

Rajasthan University of Health Sciences, Jaipur
FORM FOR REPORT OF THE INSPECTION OF COLLEGES FOR AFFILIATION

(Fresh / Renewal/ Permanent)

1. Course/ Subject(s):- For Session 20..... - 20

Intake Seats:-

2. Details of Affiliation Fee paid:-

S. No.	Faculty/ Course	Subject	Class(es)	Session	Intake Seats	Affiliation Fee paid to RUHS			Remarks of the Scrutiny Committee	Remarks of the Inspectors
						Amount	D.D. No.	Date		

3. Details of Institution :-

Name				Remarks of the Scrutiny Committee	Remarks of the Inspectors
Address with pin code					
Phone no.(s). with STD code		Fax no.(s).			
E-mail		Website			

4. **Details of the Management- Society/ Trust/ Company/or other Body (to be specified clearly):-**

(In case of Private Body, please attach a copy of Registration Deed alongwith list of members of the Apex Managing Body and a copy of constitution thereof)

(Annexure - 1)

Name				Remarks of the Scrutiny Committee	Remarks of the Inspectors
Specify nature - Whether Society/ Trust/ Company/or other Body					
Registration no. and date					
Address with pin code					
Phone no.(s). with STD code		Fax no.(s).			
E-mail		Website			
Name and contact no(s). of President/ Chairman		Contact No.(s).			
Name and contact no.(s). of Secretary		Contact No.(s).			
Name of University nominee					
Name of staff representative, if any, in the Governing/ Management Body concerned		Contact No.(s).			

(b) Subsequent renewals by RUHS: -

(Please attach a copy of renewal letter(s))

(Annexure - 7)

S. No.	Faculty	Session	Course	Subject	Class(es)	Permitted Intake Seats	Letter No.	Date	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1.										
2.										
3.										
4.										
5.										

8. Details of Principal of the College/ Institution: -

Name of the Principal		Remarks of the Scrutiny Committee	Remarks of the Inspectors
Residential Address			
Telephone No.(s). (Off.)			
Telephone No.(s). (Res.)			
Mobile No.(s)			
Fax No.(s).			
E-mail			

9. Demand for the Course/Subject(s): -

S. N.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Demand for the Course/Subject(s) With reference to other subject(s) already being taught in the institution			
2	Demand for the Course/Subject(s) to existing infrastructure in the institution for new subject(s)			

10. **Finance: -**(a) Annual **Budget: -**

Please attach a copy of Budget reflecting Pay & Allowances of various categories of staff, i.e. Teaching, Non-Teaching along with PAN No(s). and contingency expenditure

(Annexure-8)

S. No.	Particulars	Amount (Rs. in lacs)	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1.	Pay & Allowances			
2.	Books, Journals & Periodicals			
3.	Other Expenses:			
	(a) Recurring			
	(b) Non-recurring			
	(c) Contingency			

(b) Financial **Resources of the Institution: -**

S. No.	Particulars	Amount (Rs. in lacs)	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Present financial position			
2	Owned immovable property			
3	In Trustee Securities			
4	In Cash/in Bank/FDRs & others			
5	Reserve Fund, if any			
6	Additional Financial Resources proposed to be provided			

Please attach copy of audited Balance Sheet of last three years.)

(Annexure-9)

(b) Financial Resources of the Body: -

S. No.	Particulars	Amount (Rs. in lacs)	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Present financial position			
2	Owned immovable property			
3	In Trustee Securities			
4	In Cash/in Bank/FDRs & others			
5	Reserve Fund, if any			
6	Additional Financial Resources proposed to be provided			

11. Details of Staff: -

(a) Total strength of the staff (including the Principal):

No	Category	Required Strength as per norms	Working			Proposed time limit for rectification of Deviation i.e. Strength as per norms - (qualified but not duly selected+others)	Remarks of the Scrutiny Committee	Remarks of the Inspectors
			Qualified & duly selected	Qualified but not duly selected	Others			
1	Principal							
2	No. of whole time Teachers (other than Principal)							
3	No. of Para-Medical Staff							
4	Part Time / Guest Faculty							
5	Others							

Attach list of all teachers (including the Principal), Paramedical Staff and non- teaching staff alongwith their qualifications and experience and also attach their appointment letters.

(Annexure-10)

b) Deviations, if any, in terms of qualification, experience, Pay scale etc. considering the prescribed norms:

S. No.	Name	Date of		Norms			Present Position			Deviation			Proposed time limit for rectification of deviation	Remarks of the Scrutiny Committee	Remarks of the Inspectors
		Appoi ntment	Joining	Qualifi cation	Experi ence	Pay Scale	Qualifi cation	Experi ence	Pay Scale	Qualific ation	Experi ence	Pay Scale			

- The required information may be provided in separate sheet.
- Copies of appointment letters to be enclosed in serial order.
- Two Group Photos of Teaching & Non-Teaching Staff, duly verified by the Principal with date alongwith name of each individual on the photograph.
- Individual photos of all staff, duly verified by the Principal with date alongwith name of each individual on the photograph.

(Annexure-11)

12. **Land and Building: -**

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Total Land Area (in sq. metres)			
2	Is the Property/Building owned or on lease (if owned, please attach ownership title deed and if on lease, please attach lease agreement) (Annexure- 12)			
3	Layout of floor with area of individual spaces (in Sq ft.) Blueprint of Building plan to be attached. (Annexure- 13)			
4	Year & cost of construction			

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
5	Year and cost of subsequent additions/alterations			
6	Details of number of rooms with size and their allocation section wise (Annexure- 14)			
7	Are the Lecture rooms commodious and well ventilated and sanitary conditions satisfactory?			
8	Number and Size of all Lecture rooms? Please attach photographs of all lecture rooms with furniture (Annexure-15)			
9	Whether existing accommodation is sufficient for the existing classes?			
10	How much accommodation (including additions and alterations) is proposed to be provided for starting classes in the subjects in which affiliations is sought?			
11	What is the maximum number of classes being held at the same time? What is the maximum strength of a section?			
12	Attach a copy of course-wise time-table of the college. (Annexure-16)			
13	Number of students in each section (Annexure-17)			

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
14	Is the building fitted with proper electric and water connection? (Please attach bills of last month) (Annexure-18)			
15	Is an Auditorium and/or big hall for holding meetings, conferences, seminar etc. available? (Please attach photographs of auditorium/hall with furniture) (Annexure-19)			
16	Are the Principal's room and staff room available? Please attach photographs of Principal's room and staff room. (Annexure-20 and 21)			
17	Are proper and safe drinking water facilities (cool water during summers), toilets and urinals available for Boys and Girls separately? Are proper fire safety arrangements available?			
18	Is Common rooms for Girls available? Please mention its Size and attach its photograph. (Annexure-22)			
20	Is Common rooms for Boys available? Please mention its Size and attach its photograph. (Annexure-23)			
21	No. of Examination Hall (s) with individual and total seating capacity. (Please attach photographs) (Annexure-24)			

13. Details of Library:-

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Layout & floor area (in Sq Ft.)			
2	No. of Reading Rooms			
3	Working Hours			
4	No. of Shifts			
5	No. of Books			
	a. Text			
	b. Reference			
	c. Other Books			
6	No. of Magazines, Periodicals & News Papers subscribed :-			
	a. Magazines			
	b. Periodicals			
	c. News Papers			
7	No. of Journals subscribed annually			Please also enclose the List (Annexure-25)
	a. Indian			
	b. Foreign			

S. No.	Particulars	Details by the Institution		Remarks of the Scrutiny Committee	Remarks of the Inspectors
8	No. of Journals available with back numbers.				Please also enclose the List. (Annexure-26)
	a.	Indian			
	b.	Foreign			
9	Recurring and non-recurring budget provided for purchase of books in the Library for each subject (year wise during the last three year). Please attach copy of budget. (Annexure-27)				
	a.	Last Year			
	b.	Second Last Year			
	c.	Third Last Year			
10	No. of Books Purchased during last three years alongwith the amount spent :				Please also enclose copy of bills (Annexure- 28)
			No.	Amount	
	a.	Last Year			
	b.	Second Last Year			
	c.	Third Last Year			
11	Additional recurring and non recurring budget required to be provided for each of the subjects in which affiliation is sought				
12	Name and qualification of Librarian (academic as well as professional qualifications with names of Universities and Institutions from where qualified to be stated)				
13	List of other staff in the library (Annexure- 29)				
14	Is the Library and Reading room properly furnished and has fire safety arrangements, photocopying, and internet broadband/ wi-fi facilities? (Please attach photographs of Library and Reading Room) (Annexure- 30& 31)				

