

Shri Gurukrupa Shikshan Prasarak Mandal,

# Smt. Vimladevi Ayurvedic Medical College & Hospital

Village : Wandhari, Ghughus Road

Chandrapur - 442 406

Fax No. : (07172) 274779

Email : vimladeviayurved@gmail.com



Postal Address : New Post Box No. 33,

Main GPO, Near Water Tank,

Chandrapur - 442 401

Ph. No. : 9552173366 / 9552083366

Ref. No. : SVAMC  
OW No. 1572  
Date 30/10/2023

Date : 30/10/2023



प्रति.

पुलसयिप

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,

वणी-दिंडोरी रोड, म्हसुरुळ

नाशिक - 442 004.

108/-

विषय :- शैक्षणिक वर्ष 2024-25 चे संलग्नकरणाच्या नुतनीकरणाचा व विस्तारीकरणाचा प्रस्ताव विहित शुल्कासह सादर करणेबाबत.

संदर्भ :- विद्यापीठ पत्र क्र. मआविवि/ईओ/पदवी व पदव्युत्तर /2070/2023 दि. 11/08/2023.

महोदय,

आपणास कळविण्यात येते कि, विद्यापीठास देय असलेल्या संलग्नकरणाचे नुतनीकरण (Continuation of Affiliation UG) शुल्काची रक्कम रु. 2,00,000 व विस्तारीकरण Extension of Affiliation (By Natural Growth UG) शुल्काची रक्कम रु. 2,00,000 विद्यापीठाच्या HDFC Bank च्या खाते क्रमांक 00641450000649 या खात्यात आर.टी.जी.एस/एन.ई.एफ.टी. द्वारे यू. टी.आर. क्रमांक SBINR12023103080635088 दिनांक 30/10/2023 व यू.टी.आर. क्रमांक SBINR12023103080635086 दिनांक 30/10/2023 अन्वये जमा करण्यात आलेले आहे.

आपला



*(Signature)*  
प्राचार्य

श्रीमती विमलादेवी आयुर्वेदिक मेडिकल कॉलेज अँड हॉस्पिटल वांदरी, चंद्रपूर

Principal

Smt. Vimladevi Ayurvedic Medical  
College & Hospital, Chandrapur

प्रत माहितीस्तवः

वित्त व लेखाधिकारी, मआविवि. नाशिक.



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**Application Form for**

- (i) Continuation of Affiliation (U.G.)  
(ii) Extension of Affiliation (U.G.)  
(iii) Continuation of Affiliation (P.G.)  
(iv) Extension of Affiliation (P.G.)  
(v) Continuation of Affiliation (PG Diploma)  
(vi) Extension of Affiliation (PG Diploma)  
(vii) Continuation of Affiliation(Superspeciality)  
(viii) Extension of Affiliation(Superspeciality)

✓
✓

(Under Section 68 & 69 of the Maharashtra University of Health Sciences Act, 1998)

Faculty: **Ayurveda**

Course: **BAMS (UG)**

- Instructions: 1.** The College/Institutions currently affiliated to MUHS must submit application duly filled in along with RTGS/NEFT/Payment Gateway Receipt on or before the last day of October of the year preceding the year from which the Continuation / Extension of Affiliation is sought.
- 2.** Common Application shall be submitted for Undergraduate, Postgraduate & Superspeciality (as applicable)

To,  
The Registrar  
Maharashtra University of Health Sciences,  
Indore Road, Mhasrul,  
**Nashik- 422004.**  
Sir,

I hereby submit an application for Continuation of affiliation and / Extension of Affiliation for next higher class (as applicable) for UG / PG / Diploma / Superspeciality Course(s) run at this College(s) / Institute(s) for Academic Year **2024 - 2025** under section 68 & 69 of the Maharashtra University of Health Sciences Act, 1998 (as applicable)

**1) Name & Address of the College / Institute (As per First Affiliation Letter or as per Change of College Name approved by the University)**

(a)	Name of the College	<b>Smt. Vimladevi Ayurvedic Medical College &amp; Hospital Wandhari, Chandrapur (M.S.)</b>
(b)	Address	<b>At. Wandhari, Ghugus Raod, Chandrapur- 442406</b>  <b>Postal Address:- New Post Box No. 33, Main GPO, Near Water Tank, Chandrapur (M.S.)</b> <b>Pin code :- 442401</b>
(c)	Phone No (O)	<b>9552173366/ 9552083366</b>
(d)	Fax No.	<b>07172 - 256474</b>
(e)	Website	<b>www. vimladeviayurved.com</b>


  
Principal

2) i) Details of the President / Secretary

(a)	Name of the <b>President / Secretary</b>	<b>Mr. Indersen Singh</b>
(b)	Residential Address	<b>G-001 Balaji Enclave Appartment, Datala Road, Near Manomay Hospital, Zade Layout Ramnagar, Chandrapur Dist. Chandrapur (M.S.)</b>  Pin code : <b>442401</b>
(c)	Mobile No	<b>7500553737, 9665384800</b>
(d)	Residence Landline	-----
(e)	Email	<b>vimladeviayurved@gmail.com</b>

ii) Details of the Dean / Principal

(a)	Name of the Dean / Principal	<b>Dr. Raju Rameshwar Tatewar</b>			
(b)	Nature of Appointment	Status ("√" Mark)	Permanent	Temporary	Officiating
		Approved / Not Approved		✓	
(c)	Residential Address	<b>Near Bank of Maharashtra, Tadoba Road, Tukum, Chandrapur, Dist. Chandrapur (M.S.)</b>  Pin code - <b>442401</b>			
(d)	Mobile No	<b>9822203487, 9765934704</b>			
(e)	Office Landline	<b>9552173366, 9552083366</b>			
(f)	Residence Landline	-----			
(g)	Email	<b>vimladeviayurved@gmail.com</b>			

  
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 College & Hospital, Chandrapur

3) College Establishment Details with Intake Capacity:

a) Undergraduate Course Details

Year of Establishment	First Affiliation Details			Increase in Intake Capacity Details (If Applicable)		
	Letter No. & Date	Academic Year	Intake Capacity	Letter No. & Date	Academic Year	Increase of Intake Capacity
2010	MUHS/PB/UG/Ayurved/782/2010 Dt.29/10/2010	2010-11	50	MUHS/PB/UG/II/1286/2016 Dt.09/12/2016	2016-17	50 to 60
	R.12011/13/2009-EP Dt. 19/10/2010	2010-11	50	R13011/06/2015-EP(IM-1) Dt. 05/12/2016	2016-17	50 to 60
	-----	-----	-----	MUHS/PB/UG/P-3/First/II/12/ 2023 Dt.03/01/2023	2022-23	60 to 100
	-----	-----	-----	3-3/MARB/2002Ay (76) Dt. 14/12/2022	2022-23	60 to 100

b) Postgraduate Course Details

Subject(s)	Year of Estb.	University First Affiliation Details			University Increase in Intake Capacity Details (If Applicable)		
		Letter No. & Date	Academic Year	Intake Capacity	Letter No. & Date	Academic Year	Increase of Intake Capacity
			NA				

c) Postgraduate Diploma Course Details:

Subject(s)	Year of Estb.	University First Affiliation Details			University Increase in Intake Capacity Details (If Applicable)		
		Letter No. & Date	Academic Year	Intake Capacity	Letter No. & Date	Academic Year	Increase of Intake Capacity
			NA				

  
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d) Superspeciality Course Details:

Subject(s)	Year of Estb.	University First Affiliation Details			University Increase in Intake Capacity Details (If Applicable)		
		Letter No. & Date	Academic Year	Intake Capacity	Letter No. & Date	Academic Year	Increase of Intake Capacity
			NA				

4. Sanctioned Intake Capacity of Course Latest Academic Year

Subject	Sanctioned Intake Capacity of Course Latest Academic Year			
	Govt. of India Letter No. & date	Central Council Letter No. & date	University Letter No. & date	Whether Recognized by Central Govt./Council (Yes / No)
<b>Undergraduate</b>				
Ayurveda UG	33/MARB/2023-Ay (76) Dt. 22/07/2023	33/MARB/2023-Ay (76) Dt. 22/07/2023	MUHS/Acad/E-3 UG/5584/2022 Dt. 27/12/2022	Yes
<b>Postgraduate Degree</b>				
		NA		
<b>Postgraduate Diploma</b>				
		NA		
<b>Superspeciality</b>				
		NA		

(Note: 1. If Yes, only Copies of Course Recognized by the Central Govt./ Council shall be attached.  
2. No other documents shall be attached.

5) Status of Affiliation (“√” Mark):

Yearly	Periodic	Permanent
✓	----	----

6) Status of Total No. of Students Enrolled with College during Latest Academic Year:

(I) Undergraduate Information:

Sr. No.	Course	First		Second		Third		Fourth	
		Fresh	Repeater	Fresh	Repeater	Fresh	Repeater	Fresh	Repeater
1	BAMS 2021	96	01	59	--	--	--	--	--
2	BAMS 2017	--	--	--	02	59		62	--
3	BAMS 2012	--	--	--	06	01	01	07	02
4	BAMS 2010	--	--	--	--	--	--	--	04
	Total	97		67		61		75	
	Grand Total	300							

(II) Postgraduate Information:

Sr. No.	Course	First		Second		Third		Fourth	
		Fresh	Repeater	Fresh	Repeater	Fresh	Repeater	Fresh	Repeater
				NA					
	Total								
	Grand Total								

(III) Superspeciality Information:

Sr. No.	Course	First		Second		Third		Fourth	
		Fresh	Repeater	Fresh	Repeater	Fresh	Repeater	Fresh	Repeater
				NA					
	Total								
	Grand Total								

(IV) Diploma Courses Information:

Sr. No.	Course	First		Second		Third		Fourth	
		Fresh	Repeater	Fresh	Repeater	Fresh	Repeater	Fresh	Repeater
				NA					
	Total								
	Grand Total								

  
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7) Information Regarding Teaching Facilities at the College / Institute as per Central Council / University Norms: (Not to attach any documents)

(I) College Infrastructure:

- i) Own Land: **Yes / No**
- ii) Area of Land (in Acres/Sq. Mtr./Sq. Ft.): **13.75 Acres/Sq. Mtr./Sq. Ft.**
- iii) Built up Area: **58379.24 Sq. Ft.**
- iv) Auditorium: **Yes / No Capacity: 300 Students**

(II) Lecture Halls Availability:

Number of Lecture Halls	Capacity
<b>05</b>	<b>100</b>

(III) Library Facilities:

No. of Books Available	No. of Journals Available	Reading Rooms (Available / Not Available)	
		Students	Staff
<b>11065</b>	<b>31</b>	<b>100</b>	<b>15</b>

(IV) Hostel Facilities:

Girls		Boys	
Own/Rented	Capacity	Own/Rented	Capacity
<b>Own</b>	<b>174 Students</b>	<b>Own</b>	<b>56 Students</b>

- (V) Examination Halls with benches : **Yes**
- (VI) Requirement CCTV Facility as per Exam Section : **Available/ Not Available**
- (VII) No. of Computers : **43**
- (VIII) Internet Facilities : **Available/ Not Available**
- (IX) Guest House Facilities : **Available/ Not Available**  
Capacity : **04** \_\_\_\_\_ (No. of Rooms)
- (X) Gymkhana Facility : **Available/ Not Available**
- (XI) Staff Quarters : **Available/ Not Available**

8) Information regarding Hospital as requirement of Central Council / University norms: (Not to attach any documents)

- A) Hospital (Own / Attached) : **Own**
- B) If Attached Hospital, whether Contract period is valid for next Academic Year : **Yes / No**
- C) Total Built up Area of Hospital : **Sufficient / Not Sufficient**
- D) No. of Bedded Hospital : **100 Beds**

  
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E) Whether Hospital meets minimum beds : (Yes / No)  
requirement as per Council / University

norms

F) Daily OPD	Daily IPD	Bed Occupancy (%)	
<b>219.67</b>	<b>47.98</b>	<b>47.98%</b>	

G) Whether Total No. of Wards with : **Available** / Not Available  
minimum Bed Strength Available

If Not Available, kindly specify \_\_\_\_\_

H) Dental Chairs : **Available**  
(Applicable for Dental Course)

I) Equipment's : **Adequate** / Inadequate

J) Paramedical Staff : **Adequate** / Inadequate

K) Total No. of Ambulance :

<b>Own</b>	Out Sourced	
<b>02</b>		

L) Student Patient Ratio : **1:2**

M) Other, if any :

**9) Information about Teaching Staff and Updating of Teachers information in Academic Online Teacher Database**

A) Total No. of Teachers in College :

Old	New	Total
22	24	46

Subject wise PG Recognized

Subject (s)	PG Recognized Teachers			Total	Updation in OTD Yes/No
	Prof.	Asso. Prof / Reader	Lecturer/Asst. Lecturer		
			NA		

B) Total No. Teachers Updated in Academic OTD : **46**

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

  
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College & Hospital, Chandrapur



D) Name of College Coordinator : Abhay S. Lokhande  
 E) Mobile Number : 9421718726

**10) Information about Non-Teaching Staff**

A) Total No. of Non-Teaching Staff : 40  
 B) Whether Adequate Non-Teaching Staff are appointed : Adequate / Inadequate

**11) Information of Payment of Continuation of Affiliation & Extension of Affiliation (as applicable)**

Particulars of Fees	Amount	Details of RTGS/NEFT/Payment Gateway (Attached Documents)	Date
Continuation of Affiliation (UG)	200000/-	SBINR12023103080635088	30/10/2023
Extension of Affiliation (UG)	200000/-	SBINR12023103080635086	30/10/2023
Continuation of Affiliation (PG)	-----	-----	-----
Extension of Affiliation (PG)	-----	-----	-----
Continuation of Affiliation (Diploma)	-----	-----	-----
Extension of Affiliation (Diploma)	-----	-----	-----
Continuation of Affiliation (Superspeciality)	-----	-----	-----
Extension of Affiliation (Superspeciality)	-----	-----	-----

Note: - 1) Kindly refer Fee Schedule for Affiliation Fees details.

2) Receipt/(s) with UTR No. shall be attached.

3) Extension of Affiliation fees is applicable till first admitted batch (including Increase in Intake Capacity/ EWS Quota) upto Internship Training Programme.

4) Extension of Affiliation is applicable for Postgraduate Courses till First admitted batch (including increase in Intake Capacity/ EWS Quota) upto Final Year. It shall also be applicable for Increase in Intake Capacity in any single subject.

**12) Information of Tuition Fees fixed by the Shikshan Shulk Samiti Previous Three Years:**

Academic Year	2020 - 2021	2021- 2022	2022- 2023
UG	210000	245000	245000
PG	-----	-----	-----
Superspeciality	-----	-----	-----
Diploma Courses	-----	-----	-----

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

If No, kindly specify reasons \_\_\_\_\_

\_\_\_\_\_


**Undertaking by Dean/Principal of College**

I, the Dean / Principal of **Smt. Vimladevi Ayurvedic Medical College & Hospital Wandhari, Chandrapur** 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. I am also aware that Continuation & / Extension of affiliation are to be remitted by our College latest by 31<sup>st</sup> October and in case requisite fees are not remitted by our College, the affiliation will not be granted to our College. Our College is aware that 2% penalty per month is applicable towards late submission of requisite fees.

**Date: 30/10/2023**

**Place: Wandhari, Chandrapur**



  
**(Dr. Raju R. Tatewar)**  
**Sign & Name of Principal**

**Principal**  
Smt. Vimladevi Ayurvedic Medical  
College & Hospital, Chandrapur

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### e-PayOrder Details

#### e-PayOrder Details

e-PayOrder Number: CRF1045154

Debit Status: Success

30-Oct-2023

THE REGISTRAR MUHS NASHIK

Two Lakhs only 2,00,000.00

00000031564488846

FOREST CAMP MIDC, CHANDRAPUR Parasnath Yadav  
 MAKER Ankita Pandey  
 "CRF1045154" Authorizer 1

Counterfoil Description: MUHS CONTINUATION OF AFFILIATION

Transaction Type: RTGS Funds transfer

GSTIN Number: --

#### Debit Account Details

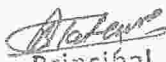
Account No.	Branch	Amount.
00000031564488846	FOREST CAMP MIDC, CHANDRAPUR	2,00,000.00

#### Credit Account Details

Beneficiary Name/Account No.	Bank/Branch/IFSCCode	Amount	Credit Status	UTR No.
THE REGISTRAR MUHS NASHIK/0064145000649	NASHIK - MAHARASHTRA/NASHIK - MAHARASHTRA/HDFC000064	2,00,000.00	Success	SBINR12023103080635088

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 College & Hospital, Chandrapur