

**BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT-151203, PUNJAB, INDIA**

INSPECTION PROFORMA FOR GRANT OF CONSENT OF AFFILIATION

**Course proposed to be started
(Tick One)**

Proposed year of starting

Medical	Dental	Nursing	Physiotherapy	Laboratory Technology
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1. Name of the Applicant Government/
Society/Trust _____
2. Regd. No. of the Society/Trust
(Attach Copy) _____
3. Address of the Society /Trust _____
4. Telephone No. _____
Mobile No. _____
Fax No. _____
E-mail address _____
Website _____
5. Memorandum of Association/Articles
of Association of Society/Trust
(Attach Copies) _____
6. Names of Member of the Society/Trust
(Attach Copy) _____
7. Is the Society/Trust aware that Consent
Of Affiliation is only for the purpose of
Permission to apply to the Govt. of India/
Central Council and not an actual affiliation.
Inspection for grant of affiliation will be held after
permission by the Govt. of India /Central Council

8. Name of the Institution proposed to be started, location and address _____

9. No. of seats for the course
(Attach copy of NOC of State Govt.) _____

10. Does the society/trust possess land?
If yes _____

Location _____

Area
(Attach proof) _____

If not, then proposed date of
procurement of land

Location _____

Area
(Attach proof) _____

11. What is the status of construction?
(Proposed execution schedule of project)

Proposed date of construction _____

Proposed date of completion _____

(Attach copy of the blue print and a Certificate from the approval architect)

12. Has adequate provision been made
as per norms
for construction of the college and hospital?

13. Finances

Nature of Account e.g. Saving/Current/Fixed deposited/Shares	Number	Bank/Finance Institutions	Amount

(Attach Sheet if necessary)

Available Property

Detail of Assets	Location	Area	Current Value
Moveable			
Immoveable			

Attach a certificate from Authorized Valuer.
(Attach sheet if necessary)

14. Estimated cost of the project:
(Attach project report)

Land _____

Buildings
(College, Hostels
Residential area) _____

Hospital _____

Running cost (per annum) _____

Equipments _____

15. How do you plan to raise the required resources:

Amount	Source	Time Frame

Is it equal to or more than minimum required? _____

16. Any other information

I _____ certify that the information provided in this format is true and correct to the best of my knowledge & belief. No part of it is false & nothing, whatsoever, has been concealed.

I understand that the Consent of Affiliation issued by the University is not valid for admitting students. The admission process will be initiated only after getting the college inspected and grant of affiliation by the University.

I undertake to fulfill all the obligations of starting the ----- course as laid down by the University from time to time.

President/Secretary
(Affix Stamp)

17. Observation of the inspection committee.

Summary of the Inspection Report (to be filled in neatly)

Date of Inspection:-

Course

Name of the Inspectors:-

1. Teaching Staff (Applicable to the already running college)

Designation	Required as per norms	Available	Registration with PNRC	Deficiency
Professor				
Reader				
Lecturer				
Clinical Instructors				

Others (Part time)

2. Clinical Material

Hospital Own/Affiliated

If affiliated, distance from the College

Facilities Please annex the complete details duly certified by the Medical Suptd. of the Hospital.

Brief Summary:-

Deficiencies

3. Hostel

Total number of rooms:-

Number of rooms earmarked course wise:-

B.Sc (N)

Post Basic B.Sc (N)

M.Sc (N)

Brief Summary:-

Deficiencies

4. Building

Brief Summary:-

Deficiencies

5. Equipment

Brief Summary:-

Deficiencies

Recommendations of the Inspection Committee

Name of inspector(s)

Signature
