



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM

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APPLICATION FORM FOR AFFILIATION/RENEWAL OF AFFILIATION OF COURSE/ INSTITUTE

(To be filled by the Society/ Trust)

1. BASIC INFORMATION

i)	Name of the Applicant/Society/ Trust, Address, Phone No, Website, E-mail ID of Society/ Trust/ Proposed Institution	
ii)	Year of establishment of the Society/ Trust	
iii)	Registration No. & Date (Enclose proof)	
iv)	Name and Socio-economic status of the Trustee(s)/ Managing Committee of the Society/ Trust (give details on a separate Sheet): Age; Qualifications; Present occupation; Whether income tax payees or not with PAN NUMBER	
v)	Name & Address of the President/ Chairman	
	Phone No.	
	Mobile No.	
	Fax No.	
	E-mail ID	
	Type of the Institution applied for (Professional/ Non-Professional)	
vi)	Details of Processing fee paid (Rs.) (D/D No./Transaction ID)	

2. DETAILS OF THE COURSES/ FACULTY INCLUDING DISCIPLINES APPLIED FOR:

Sr.No.	Name of the course	Intake Applied for
i)		
ii)		
iii)		
iv)		
v)		
vi)		
Total		

5. LAND : (AREA IN ACRES)

i)	Location of the land (Metro/ State/ Capital/ others, please specify)	
ii)	Land required as per norms of concerned Council/Authority	
iii)	Ownership in the name of Society/ Trust in form of Registered Sale Deed/ Irrevocable Gift Deed (Registered)/ Irrevocable Government Lease (for minimum 30 years) by concerned authority of Government. Attach attested copy of the deed.	
iv)	Whether land is free from all encumbrances If yes, enclose a copy of non-encumbrances certificate from competent authority	(Yes/No)
v)	Whether land use certificate to be used for educational purpose has been obtained from the Competent Authority designated by the State Govt. (Enclose a copy of land use certificate)	(Yes/No)
vi)	Whether the land is contiguous or in parts. Please give details (Enclose a certified map of the land)	(Yes/No)
vii)	Whether the Society/ Trust has passed a resolution for using land exclusively for the proposed institution (Enclose a copy of the resolution).	(Yes/No)
viii)	Approach road width (in feet)	

6. DETAILS OF INSTRUCTION AREA (in square meters)

Type of Institutional Area	Nos. as per norms	Nos. actually available	Floor Area as per norms	Actual Floor Area
Class-rooms				
Tutorial Rooms				
Drawing Hall				
Computer Centre				
Library				
Laboratories/ Workshops				
Studio/ Seminar Hall/ Conference Hall				
Total				

(Attach the latest photographs of the building showing the current status).

7. AVAILABILITY OF FUNDS FOR THE PROPOSED INSTITUTION: Funds available in bank in the name of Society/ Trust (enclose attested copies of relevant documents)

Sr.No.	Type of accounts	Banks with Branch	Amount in Rs.	Source of Fund. Attach details of donors/ property income etc.
i)	Fixed Deposits/ FD Rs.			
ii)	Saving Accounts			
iii)	Current Accounts			
iv)	Bonds/ NSCs etc.			
v)	Any other			
	Total Amount			

Please attach a separate sheet, if necessary.

8. Information regarding Teaching Facilities at the College/ Institute as per Concerned Council/ University Norms:

(I) College Infrastructure:

i) Own Land: Yes/ No

ii) Area of Land (in Acres/ Sq. Mtr./ Sq. Ft.): _____ Acres/ Sq.Mtr./Sq.Ft.

iii) Build up Area: _____ Sq.Ft.

iv) Auditorium: Yes/ No Capacity: _____

(II) Lecture Halls Availability:

Number of Lecture Halls	Capacity

(III) Laboratory Facilities: i) Area in Sq.mtr.:

ii) Equipment: Yes/No

(IV) Library Facilities:

No. of Books Available	No. of Journals Subscribed/Available	Reading Rooms (Available/ Not Available)	
		Students	Staff

(V) Hostel Facilities:

Girls		Boys	
Own/Rented	Capacity	Own/Rented	Capacity

- (VI) Examination Halls with benches : _____
- (VII) Requirement CCTV Facility as per Exam Section : Available/ Not Available
- (VIII) No. of Computers : _____
- (IX) Internet Facilities : Available/ Not Available
- (X) Guest House Facilities : Available/ Not Available
- Capacity : _____ (No. of Rooms)
- (XI) Gymkhana Facility : Available/ Not Available
- (XII) Staff Quarters : Available/ Not Available
- XIII) Separate Common Room for Boys/Girls : Available/ Not Available
- XIV) Separate Lavatories for Boys/Girls : Available/ Not Available
- XV) Teachers' Common Room : Available/ Not Available
- XVI) Principal's/ Director's Room : Available/ Not Available
- XVII) Office Room(s) : Available/ Not Available
- XVIII) Canteen Facilities : Available/ Not Available
- (XIX) Size of the playground: _____
- (XX) Furniture:

Furniture	Number	Size
Classroom chairs		
Classroom tables		
Office and other chairs		
Office and other tables		
Almirahs/ Cupboards/ Racks		
Laboratory furniture		
Any other items (please specify)		

9. Information regarding Hospital as requirement of Concerned Council/ University norms:

A) Hospital (Own/ Attached) :

B) If Attached Hospital, whether Contract : Yes/No

period is valid for next five Academic Years

(Enclose proof)

C) Total Built up Area of Hospital : Sufficient/ Not Sufficient

D) No. of Bedded Hospital : _____ Beds

E) Whether Hospital meets minimum beds :

Requirement as per Council/ University

Norms (Yes/ No)

F)

Daily OPD	Daily IPD	Bed Occupancy (%)

G) Whether Total No. of Wards with : Available / Not Available

Minimum Bed Strength Available

If not Available, kindly specify _____

H) Equipment's : Adequate/ Inadequate (List to be enclosed)

I) Paramedical Staff : Adequate/ Inadequate (List to be enclosed)

J) Total No. of Ambulance (if applicable) :

Own	Out Sourced

K) Student Patient Ratio : _____

L) Other, if any : _____

10) Information about Teaching Staff including Principal

A) Total No. of Teachers in College :

(Enclose list with qualification and experience required as per norms of concerned Council)

Subject wise PG Recognized

Subject (s)	PG Recognized Teachers			Total
	Prof.	Assoc. Prof/ Reader	Lecturer/ Asstt. Lecturer	

B) Whether Monthly Review of Teaching Staff is taken by the College/ College Coordinator : Yes/No

D) Name of College Coordinator :

E) Mobile Number :

11) Information about Non-Teaching Staff

A) Total No. of Non-Teaching Staff :

(Enclose list with qualification and experience)

B) Whether Adequate Non-Teaching Staff are appointed : Adequate/ Inadequate

12) Information of Payment of Affiliation Fee & Renewal of Affiliation Fee (as applicable)

Particulars of Fees	Amount	Details of D.D./RTGS/NEFT/Payment Gateway (Attached Documents)	Date
Affiliation			
Renewal of Affiliation			

Note: Kindly refer Fee Schedule for Affiliation Fees details.

13) Details of Course Fee, Hostel Fee etc. (annual)

(Enclose list/Fee Structure)

14) Compliance Report towards deficiencies pointed out Latest Academic Year Affiliation is submitted: Yes/No

If No, kindly specify reasons _____

15. In case of renewal of affiliation, a Report of placement/employment of the batches of students (course wise) passed in last three academic years is to be submitted.

DOCUMENTS TO BE FURNISHED:

- (i) Registration under Societies Registration Act, 1860
- (ii) Constitution governing the College/Institution (please enclose a copy of the Constitution/ MOU/ Bye-Laws)
- (iii) 'No Objection Certificate' from concerned authorities (wherever applicable)
- (iv) Undertaking from Principal/Head of the Institution.

Date:

Place:

Signature of the Authority Concerned

Undertaking by Principal of College

I, the Principal of _____ College hereby undertake that all above information furnished by the College is correct and all necessary information will be furnished in the prescribed format of the University by the College during inspection.

Date:

Place

Seal of College

Sign & Name of Principal