



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
दिंडोरी रोड, म्हासळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

MUHS

Tel : (0253) 2539191/291, Fax : (0253) 2539195  
Website : www.muhs.ac.in, E-mail : ugacademic@muhs.ac.in

डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No. MUHS/E-1/UG/39/1204/3257/2017

Date: 9/08/2017

Corrigendum letter of Affiliation for Academic Year 2017-18

To,  
The Principal,  
M.I.M.E.R Medical College,  
Talegaon Dabhade,  
Pune-410807

Sub. : Corrigendum for Continuation / Extension of Affiliation for the A.Y. 2017-18

Ref. : 1) GOI letter No.U.12012/127/2016 ME.1(FTS.3084749) dated 31/05/2017  
2) University letter No.MUHS/E-1/UG/39/1204/1600/2017 Dated 02/05/2017

Sir / Madam,

1. With reference to the subject cited above, I am directed to communicate Corrigendum for Continuation / Extension of Affiliation for the A.Y. 2017-18 to grant continuation of affiliation to the M.B.B.S. course for your college.

The Continuation of Affiliation was granted for the M.B.B.S. course for 150 for Academic year 2017-18 vide University letter dated 02/05/2017 (Ref.2 above) However, Now in view of Govt. Maharashtra letter dated 31/05/2017 the Continuation of Affiliation is permitted for the M.B.B.S. course is 100 intake only by the Govt.

Therefore, the University is constrain to restrict the same and the corrigendum for the Continuation of Affiliation is here by granted for 100 Intake for the M.B.B.S. course for the Academic year 2017-18 subject to fulfillment of the term & condition laid down in the University letter dated 02/05/2017(Ref.2 above)

2. Kindly note the above and do the needful scrupulously.

Thanking you,

*S/section*  
MAHEEN'S  
MIMER MEDICAL COLLEGE

Yours,

Registrar

Inward No. :- 4465

Date :- 04/08/17



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

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**MUHS**

**डॉ. कालिदास द. चव्हाण**

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र),

**प्र.कुलसचिव**

**Dr. Kalidas D. Chavan**

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

**Offg. Registrar**

No. MUHS/E-1/UG/39/1204/600/2017

Date 02/05/2017

**Continuation / Extension of Affiliation letter for Academic Year 2017-18**  
**(Issued under provision No. 05 & 13 of University Direction No. 02/2016)**

To,

**The Principal,**

**M.I.M.E.R. Medical College**

**Talegaon, Dabhade,**

**Post-Talegaon Gen. Hospital.**

**Pune-410 807**

**Sub. : Continuation / Extension of Affiliation for the A.Y. 2017-18.**

**Ref. : 1) University Letter No. MUHS/UG/E1/38/1204/814/2017Dt.10/03/2017.**

**2) University Letter No. MUHS/E1/UG/39/1204/1312/2017Dt.07/04/2017.**

Sir / Madam,

1. This is to inform you that, the letter issued under reference no. 2 regarding Continuation/Extension of Affiliation for the A.Y. 2017-18, is hereby stand cancelled.

2. With reference to the subject cited above, I am directed to communicate that as per the provision under Section 68 of Maharashtra University of Health Sciences Act, 1998, the Academic Council has taken a decision in its meeting held on 07/03/2017, vide its resolution No 02/2017 to grant conditional continuation of affiliation to the M.B.B.S. course for the A.Y. 2017-18, subject to following conditions:

- The intake capacity of students shall be 150.
- Grant of permission from Central Govt. / Medical Council of India and / State Government, (as applicable).
- Fulfillment of following deficiencies till 31<sup>st</sup> May 2017:

(i) Teaching Staff:

Sr. No.	Department	Required			Existing			Deficiency		
		Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.
1	Com.Medicine	1	2	3	1	2	2	0	0	1
2	V.D.&L	0	1	1	0	1	0	0	0	1
3	Radio Diagnosis	1	1	1	1	0	1	0	1	0
4	Dentistry	1	1	1	0	1	1	1	0	0
	<b>Total</b>							<b>1</b>	<b>1</b>	<b>2</b>

PU to Dr. Sushra N. J. Madh...

**MIMER'S**

PU letter 07/04/2017

F:\Academic\_5Disk\_CE-1107\_LIC\_A Affiliation LIC 2017-18 Deficiencies for M.B.B.S. Course in MIMER Medical College for the year 2017-18\1204 MIMER MC Final...

