



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

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डॉ. कशिनाथ दा. गर्कळ

पीएच.डी.

कुलसचिव

Dr. Kashinath D. Garkal

Ph.D.

Registrar

No. MUHS/E-1/UG/1204/34/2640 /2015

Date: 14/07/2015

Continuation / Extension of Affiliation letter for Academic Year 2015-16
(Issued under provision No. 11 & 12 of University Direction No. 03/2014)

To,

The Dean,
MAEER's MIMER Medical College,
P.O. Talegaon Gen. Hospital,
Talegaon (Dabhade,) Tal. Maval,
Dist- Pune - 410 507

Sub. : Continuation / Extension of Affiliation for the A.Y. 2015-16.
Ref. : Your letter No. MIMER/917/2015 dated 19/05/2015 with
Undertaking.

Sir / Madam,

1. With reference to the subject cited above and the Undertaking given by you, I am directed to communicate that as per the provision under Section 65 (4) of Maharashtra University of Health Sciences Act, 1998, the Academic Council has taken decision in its meeting, held on 24/04/2015, vide its resolution No 09/2015 to grant continuation of affiliation to the M.B.B.S. course for the A.Y. 2015-16, subject to following conditions:

The intake capacity shall be 100.

(b) Grant of permission from Central Govt. / Medical Council of India and / State Government, (as applicable).

MAEER'S

Fulfillment of following deficiencies and submission of its compliance report

within Three Months:

(i) Teaching Staff:

Sr. No.	Department	Professor			Asso. Prof. / Reader			Lecturer		
		Req.	Exist.	Def.	Req.	Exist.	Def.	Req.	Exist.	Def.
1	Bio-Chemistry	1	1	1	1	0	2	0	1	0
2	\$ F.M.T.	1	*1	*1	1	0	0	0	0	1
3	Com. Medicine	1	2	2	3	1	2	0	0	0
	a) RHTC	0	0	1	0	0	0	0	0	1
	b) UHTC	0	0	1	0	0	0	0	0	1
4	Obst. & Gyn.	1	2	3	1	2	5	0	0	0
	a) MCWO-Lect.	0	0	1	0	0	0	0	0	1

Sr. No.	Department	Professor			Asso. Prof. / Reader			Lecturer		
		Req.	Exist.	Def.	Req.	Exist.	Def.	Req.	Exist.	Def.
5	Radiodiagnosis	1	1	1	1	0	1	0	1	0
6	Anesthesia	1	2	3	1	1	3	0	1	0
7	Dentistry	1	*1	*1	0	1	0	1	0	0
Total		5	4	10	4	2	6	1	3	4

(* Indicates Asso. Prof. OR Lecturer)

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

Thanking you,

Yours faithfully,


Registrar

Copy to:

1. The Secretary, Medical Council of India, New Delhi.
2. The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
3. The Director, Directorate of Medical Education & Research, Mumbai
4. The Secretary, Pravesh Niyantaran Samiti, Mumbai.
5. The Competent Authority, AMPUDC, Mumbai.
6. The Controller of Examinations, M.U.H.S., Nashik.
7. The Dy. Registrar, Academic Section (PG), M.U.H.S., Nashik
8. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik.