



**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**(An ISO 9001:2008 Certified University)**

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**प्र. कुलसचिव**

**Dr. Kalidas D. Chavan**

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

**Offg. Registrar**

No. MUHS/UG/E4/FL/39/4307/7232/2016

Date: 28/11/2016

**Continuation / Extension of Affiliation letter for Academic Year 2016-17**  
**(Issued Under provision No. 11 & 12 of University Direction No. 03/2014)**

To,

**The Principal**

Vamanrao Ithape Homoeopathic

Medical College,

New Nagar Road, Sangamner,

Dist. Ahmednagar - 422 605

**Sub: Continuation of Affiliation for the Academic Year 2016-17**

Ref : 1. Academic Council Resolution No.45/2016, dt. 16/05/2016

2. University letter No. मआवि/पदवी/ई.४/एफएल/३६/४३११/२०१६, दि.०३/०६/२०१६

3. Your letter No. SMF-01/91/2016 dt- 29/06/2016.

4. Govt. of India, Ministry of Health & Family Welfare, Department of AYUSH letter No. F.No.R-17014/81/2013- EP(H), dt.22/11/2016

5. Govt. of India, Ministry of Health & Family Welfare, Department of AYUSH letter No. F.No.R-11011/01/2016-EP(IM-1), dt. 31/10/2016

Sir / Madam,

1. As per the provision under Section 65 (4) of Maharashtra University of Health Sciences Act, 1998, I am directed to communicate the decision of the Academic Council taken in its meeting held on 16/05/2016. The Academic Council has unanimously resolved vide its resolution No. 45/2016 to grant Continuation of Affiliation to the B.H.M.S. course of your college for the Academic Year 2016-17, subject to following conditions:

- The intake capacity shall be 100.
- Grant of permission from Govt. of India, Ministry of Health & Family Welfare, Dept., of Ayush / Central Council and/State Government, (as applicable).
- Uploading of eligibility data within **three months** from the date of admission of First year students.
- Adequate facilities regarding Hostel and Library to be provided to the students.
- Fulfilment of following **deficiencies** (if any) and submission of its compliance report within **three months**:

(i) **Teaching Staff (Full Time):**

Sr. No	Name of the Departments	Professor			Professor Or Asso. Prof. / Reader				Asso. Prof. / Reader			Asst. Prof / Lecturer			Total			
		Req.	Ext.	Def.	Req.	Ext.			Def.	Req.	Ext.	Def.	Req.	Ext.	Def.	Req.	Ext.	Def.
						Prof.	Asso. Prof. / Reader	Total										
01	Anatomy	--	--	--	1	1	1	1+1	--	--	--	--	1	1	--	2	2+1	--
02	Physiology including Biochemistry	--	--	--	1	1	--	1	--	--	--	--	1	--	1	2	1	1
03	Organon of Medicine	1	1+1	--	--	--	--	--	--	1	1+1	--	1	1+1	--	3	3+3	--
04	Homoeopathic Pharmacy	--	--	--	1	1	1	1+1	--	--	--	--	1	1	--	2	2+1	--
05	Homoeopathic MateriaMedica	1	1+1	--	--	--	--	--	--	1	1	--	1	1	--	3	3+1	--
06	Pathology & Microbiology	--	--	--	1	1	1	1+1	--	--	--	--	1	1	--	2	2+1	--
07	Forensic Medicine & Toxicology	--	--	--	1	1	--	1	--	--	--	--	1	1	--	2	2	--
08	Practice of Medicine	1	1+1	--	--	--	--	--	--	1	1	--	1	1	--	3	3+1	--
09	Surgery	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
10	Obstetrician & Gynecology	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
11	Community Medicine	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
12	Repertory	1	1	--	--	--	--	--	--	1	--	1	1	1+1	--	3	2+1	1
	<b>Total</b>	<b>4</b>	<b>4+3</b>	<b>--</b>	<b>8</b>	<b>5</b>	<b>6</b>	<b>8+3</b>	<b>--</b>	<b>4</b>	<b>3+1</b>	<b>1</b>	<b>12</b>	<b>11+2</b>	<b>1</b>	<b>28</b>	<b>26+9</b>	<b>2</b>

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) **Teaching Staff (Guest Faculty):**

**Required:- 12**

**Existing :- 06**

**Deficit :- 06**

(f) **Other Deficiencies:**

(i) Deficit teaching staff to be appointed & approved.

2. You are requested to comply with the above mentioned deficiencies within a stipulated time without fail and submit compliance report.
3. Kindly note the above and do the needful.

Thanking you,

Yours faithfully,

  
Offg. Registrar

**Copy to:**

1. The Secretary, Central Council of Homoeopathy, New Delhi
2. The Additional Chief Secretary, Medical Education & Drugs Department, Mumbai
3. The Secretary, Pravesh Niyantaran Samiti, Mumbai
4. The Director, Directorate of Medical Education & Research, Mumbai
5. The Director, Directorate of Ayush, Govt. of Maharashtra, Mumbai
6. The Competent Authority, CET cell, DMER, Mumbai
7. The Competent Authority, AMPUDC, Mumbai
8. The Controller of Examinations, M.U.H.S., Nashik
9. The Dy. Registrar, Academic Section (PG), M.U.H.S., Nashik
10. The Dy. Registrar, University Department Cell, M.U.H.S., Nashik
11. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik