



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector-16 C, Dwarka, Delhi-110078
Affiliation Branch

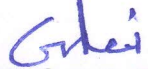
No. GGSIPU/Incharge(Aff)/2017-18/2154

Dated 10/1/2018

NOTIFICATION

Subject: Inviting the proposals from Medical Colleges/Institution (existing/new) for grant/ continuation of provisional affiliation for Academic Session 2018-19 for Post Graduate and Super Specialist Medical Courses.

Guru Gobind Singh Indraprastha University, Delhi has initiated the process for considering proposals from Affiliated Medical Colleges and institutions for grant/continuation of provisional affiliation for Post Graduate Medical Courses and Super Specialist Medical Courses for the Academic Session 2018-19. The last date for submitting the form application / proposal is 22nd January 2018 upto 03:00 p.m. (working days / working hours).


(Prof. C.S. Rai)
In-Charge (Affiliation)



Guru Gobind Singh Indraprastha University

Sector 16C, Dwarka, New Delhi -110078

Website: www.ipu.ac.in

AFFILIATION BRANCH

No.: GGSIPU/Incharge(Aff.)/2017-18/2155

Dated: 10.01.2018

To,

The Director/Principal

VMNC & SJH.

PGIMER Dr. RML Hospital and

PGIMS R EST Hospital

Subject: Grant / Continuation of provisional affiliation for existing and new provisionally affiliated Institutes for Academic Session 2018-19.

Sir/Madam,

University has initiated the process for considering proposals for affiliation of medical colleges/Institutions for Academic Session 2018-2019. Hence authorized signatories of Societies/Trusts, Director/Principal of the institutions are required to submit the following documents (each page of the proposal has to be duly signed by the Director / Principal of the Institute alongwith the stamp of the Institute) in the prescribed formats enclosed herewith. The complete application form duly attested each and every page may be submitted, to the Affiliation Branch, Room No.19 / 20, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi, latest by **22/01/2018 at 3:00 P.M.** (on working days/working hours).

The existing affiliated medical institutions desirous to start a new programme may also submit an application in the University to get new affiliation form to be issued from Affiliation Branch, Room No.19, Administrative Block, GGSIP University, New Delhi alongwith the requisite fee towards affiliation form amounting to Rs.10,000/- in the form of Demand Draft in favour of Registrar, GGSIPU, New Delhi which has to be deposited in the Accounts Branch of the University. However, Institutions established and run by Central Govt. or a State Govt. or fully funded by the Central Government/ State Govt. / or as already considered by the University for PSU/Corporation etc. /Societies enacted by Act of Parliament, etc. under the direct administrative control of Central Govt./State Govt. are exempted from submitting any fee.

In case of proposals which need approval of Statutory Body, status of the application submitted by the Society/ Trust/ Govt. Body to the concerned Statutory Body as per prescribed procedure of the concerned Statutory Body may be intimated to the University with documentary proof, so that appropriate action as per merit can be taken by the University.

Further, it is informed that the application for grant / continuation of provisional affiliation will be submitted by the representative of the Institute in person and no application will be entertained by the University in case sent by Registered Post/ Speed Post/ Ordinary Post/ Courier/ E-mail.

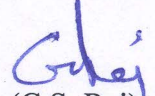
We are also enclosing herewith details/documents to be filled by the authorized signatory of the Society/Trust and Director/Principal of the institute in case of existing medical college/institution with a request to submit all the details latest by **22/01/2018** by 3:00 p.m. The University will not entertain any proposals after the last date i.e. **22/01/2018**.

The following information may also be noted by the Institute;

Last Date for issue of prescribed proforma / Application form for Affiliation: is 22/01/2018 upto 3:00 p.m. and Last Date for submission of duly filled in Proforma / Application form for Affiliation is 22/01/2018 till 3.00 p.m. (Before the last date, duly filled in proforma may be submitted on any working day upto 3:00 pm in the Venue for Obtaining & Submitting proforma / Application form for Affiliation i.e. Affiliation Branch, Room No. 19 / 20, Administrative Block, Guru Gobind Singh Indrapratha University, Sector 16/c, Dwarka, New Delhi - 110078).

This issues with the approval of the Competent Authority.

Yours sincerely,

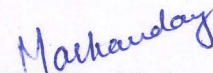

(C.S. Rai)

In-charge (Affiliation)

Encl.: As above

Copy to:

1. The Secretary, Dept of Health and Family Welfare, Govt. of India, Nirman Bhawan, New Delhi.
2. The Secretary, Department of Health and Family Welfare, Govt. of NCT of Delhi, Delhi Secretariat, I.P. Estate, New Delhi.
3. COF, GGSIPU, New Delhi for information.
4. AR, VC Secretariat for kind information of Hon'ble Vice Chancellor, GGSIPU.
5. AR to Registrar for kind information of Registrar, GGSIPU.
6. Incharge, Server Room with a request to upload this on the University website.


(Dr. Neelima Markanday)
Assistant Registrar (Affiliation)

**Application for Grant of Provisional Affiliation by
Guru Govind Singh Indraprastha University
(Alongwith Declaration Form)
Academic Session 2018-2019**

Application No: -----

All the existing Institutions are required to submit the following information complete in all respect to the Affiliation Branch, Room No-19/20,Administrative Block, GGSIU University, Sector-16C,Dwarka, New Delhi-110075 latest by Feb 20 2015 12:00AM (on working days/working hours).

I. Details of the Institution

Name :
Address :
Pincode :
Telephone No. :
Fax No. :
Website :
E-mail :
Name of : :

II. Details of the Promoting Trust/Society/Govt. Body

Name of the Chairman/Secretary :
Name of the Trust/Society :
Address :
PinCode :
Registration No of the Trust/Society :
Telephone No. :
Fax No. :
Website :
E-mail :
Documents Uploaded :

III. Details Of Director/Principal

Name :
Date of Birth :
Present Designation :
Qualification :
Mobile No. :
Regular(R) /Adhoc(A) /Contract(C) /Visiting(V) /Guest(G) :
Pay Scale :
Total Emoluments(including all admissible allowances) :
Percentage/Division(Last Exam) :
Experience (in Years) :
Status of Approval/Recognition by University :
(i)Date :
(ii)ROT Letter issued by University Uploaded :
(iii)Discipline :
(iv)Designation :
(v)Documents Uploaded :

V. Academic Programmes for which Affiliation/NOC is sought : New Courses

Sl No:	Course Title	Status of statutory body approval, if applicable	Intake applied for sanction with Govt. / University	Duration of the Course (Years)	Status of Letter of Intent of Statutory Body	Any other Information
1	-					
2	-					

Append Duly Attested Details, if required. Annexure No. _____

VI. Details of Land & Building**A Land**

- (i) Area of Land (in Sq Meters)
- (ii) Ownership of land (Whether rented/leased/freehold)
- (iii) Prescribed Land Use (Whether Conforming/Non-Conforming to Master Plan)

B Building

- (i) Whether Permanent/Temporary
- (ii) Total Built-up Area (in Sq Meters)
- (iii) FAR Achieved (Built up Area available per student as against prescribed by the University/Govt. Statutory Body)
- (iv) Total Built up Area Required as per norms for all Programmes

C Specifications of Accommodation

- (i) Number of Class/Tutorial Rooms
- (ii) Drawing Halls/Conference Room
- (iii) Laboratories (give details)
- (iv) Audio Visual Laboratories
- (v) Library
- (vi) Admin Block
- (vii) Workshop
- (viii) Computer Center
- (ix) Toilets
- (x) Common Rooms
- (xi) Sports Facilities (Indoor & Outdoor)
- (xii) Playground
- (xiii) Student Canteen
- (xiv) Hostel
- (xv) Other Facilities

NO Size (in Sq Mtrs)

Append Duly Attested Details, if required. Annexure No. _____

VII. Details of Other Facilities Available

- (i) Drinking Water :
- (ii) Generator :
- (iii) Bank Facility :
- (iv) Facilities Provided For Physically Handicapped :
- (v) Transport Facility :
- (vi) Medical Facility :