**MIMER MEDICAL COLLEGE**

Inward No. :- 2040

Date :- 6/5/17

Desai Handwritten  
18/5/17

Mr. Desai  
Handwritten signature

(ii) Other:

- d) Sending the information of total Teaching staff to the University in hard copy and soft copy in CD/DVD/Pen Drive as per following format.

Sr. No.	Name of the teacher	M. No. & Email ID	Post held	Sub.	Teacher's Category	Post Category	Year of passing Degree		Sub. Of PG Qualification	Date of		Date of birth	Type of Appointment (Regular/Temp.)	Approved experience		Approved vide Univ. Let.		Whether debarred (Y)	Signature of teacher
							UG	PG		Appoint	Joining			UG	PG	UG	PG		

- e) Sending the Affidavit in the prescribed format as per Academic Council's resolution No. 229/2013 (format attached)
- f) Sending the Information of all the college Teachers should be updated on the University website.
3. You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.
4. If the Compliance is not submitted till 31<sup>st</sup> May 2017 from the date of issuance of this letter. The matter will be put up before Academic Council for further decision.

**Important Note : 1) This Continuation / Extension of Affiliation is issued for the A.Y. 2017-18 subject to the permission of Medical Council of India and / or Government of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorize to admit the students for the 1<sup>st</sup> year of the course until receipt of permission of the Medical Council of India and / or Government of India.**

**2) The admissions shall be done only through the Competent Authorities.**

Thanking you,

Yours,

Offg. 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, Admission Regularity Authority, Mumbai.
5. The Competent Authority, AMPUDC, Mumbai.
6. The Controller of Examinations, M.U.H.S., Nashik.
7. Academic Department (PG), M.U.H.S., Nashik
8. Eligibility Department, M.U.H.S., Nashik.
9. Special Cell, MUHS, Nashik

No.U.12012/127/2016-ME.I [FTS.3084749]

Government of India  
 Ministry of Health and Family Welfare  
 (Department of Health & Family Welfare)

Nirman Bhawan, New Delhi.  
 Dated the 31<sup>st</sup> May, 2017

To

The Principal/Dean,  
 Maharashtra Institute of Medical Education & Research,  
 Yashwant Nagar, Talegaon Dabhade,  
 Maharashtra- 410507.

Subject: Confirmation of conditional permission granted in 2016-17 and disapproval of renewal permission for 2017-18- Maharashtra Institute of Medical Education & Research, Talegaon.

Sir/Madam,

In continuation to this Ministry's letter dated 26.09.2016 granting conditional renewal permission for admission of 3<sup>rd</sup> Batch against increased intake from 100-150 seats in MBBS course and stoppage of 100 recognized seats at Maharashtra Institute of Medical Education & Research, Talegaon for the academic year 2016-17 on the basis of approval communicated by Supreme Court Mandated Oversight Committee on MCI (OC) and after granting an opportunity of hearing to the college with reference to recommendation of MCI dated 31.01.2017, I am directed to confirm the conditional permission granted vide this Ministry's letter dated 20.08.2016 for 2016-17 and remove the conditions imposed there on. MCI is also being requested to return the Bank Guarantee of Rs. 2 Cr. submitted by the College in the Ministry as per the conditions laid down by the OC which is now in possession of MCI.

2. Further, I am directed to convey the decision of the Central Government not to permit admission of students against increased intake from 100-150 seats in MBBS Course for the academic year 2017-18 at Maharashtra Institute of Medical Education & Research, Talegaon.
3. Admissions made against the decision of the Central Government will be treated as irregular and action will be initiated under IMC Act & Regulations made thereunder.

Yours faithfully,

(D V K Rao)

Under Secretary to the Govt. of India  
 Telefax: 011-2306 1120

Copy to:

1. The Secretary, Medical Education Department, Govt. of Maharashtra, Mantralaya, Mumbai, Maharashtra.
2. The Secretary, Medical Council of India, Pocket-14, Sector-8, Dwarka, New Delhi-75 with request to return the Bank Guarantee of Rs. 2.00 Crore, which is now in possession of MCI
3. The Registrar, Maharashtra University of Health Sciences, Gangapur Road, Anandvalli, Nashik - 422013, Maharashtra.
4. The Director, Medical Education, Government of Maharashtra.
5. The ADG (ME), Dte.GHS, Nirman Bhawan, New Delhi

*Dr. Suchitra Nagare*

MAHARASHTRA  
 SUMMER MEDICAL COLLEGE  
 Inward No. :- 2601  
 Date :- 12/6/17

*[Signature]*

Noted  
 Su  
 13/6/17

