



Price Rs. 200

To be deposited at the time of submission
along with the processing fee of Rs. 2,000

The West Bengal University of Health Sciences

DD-36, Sector - I, Salt Lake, Kolkata - 700 064

Application form for College / Institute intending to offer Courses in Health Sciences

1. a) Name of the College / Institute :
b) Complete Address :
c) Telephone :
d) Fax :
e) E-mail address. :
 2. Courses proposed :
 3. a) Address where the courses are proposed to be conducted :
b) Academic Session from which the courses are proposed to be started : _____
 4. a) Whether the applicant has permanent ownership of the building or acquired it on lease basis : _____ own / lease (..... years)
- N.B.** [a. Rented building of private ownership not permissible.
b. Extension Centre on franchisee basis or in any other form is not permissible]
5. a) Whether the total area for each course fulfills the minimum requirements as prescribed by the respective Central Councils in respect of Degree/Diploma/Certificate courses under the Councils Yes / No
b) For courses, [not included in 5a) above] please specify:
 - i) Covered area :
 - ii) Vacant space :

6. Other amenities:

a) Common room for students	Yes / No
b) Canteen	Yes / No
c) Open space for recreation	Yes / No
d) Vehicle stand	Yes / No
e) Gent's Toilet	Yes / No
f) Ladies Toilet	Yes / No
g) Any other (please specify)	



7. Whether 'No Objection Certificate' obtained from the State Government ? Yes / No

- a) If yes, please attach a copy
- b) If not, please submit the application after obtaining the NOC from the appropriate authority of the Department of the Health & F.W., Government of West Bengal.

8. Students' intake proposed :

9. A) Whether Teacher-Student ratio for each course fulfills the minimum requirements as prescribed by the respective Central Councils in respect of Degree/ Diploma/Certificate courses under the Councils Yes / No

B) For other courses, (not included in 8(a) above) please specify:

a) Faculty:

i) Total No.	
ii) Full time	
iii) Part time	

b) Non-teaching staff:

i) Total No.	
ii) Full time	
iii) Part time	

10. Library :

- a) Space: (in sq. ft. or sq. metre) :
- b) Books (total nos.) :
- c) Journals & Periodicals subscribed (total Nos.) :
- d) Facilities available :
- i) Reading Room Yes/No (if yes, space available
- ii) Reprographics Yes/No
- iii) T.V. Yes/No
- iv) VCR / OHP Yes/No
- v) Slide Projector Yes/No
- vi) Others (viz. students' hostel, etc.)

11. Computers:

- a) Already installed (Nos.)
- b) To be installed (Nos.)



11. a) Details of Practical Class Room / Workshop

a) Total Area:

b) Number of rooms with floor space:

c) Descriptions of the instruments / equipment:



12. Details of Management of the institute / College : (please add additional pages, if necessary)

13. Particulars of Bank Deposit (FDR) [attach photocopy of FDR]



Undertaking

“We submit an undertaking that in the event an affiliation is accorded to the course(s) we shall remain bound by the Statutes, Ordinances, Rules and Regulations of the West Bengal University of Health Sciences in respect of the conditions of affiliation, course & fee structure, syllabi and academic regulations governing the conduct of the course(s) and shall pay fees/charges to be fixed by the University in respect of inspection, affiliation, registration of students, examination etc. including any subsequent changes therein introduced by the University from time to time.”

Signature of the authorised representatives
of the applicant Institute / College / Trust /
Society with seal & date

- N.B.: a) This form duly filled-in along with relevant papers & documents should be submitted in quadruplicate with a covering letter addressed to the Registrar of the University.
- b) A top sheet containing a list of enclosures should be submitted with the application.
- c) A bank draft for Rupees Two thousand (Rs. 2000/-) only drawn in favour of West Bengal University of Health Sciences, payable at Kolkata should be submitted with the application form for each course.)

For Official use

Recommended / Not recommended for provisional affiliation

Signatures of the Scrutineers with date

Remarks

