



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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**कुलसचिव**

**Dr. Kalidas D. Chavan**

M.B.B.S., M.D.(Forensic Medicine)

**Registrar**

No. MUHS/E-4/UG/39/1915 /2018

Date: 31/10/2018

**TOP PRIORITY/URGENT**

Continuation/Extension of Affiliation letter for Academic Year 2018-19

(Issued under provision No. 05 & 13 of University Direction No.02/2016)

To,

**The Principal**

Jamkhed Homoeopathic Medical College,

Ratnapur Tal. Jamkhed,

**Dist. Ahmednagar – 413 201**

**Sub. : Continuation/Extension of Affiliation for the Academic Year 2018-19.**

- Ref. :**
- 1) Academic Council Resolution No.39/2018, dt.18/06/2018,
  - 2) University Letter No. मआविदि/ई-४/८९२/२०१८, dt.27/06/2018,
  - 3) Your Letter No. RMFARC/JHMC/51, 789(a), 805(b), 860 & 862/2018 dt.09/07/2018, 14/08/2018, 03/09/2018, 20/10/2018 & 22/10/2018
  - 4) Govt. of india, Ministry of Health & Family welfare, Dept. of Ayush Letter No. R-12014/01/2016/2018-EP(H) dated 18/10/2018

Sir / Madam,

1. As per the provision under Section 65 (4) of Maharashtra University of Health Sciences Act, 1998, and vide Resolution No. 39/2018 of Academic Council in its meeting dated 18/06/2018. Colleges not complying with deficiencies were called for hearing. Accordingly your College was fined Rs. 1,00,000/- for deficiency not complied with.

In light of the Dept. of AYUSH letter referred at Serial 4 above, the conditional Continuation of Affiliation to the B.H.M.S. course of your college is granted for the Academic Year 2018-19, subject to following conditions:

- (a) As per the Undertaking dated 22/10/2018 submitted to the University
- (b) The intake capacity shall be **100**
- (c) As per grant of permission from Govt. of India, Ministry of Health & Family Welfare, Department of AYUSH/Central Council and/State Government, (as applicable).
- (d) Fulfillment of following **deficiencies** and submission of its compliance report within **Three Months** from the date of issuance of this letter:

**(i) Teaching Staff:**

Sr. No.	Name of the Departments	Professor			Professor Or Asso. Prof. / Reader				Asso. Prof. / Reader			Asst. Prof / Lecturer			Total			
		Req.	Ext.	De f.	Req.	Prof.	Asso. Prof./ Reader	Total	De f.	Req.	Ext.	Def .	Req.	Ext.	De f	Re q.	Ext.	Def.
01	Anatomy	--	--	--	1	1	--	1	--	--	--	--	1	1	--	2	2	--
02	Physio. Incl. Bioche.	--	--	--	1	--	--	--	1	--	--	--	1	1	--	2	1	1
03	Organon of Medicine	1	--	1	--	--	--	--	--	1	--	1	1	--	1	3	--	3
04	Homoeo. Pharmacy	--	--	--	1	--	--	--	1	--	--	--	1	1	--	2	1	1

Sr. No.	Name of the Departments	Professor			Professor Or Asso. Prof. / Reader				Asso. Prof. / Reader			Asst. Prof / Lecturer			Total			
		Req.	Ext.	De f.	Req.	Ext.			De f.	Req.	Ext.	Def .	Req.	Ext	De f	Re q.	Ext.	Def.
						Prof.	Asso . Prof./ Reader	Total										
05	Homoeopathic Materia Medica	1	--	1	--	--	--	--	--	1	--	1	1	--	1	3	--	3
06	Patho. & Micro.	--	--	--	1	--	--	--	1	--	--	--	1	1	--	2	1	1
07	Forensic Medicine & Toxicology	--	--	--	1	--	--	--	1	--	--	--	1	--	1	2	--	2
08	Practice of Medicine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
09	Surgery	--	--	--	1	--	--	--	1	--	--	--	1	1	--	2	1	1
10	OBGY	--	--	--	1	--	--	--	1	--	--	--	1	--	1	2	--	2
11	Community Medicine	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
12	Repertory	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	Total	2	--	2	7	1	--	1	6	2	--	2	9	5	4	20	6	14

**Req.** : indicates no. of required teaching staff as per Council norms.

**Ext.** : indicates no. of Existing approved teaching staff.

**Def.** : indicates no. of deficit teaching staff as per Council norms.

(ii) Deficient teaching staff to be appointed and approved.

(iii) Deficiencies regarding infrastructure and other facilities to be fulfilled as shown in Impact Assessment Report.

2. Uploading of eligibility data within three months from the date of admission of first year students.
3. Adequate facilities regarding Hostels and Library to be provided to the students.
4. You are requested to comply with the above mentioned deficiencies within a stipulated time without fail and submit compliance report.
5. Kindly note the above and do the needful scrupulously.

#### Important Note:

- 1) Although the Continuation / Extension of Affiliation is granted to your College for the Academic Year 2018-19, you are not allowed to admit students for First Year BHMS Course without receipt of permission from Govt. of India/Central Council of Homoeopathy, New Delhi and Department of AYUSH, New Delhi.
- 2) The Dean / Principal of the College is hereby instructed to submit letter of permission from Govt. of India/Central Council of Homoeopathy, New Delhi and Department of AYUSH, New Delhi to the Admission Regulating Authority, Mumbai.
- 3) In case of such irregular admissions, University shall not be responsible for any academic or pecuniary loss or damages of the concern.
- 4) The admissions shall be done only through the Competent admitting Authorities.

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Registrar

#### Copy to:

1. The Secretary, Central Council of Homoeopathy.
2. The Secretary, Medical Education & Drugs Dept., Mantralaya, Mumbai.
3. The Secretary, Admission Regulating Authority, Mumbai.
4. The Director, D.M.E.R., Govt. of Maharashtra, Mumbai.
5. The Director, Directorate of AYUSH, Govt. of Maharashtra, Mumbai.
6. The Competent Authority, CET Cell, D.M.E.R., Mumbai.
7. The Competent Authority, AMUPMDC, Mumbai.
8. The Controller of Examinations, M.U.H.S., Nashik.
9. The Dy. Registrar, Eligibility Section, M.U.H.S., Nashik.