14.. Details of Laboratories:-

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	What accommodation is available for each subject applied for? (Please attach photographs of laboratories) (Annexure- 32)			
2	Are laboratories properly equipped? (Please attach list of equipments) (Annexure- 33)			
3	How much money is already provided for apparatus for different subjects? (Please attach copy of bills) (Annexure- 34)			
4	Have any orders been placed? (Please attach copy of orders) (Annexure- 35)			
5	Are fire safety arrangements available?			
6	What additional space is required?			
7	What additional space you propose to provide for affiliation in the subjects applied for?			
8	Management of Central & Experimental Laboratories			
9	Facilities for experimental works			

15. Details of furniture, equipment & apparatus etc.: -

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Is furniture, equipment & apparatus etc. adequate			
2	Present position (budget provided subject wise) (Please attach copy of budget provision) (Annexure-36)			
3	Additional recurring and non recurring budget required to be made available by the college for procurement of furniture, equipment & apparatus etc for the purpose of affiliation in the subject applied for			

16. Hostel Facility: -

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Layout and floor area with area details of individual spaces in Sq ft (Please attach blueprint of the hostel building) (Annexure-37)			
2	Distance from College & Hospital			
3	Total No. of Rooms & Seats (Boys & Girls)			
4	No. of students on the roll			

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
5	Percentage of students accommodated			
6	Supervisory arrangement			
7	Messing & Canteen arrangement			
8	Availability of Visitor's room, Reading rooms, T.V. rooms & Indoor Games			
9	Availability of Medical Facilities (i) First Aid arrangements (ii) Others (pl. specify)			
10	Are proper and safe drinking water facilities (cool water during summers), toilets and urinals, and common rooms available for Boys and Girls separately? Is proper fire safety arrangement available in the hostel?			
11	Any additional facilities proposed to be provided?			

17. Sports & Recreation facilities:-

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	For what games has the college made provision?			
2	Play grounds available for the games played (Please attach photograph of the playground) (Annexure-38)			
3	Gymnasium facilities and arrangement (Please attach photograph of the Gymnasium) (Annexure-39)			
4	Management (Name of the Sports Officer/Physical Instructor)			
5	Are the arrangements sufficient for Play grounds and Gymnasium?			
6	Details of social and cultural activities			
7	What additional grant you propose to provide for the sports and recreation facilities?			

18. **Teaching Hospital (Wherever applicable): -**

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Name of Hospital attached to the Institute and period of attachment			
2	Type of Management: - Govt./Autonomous/Local body/Private/ Trust/Society			
3	Owner of the Hospital			
4	Hospital run by			
5	Administrative set up			
6	Name & Qualification of Medical Superintendent			
7	Mobile No.(s)			
8	Tel. No.(s)			
9	Fax No.(s)			
10	E-mail			
11	Full time Teaching Staff			

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
12	Part Time Teaching Staff			
13	Full Time Non-Teaching Staff			
14	Part Time Non-Teaching Staff			
15	No. of teaching beds			
16	No. of special wards Beds /paid Beds			
17	Specialties available in the Hospital			
18	Are these compatible with requirements for proposed course?			
19	Medical Superintendent's Office - Size			
20	Principal/Dean's Office in the Hospital - Size			
21	Hospital Office space - Size			
22	Nursing Superintendent's Office - Size			
23	Waiting space for visitors- Size and seating capacity and other amenities			
24	Enquiry/ office - Size			

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
25	Reception area – Size			
26	Store rooms – No. & Size			
27	Central Medical Record Section- Size			
28	Linen rooms – No. & Size			
29	Hospital & Staff Committee Room – Size			
30	Comments About Distribution of Beds			
31	Comments About Clinical Material			
32	Annual Budget of Hospital			

19. Deviations, if any, found in minimum infrastructure facilities required for the course under inspection, please mention here under:-

S. No.	Particulars	Norms	Physical Position	Deviation	Proposed time limit for rectification of deviation	Remarks of the Scrutiny Committee	Remarks of the Inspectors

20. Status & Compliance of last inspection: -

S. No.	Particulars	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1.	Last Inspection conducted on (in case of renewal)			
2.	Deficiencies pointed out in previous inspection			
3.	Position of deficiencies pointed out in previous inspection			
4.	Rectified completely			
5.	Partially rectified			
6.	Still persist (please mention reason thereof and proposed rectification time schedule)			

21. Mode of Payment to staff: -

	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
Is the college making payment to the teachers and other staff as per UGC norms & through Account payees Cheque?			

22. Other information/suggestion: -

	Details by the Institution	Remarks of the Scrutiny Committee	Remarks of the Inspectors
Any other information/ suggestion the institution may like to furnish for consideration			

Certified that to the best of my knowledge & belief the requisite conditions for affiliation/ renewal have been satisfactorily fulfilled and that the institution possesses the necessary facilities in respect of staff, fund & accommodation etc. and that it is fit to be raised to the applied for standards.

Authorized signatory of Governing Body (Pl. attach copy of resolution thereof) :

Signature of Principal :

.....
President/Chairman
(Name)
(Seal)
Date & Time

.....
Secretary/Treasurer
(Name)
(Seal)
Date & Time

.....
(Name)
(Seal)
Date & Time

(Submitted in reference to the order No., dated.....issued by the Rajasthan University of Health Sciences, Jaipur)

N.B.- All concerned are advised to please go through each coloumn carefully & with due caution before filling in the same as concealment or furnishing of any incorrect /wrong information/remarks may result in rejection of the application for affiliation.

AFFIDAVIT ON REQUISITE NON-JUDICIAL STAMP PAPER

(Two affidavits to be given by Chairman / President and the Secretary/Treasurer of the Governing Body, duly attested by a first class magistrate or a Notary Public)

I S/o
aged R/o vide
resolution dated of the Governing Body as their authorised signatory in this regard hereby undertake that I shall abide by the provisions / directions of Rajasthan University of Health Sciences, Jaipur and UGC/MCI/DCI/INC/AICTE/ in all respects. I also further declare that all informations given in the affiliation form/form for inspection for affiliation duly signed by me are true and correct to the best of my knowledge and belief.

So God help me.

Date :
Place:

.....
DEPONENT

Name:

Designation:

Name of the Institution/ Body with seal

Attested by:

.....

(Ist Class Magistrate/ Notary Public)
(with seal)

Rajasthan University of Health Sciences, Jaipur**FORM FOR REPORT OF THE INSPECTION OF COLLEGES FOR AFFILIATION**

(To be filled by Scrutiny Committee/Inspectors)

S. No.	Particulars	Remarks of the Scrutiny Committee	Remarks of the Inspectors
1	Name of Institution		
2	Faculty		
3	Course		
4	Subject		
5	Session		
6	No. of Seats		
7	Comments and observation about available Faculty & Staff		
	a. Teaching Faculty		
	b. Paramedical Staff		
	c. Other Staff		
	d. Guest Faculty		

S. No.	Particulars	Remarks of the Scrutiny Committee	Remarks of the Inspectors	
8	Comments and observation about Time-table of the Institute			
9	Comments and observation about available infrastructural facilities			
	a.	Land		
	b.	Building		
	c.	Class Rooms and Lecture Rooms		
	d.	Other accommodation		
	e.	Furniture		
	f.	Library & Reading Room (s)		
	g.	Journals		
	h.	Text Books		
	i.	Reference Books		
j.	Magazines, Periodicals & News Papers			

S. No.	Particulars	Remarks of the Scrutiny Committee	Remarks of the Inspectors
	k. Internet and Wi-Fi Facilities		
	l. Laboratories		
	m. Equipments & Apparatus		
	n. Auditorium		
	o. Hostel		
	p. Messing & Canteen		
	q. Games & Sports		
	r. Play Grounds		
	s. Gymnasium		
	t. Indoor Games		
10	Over all Observations about the Institute		
11	Recommendations for grant of affiliation		

DECLARATION:

Signature of the Members of Scrutiny Committee/ Inspectors with name, designation and date: