

## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

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Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

प्र.कुलसचिव

Offg. Registrar

No. MUHS/E-1/UG/39/1507/5605 /2016

Date: 06 /of/2016

Continuation / Extension of Affiliation letter for Academic Year 2016-17 (Issued under provision No. 11 & 12 of University Direction No. 03/2014)

To.

The Dean, Shri. Vasantrao Naik Govt. Medical College, Yavatmal - 445 001

Sub.

: Continuation / Extension of Affiliation for the A.Y. 2016-17

Ref.

: 1) Your letter No. श्रीवनाशावैमय/विवि/पीजी/७६९७/२०१६ dated

29/06/2016

2) DMER letter No. संवैशिवसं/शावैम-संलग्निकरण/हमीपत्र/१६८०८-१/७-अ

dated 02/08/2016.

Sir / Madam,

1. With reference to the subject cited above and the Undertaking given by you, I am directed to communicate that as per the provision under Section 68 of Maharashtra University of Health Sciences Act, 1998, the Academic Council has taken decision in its meeting held on 16/05/2016, vide its resolution No 42/2016 to grant continuation of affiliation to the M.B.B.S. course for the A.Y. 2016-17, subject to following conditions:

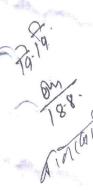
(a) The intake capacity of students shall be 150.

- (b) Grant of permission from Central Govt. / Medical Council of India and / State Government, (as applicable).
- (c) Fulfillment of following deficiencies and submission of its compliance report till 10/09/2016:

## (i) Teaching Staff:

Sr. No.	Donartmont	R	equire	d		Existing	9	Deficiency			
	Department	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	
1	Com. Medicine	1	2	3	1	3	3	0	0	0	
	Epid. cum Lect	0	0	1	0	0	0	0	0	1	
2	Gen. Medicine	1	3	4	1	3	3	0	0	1	
3	V.D. & L	0	1	1	0	0	2	0	1	0	
4	Psychiatry	0	1	1	0	0	1	0	1	0	
5	Paediatrics	1	1	2	1	2	0	0	0	1	
6	Orthropedics	1	1	2	0	1	0	1	0	2	

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Sr. No.		R	equire	d	E	Existing	3	Deficiency			
	Department	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	
7	Radiodiagnosis	1	1	1	0	1	0	1	0	1	
8	Anesthesia	1	2	4	1	3	1	0	0	2	
9	Dentistry	1	1	1	0	1	1	1	0	0	
	*	3	2	8							

## (ii) Other:

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a) DCF-II for the Survey Year AISHE: 2014-15 not uploaded on web portal (http://aishe.gov.in)

b) The information of total Teaching staff in hard copy and soft copy in CD as per following format not submitted.

Sr. No	Name of the teacher	1	Post held	Sub.	Teacher's Category		ig	Sub. Of PG Qualification	Date of		Date of birth	Appointment	exper	1.1		roved	Whether debarred (Y/)	Signature of teacher
		10				ÜG	PG		Appoint	Joining			UG	PG	UG	PG		

- c) The information of all teaching staff to be updated on University Website
- 2. You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.
- Kindly note the above and do the needful scrupulously.

Thanking you,

Yours faithfully,

Q 1

Offg. Registrar

## Copy to:

- 1. The Secretary, Medical Council of India, New Delhi.
- 2. The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
- 3. The Director, Directorate of Medical Education & Research, Mumbai
- 4. The Secretary, Admission Regularity Authority, Mumbai.
- 5. The Competent Authority, AMPUDC, Mumbai.
- 6. The Controller of Examinations, M.U.H.S., Nashik.
- 7. The Dy. Registrar, Academic Section (PG), M.U.H.S., Nashik
- 8. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik.
- 9. Section Officer, Special Cell, MUHS, Nashik