. / MCI. The Institute shall not publish advertisement till
written permission of the University is obtained and shall not admit / enroll students for the
said P.G. Programme.

Place :
Date :

(Signature of the Dean of the College /
Head of the Institution with stamp)

(Signature of the Secretary / Managing
Trustee of the College / Institution with stamp)

(6) Unit wise Teaching staff (available) (Annexure – I)

Unit : _____

Bed strength : _____

Sr. No.	Designation	Name with Date of Birth	Nature of employment Full time / Part time / Honorary	PG Qualification			Experience			Recognition status as PG Teacher in affiliated University														
				Subject with Year of passing	Institution	University	Date wise teaching experience with designation	Institution & Institution	From		To	Period												

Note: Total number of recognised PG Teachers in the Unit : _____
 Number of faculty members changed during the last one year : _____