

UP STATE PARAMEDICAL FACULTY



Application Form for Affiliation

Part I

General Information

Name of Institution:
Address:
Phone Numbers:
E mail:
Head of Institution with Mobile Number:
NGO Registration by gov.(for example. upgov./ Delhi gov.etc).

Categories applied for with number of seats:

Sr.no.	Technology	Seats
1.		
2.		
3.		
4.		
5.		

Part II – Physical Infrastructure

Status of Building Owned Rented Leased	
Total Area of the building:	sq.ft
Covered area:	sq.ft
Class Rooms:	sq.ft
Laboratories:	sq.ft
Library / Reading Room	sq.ft
Demonstration Room	sq.ft
Availability of Hostel: Yes* No *Covered area: *Accommodation Capacity:	

Student: class space. Student total area ratio

Part III – Financial Base

Details of Bank Account maintained on the name of Institution:

Bank / Branch	
Account Title	
Account No	
Last Balance	

Date of last external audit:

Part IV – Attached Hospitals / Health Facility

Status of Hospital1:

1-Attach additional sheets of Part IV if more than one hospitals full filling the criteria are available.

Hospital / Health Facility						
S.no.	Name	Address	Distance IN Km	No. of Beds	NO. of Beds in General Wards	Availability of Other(ICU,NICU bed etc)
Operation Theater		Clinical Lab		X Ray Deptt.		
1						
2						
3						

2- Status For teaching campus

Owned by Institution	MOU
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Other Facilities Available:

Part V – Human Resource Faculty (Teaching Faculty &Principal)

Sr. no.	Name	Designation	Qualification	Appointed Date	End Of Date
1					
2					
3					

Sr. no	Name	Designation	Qualification	Appointed Date	End Of Date
4					
5					
6					
7					

Part VI- Non Faculty Positions:

Sr. no.	Name	Designation	Appointment Date
1.			
2.			
3.			
4.			

Any additional information: (attach extra sheets if required)

Signature & Stamp of the Head of Institution

Documents to be attached:	
1.	Deed of ownership of building or agreement for rented building or lease agreement (teaching campus and hospital)
2.	Building Plan (teaching campus and hospital)
3.	MOU with attached hospital, in case the Institution does not own a hospital
4.	Lists of available equipments and chemicals specific for each category applied for
5.	Copies of academic qualifications of all faculty members (HC,10+2,degree mark sheet & certificate ,Registration Certificate ,Adhar copy ,Two photograph passport size)
6.	Service contracts of employees
7.	Latest Bank Statement
8.	Legal undertaking on the prescribed format
9.	Bank Draft for Inspection Fee
10.	in case of recognition by Ngo, trust
11.	Membership of Management Committee (Members/Partners/Directors/Trustees)
12.	Institution's Prospectus (optional)

Format of Undertaking (on Judicial Stamp Paper of Rs.100/-)

Declaration for Institute/College head

_____ hereby undertake that:
(Name of Institution)

1. All relevant rules, regulations and instructions of the UP STATE PARAMEDICAL FACULTY regarding conduct of courses in paramedics/ Para Dental/ Allied Health Sciences etc and their examinations will be followed.
2. The Admission Policy and Eligibility Criteria for students for different courses will be strictly adhered to.
3. Information required by the Faculty, including Teaching Plan for students, will be provided as and when required.
4. Curriculum as prescribed and approved by the UP STATE PARAMEDICAL FACULTY will be followed. Duration of Courses as laid down by the Faculty will be followed.
5. Beside theoretical classes, practical hands on training will be conducted in attached hospital / Clinic health facility as per requirements of curricula prescribed by the Faculty.
6. Registration of the students will be done in accordance with the Faculty requirement. Dues / Examination Fee will be paid for students when required.
7. Classes will be started only after the grant of affiliation is confirmed by UP STATE PARAMEDICAL FACULTY(UPSPMF.COM)
8. I have read the Guidelines and the terms and conditions of the affiliation and will abide by them strictly. In case of default UP STATE PARAMEDICAL FACULTY have the right to take any action as deemed appropriate including disaffiliation of the institute.

Dated: -----

Head of Institution / Deponent

(Signature & College Stamp)