Append Duly Attested Details, if required. Annexure No. _____

VIII. Details of Library**Details of Books(Course-Wise)**

Sl No:	Course Title	No. of Titles	No. of References	No. of Volumes	Total No. of Books	No. of National Journals	No. of International Journals	No. of Magazines/ Newspapers
1	-							
2	-							

- (i) Book Bank
- (ii) Library Computerized/Automated or Not
- (iii) Access to Electronic Resources by Students/Faculty
- (iv) Network Databases
- (v) Whether Online Reservation of Book Available or Not

Details of Digital Facilities

- (i) Whether Library Operations computerised, Internet Facility, Reading Room Facilities, Photocopying Facilities available, if yes, give details.
- (ii) Inter Library Linkage Facilities

Note: The Institutes may indicate information as per their own Programmes using the above as a sample and append Duly Attested Details, if required. Annexure No. _____

IX. Details of the Labs/Workshops/Workstations available

Sl No:	Name of Laboratory	Major Equipment	List of Equipment added during previous year
1			
2			

Programwise Lab Details may be uploaded

Safety Measures

- (i) Structural Safety Certificate of Building of the Institute/College issued by Registered Architect
- (ii) Certificate indicating that the building is Earthquake Resistance Certificate
- (iii) Availability of Fire Fighting Devices at the Institute and Fire Safety Certificate by Delhi Fire Service or Concerned Department of the state (NCR) where the Institute is located
- (iv) Use of Basement for other than approved purpose, if any in the Institute

Conferencing/ Instructional Facilities

- (i) NKN Link:
- (ii) Edusat:
- (iii) Conferencing Facility:
- (iv) Video Multimedia:
- (v) LCD:
- (vi) Overhead Projector with screens:
- (vii) Interactive Boards:
- (viii) Wi-Fi Connectivity:

Append Duly Attested Details, if required. Annexure No. _____

X. Details of Computer Centre

Sl No:	Name of Laboratory	No. of Computers with Configuration	Other Equipment(LAN/Servers/Printers/Firewall etc)	Legal Software(System & Application)
1				
2				

Append Duly Attested Details if required. Annexure No. _____

XI. Teaching Staff(Programwise)

Sl No:	Name	Date of Birth	Present Designation	Qualification	Specialization	Date of joining	Regular(R)/Adhoc(A)/Contract(C)/Visiting(V)/Guest(G)	Approved / Recognised by University(Yes/No)	Staff Documents	Approval / Recognition(Date)	Pay Scale	Pay Band	Total Emoluments	Percentage /Division (Last Exam)	Experience	Approval / Recognition(Designation)
1																

Append Duly Attested Details, if required. Annexure No. _____

XII. Non-Teaching & Technical Supporting Staff

Sl No:	Name	Date of Birth	Designation	Date of joining	Regular /Adhoc /Contract	Pay Scale	Pay Band	Total Emoluments	Qualification	Percentage /Division (Last Exam)	Experience
1											
2											

Append Duly Attested Details, if required. Annexure No. _____

XIII. Details of processing fee deposited with accounts branch.

Sl No:	Programme	Amount	DD No. & Date	Receipt No.	Dated	Annexure
1	-		/			
2	-		/			

Append Duly Attested Details, if required. Annexure No. _____

DECLARATION

The information furnished above is true & correct to the best of my knowledge and belief and is based on facts. No information has been concealed/misrepresented therein. If any information furnished above is found to be false or misleading, concealed or suppressed, undersigned will be liable for the consequences thereof.

We further undertake that we will not run in the existing premises and likely to be created premises of ----- (Name of the institute), any academic programme(s) either of full time/ part time / distance education / open learning nature, affiliated to any other central / state / deemed / private / University or diploma/ certificate programme(s) approved earlier or now by any statutory body / autonomous body in session 2014-2015.

Signature:.....

Chairman/ Secretary of the Society/ Trust

Name: -----

Designation: -----

Dated: -----

Seal of the Society:

Signature:.....

Director/Principal of the Institute

Name: -----

Designation: -----

Dated: -----

Seal of the Institute:

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate

Name of the Advocate.....

Registration No.

Date

Seal/ Stamp of the advocate

Practicing at.....

Place:

Print