<On Institution Letter Head>

## Annexure I

**APPLICATION FOR AFFILIATION / RENEWAL**

***(Neatly Typed)***

Ref. no.: Date:

To,

The Secretary / Registrar,

College of Physicians & Surgeons of Mumbai,

CPS House,

Dr. E. Borges Road, Parel, Mumbai - 400012.

**Subject: Application for Affiliation/renewal to conduct CPS training for the subject(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Sir/Madam,

We wish to get our institution affiliation to conduct CPS courses in following subjects.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Department** | **Course** | **Number of Units** | **Number of seats per year applied for** |
|  |  |  |  |  |
|  |  |  |  |  |

Please find herewith following documents in **(one Original + two photocopies)**

1. Completely filled, signed & sealed Application proforma of Institution (Single Annexure II(A) for institutional information. One each Annexure II (B) for Individual department information)
2. Unit Formation (Annexure III) for all units in all departments applied.
3. Registration Certificate from local authority.
4. Constitution of the Trust / Memorandum of Understanding of the Corporate Body
5. List of officer bearers
6. Certified Audited statement of Accounts of last three years.
7. Certificate as per Bombay Nursing Home Act / respective act of the State.
8. Certificate from Pollution Control Board.
9. All Teachers’
10. Duly filled Proforma of Information/Bio Data **(Annexure IV)**
11. Appointment Letter with terms and conditions from the Institute.
12. Joining letter.
13. Undertaking & Declaration **(Annexure V)**
14. Self-attested photocopies of Degree certificates
15. Self-attested Copy of State Medical Council registration certificate including registration of additional qualification
16. Self-attested photocopies of experience certificates.
17. Any other additional facility / information/ activities carried out by institution.
18. Any other additional facility / information/ activity
19. Demand Draft of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in favour of “College of Physicians & Surgeons of Mumbai” payable at Mumbai, drawn from Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD No. \_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as non-refundable document processing fees.

Please do the necessary evaluation of the documents and schedule the inspection to affiliate our hospital/institution to run the above requested CPS course(s).

Thanking you,

Yours truly

*Name & Signature of Authorized Person*

***(The application from Government institutions situated outside Maharashtra should be send through respective Director of Health services****)*

***(The application from institutions run by local bodies situated outside Maharashtra should be send through respective Commissioner/head of the local bodies****)*

**Annexure II (A)**

**Application to start/ renew CPS Courses**

**General Institution Information**

***(Neatly Typed)***

1. Name of the Institution :
2. Address :

:

: District : Pin:

1. Tel. No. : Fax No. :
2. E-mail
3. Institutional Code(for renewal only) :
4. Year of Establishment of Hospital:
5. Contact Person :
6. Mobile :
7. Name of the Trust/Body :
8. Address of the Trust :
9. Contact Tel. no. :
10. Email Id :
11. Chairman of Trust : Year of Establishment :
12. Government/ Local bodies/Corporate/Trust :
13. Category(Please refer chapter 2) :
14. Total Beds :
15. Course (s) applying for affiliation with codes(Please refer chapter 1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Department** | **Course** | **Number of Units** | **Number of seats per year applied for** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Hospital Beds (Department wise) :

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Department** | **Beds** | **Free Beds** |
| **1.** |  |  |  |
| **2.** |  |  |  |
|  | **Total Beds** |  |  |

1. OPD Daily Attendance (Department wise) :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Department** | **New Cases** | **Old Cases** | **Total OPD** |
|  |  |  |  |  |

1. Department wise average bed occupancy :
2. Indoor Admissions in last 3 years :

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1 (20 \_\_\_\_)** | **Year 2 (20 \_\_\_\_)** | **Year 3 (20 \_\_\_\_)** |
| (No. of Admissions) |  |  |  |

1. Laboratory and other facilities : (Yes/No)
2. Central Library facilities
   1. Area (square feet)
   2. No. of Books
   3. No. of Journals: National - International -
3. Medical record department (Yes/No)
4. Teaching facilities : (Attach separate sheet)
5. Clinical Meetings (Yes/No)
6. Library facilities/ books/ Journals : (Attach separate sheet)
7. Lecture Hall
   1. Area (Square feet)
   2. Audio visual aids
8. Academic Cell: (Please see 4.20. Please attach the list of members)
9. Amount of Stipend paid to the resident : Rs.

**Annexure II (B)**

**Departmental Information**

***(Neatly Typed)***

Information about individual department (Please fill separate information for individual department in which the affiliation is sought)

1. Subject:
2. Bed Strength in the subject (Average per day) :

|  |  |  |
| --- | --- | --- |
| **Beds** | **Dedicated beds for CPS** | **Free Beds** |
|  |  |  |

1. OPD Attendance in the subject :

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **New Cases** | **Old Cases** | **Total OPD** |
|  |  |  |  |

1. Daily indoor occupancy in subject :
2. Indoor Admissions in last 3 years :

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1 (20 \_\_\_\_)** | **Year 2 (20 \_\_\_\_)** | **Year 3 (20 \_\_\_\_)** |
| (No. of Admissions in the subject) |  |  |  |

1. Operations performed in last 3 years :

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1 (20 \_\_\_\_)** | **Year 2 (20 \_\_\_\_)** | **Year 3 (20 \_\_\_\_)** |
| Major (for surgical depts.) |  |  |  |
| Minor (for surgical depts.) |  |  |  |
| Deliveries (for Ob&Gy.) |  |  |  |

1. Types of Investigations performed in last 3 years (for Radio/Patho/Micro) :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Type of Investigations** | **Year 1 (20 \_\_\_\_)** | **Year 2 (20 \_\_\_\_)** | **Year 3 (20 \_\_\_\_)** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Demonstration room for the department (square feet):
2. Departmental Library
   1. Area (Square feet):
   2. No. of Books:
   3. No. of Journals: National - International -
3. Accommodation for department teachers with respective areas:
4. Accommodation for other departmental staff:
5. No of OPD consultation rooms (specific to the department) with their areas:
6. Minor OT/procedure room in OT (if applicable)
7. Instruments and Equipment available in department:

(Attach separate sheet, consisting of every equipment as per MSR mentioning number of respective equipment available and number of required. Please mention ‘0’ if equipment is not available.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Instruments and Equipment list as per MSR**  **(Please include all instruments and equipment included in MSR. Incomplete list will result in rejection of application)** | **Number required as per MSR** | **Number available** | **Deficiency** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| . | (to be continued to include every instrument and equipment mentioned in MSR for respective course) |  |  |  |

1. Any other infrastructure as per MSR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature and Seal of Institution Head**

**Annexure III**

**UNIT FORMATION IN THE SUBJECT**

**COMPOSITION OF THE TEACHING STAFF I**

***(Neatly Typed)***

* + - 1. **Name of the Specialty / Department :**
      2. **Head of the Department :**
      3. **No. of Units in the Department :**
      4. **Unit Formation :**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit**  **No.** | **Name** | **Designation** | **Educational Qualification with Year** | **Years of**  **Teaching**  **Experience** | **Years of Profession after PG** | **Type**  **of**  **Post** | **Remarks**  **(if any)** |
| I | Dr. | Unit Head |  |  |  |  |  |
| Dr. | Asst. Teacher |  |  |  |  |  |
|  |  |  |  |  |  |  |
| II | Dr. | Unit Head |  |  |  |  |  |
| Dr. | Asst. Teacher |  |  |  |  |  |
|  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature and Seal of Department Head Signature and Seal of Institution Head**

(Additional information if any can be attached as a separate sheet)

**Annexure IV- Teacher’s Form**

<On Institution Letter Head>

|  |
| --- |
| **RECENT PASSPORT SIZE PHOTO** |
| **STAMP** |

**Application form for Approval as Teacher for College of Physicians and Surgeons of Mumbai**

**Application for: Unit head / Assistant teacher**

***(Neatly Typed)***

**APPROVAL FOR SUBJECT OF** :

**Name of the Institute :**

**Name of the faculty (Surname first)** :

**Date of Birth** : (DD/MM/YYYY)   
**Residential Address :**

**Telephone No.: Mobile No.:**

**Email ID :**

**MCI/STATE Registration No.**:

(MBBS) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Renewal status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Validity up to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Other) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Renewal status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Validity up to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAN No.**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONALQUALIFICATIONS: (\* Please attach relevant documents)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Degree/ Diploma** | **Year of Passing** | **College / Institute** | **University / Board** | **Subject** |
| 01 | \* MBBS |  |  |  |  |
| 02 | \* MD / MS ( ) |  |  |  |  |
| 03 | \*Diploma(\_\_\_\_\_) |  |  |  |  |
| 04 | \* FCPS ( |  |  |  |  |
| 05 | Any other |  |  |  |  |

**Teaching Experience in MCI recognized medical college: (Please attach experience certificates)**

**(Attach separate sheet, if necessary)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **College / Institute** | **Post Held** | **From**  **(Date)** | **To**  **(Date)** | **Total period** | |
| **Years** | **Months** |
| 1 |  | Resident |  |  | 02 | 00 |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
|  | **Total Experience** |  |  |  |  |  |

**Post PG Professional Experience (Please do not repeat teaching experience):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Professional Assignment** | **From**  **(Date)** | **To**  **(Date)** | **Remark** |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
|  | Professional experience excluding teaching experience |  |  |  |
|  | Teaching experience (From above table) |  |  |  |
|  | Total Experience |  |  |  |

Any other relevant information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of teacher**

**Annexure V**

**TEACHER’S DECLARATION & UNDERTAKING**

<On Institution Letter Head>

***(Neatly Typed)***

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To,

The Secretary / Registrar,

**College of Physicians and Surgeons of Mumbai**,

CPS House, Dr. E. Borges Marg.

Parel, Mumbai-400 012.

Subject: **DECLRATION and UNDERTAKING…**

Dear Sir/Madam,

This is to declare that I am working as (Professor / Associate-Professor / Assistant Professor /Lecturer / Demonstrator / Registrar) in (name of institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from (date of joining)

I am not working as a recognized teacher in any other CPS recognized Institution as full time / part time.

My birth date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my city of residence is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am giving this declaration under the full knowledge that in case it is proved wrong, action can be taken against me.

I, undersigned Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_also hereby giving undertaking to your good selves that if the Unit of the institution is granted affiliation for the applied subject under my teacher-ship, then I will not leave the Teacher-ship from the said unit/institution till the affiliation period of unit/institution i.e. at least for 24 months except for any genuine reason.

I shall inform CPS immediately in case of any change in my appointment.

Thanking you,

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Signature of teacher**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Annexure VI

<On Institution Letter Head>

**POST HOLDING CERTIFICATE**

***(Neatly Typed)***

Ref. no.: Date:

To,

The Secretary / Registrar

**College of Physicians & Surgeons of Mumbai**

CPS House, Dr. E. Borges Road,

Parel, Mumbai - 400012

**Subject: POST HOLDING CERTIFICATE…**

This is to certify that Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Doctors name)

is working in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Institution name) as Resident holding full time CPS post in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Subject name) as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post** | **Period** | | **Unit Head** | **Department** |
| **From** | **To** |
| **I** |  |  |  |  |
| **II** |  |  |  |  |
| **III** |  |  |  |  |
| **IV** |  |  |  |  |

He/She will not be relieved before completion of tenure of the aforesaid posts.

The above post is recognized by CPS and intimated to CPS office in the list of joined candidates dated \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Unit Head Signature of Institute Head along with stamp/seal along with stamp/seal**

**Annexure VII**

<On Institution Letter Head>

**POST COMPLETION CERTIFICATE**

***(Neatly Typed)***

Ref. no.:

Date: <>

**To**

**The Secretary / Registrar**

College of Physicians & Surgeons of Mumbai

CPS House

Dr. E. Borges Road,

Parel, Mumbai: 400012

**Subject: POST COMPLETION CERTIFICATE…**

This is to certify that Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (doctor’s name) has completed as resident house officer in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(subject name)

Under Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(teacher name) at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (institution name)

|  |  |  |
| --- | --- | --- |
| **Post** | **Period** | |
| **From** | **To** |
| **I** |  |  |
| **II** |  |  |
| **III** |  |  |
| **IV** |  |  |

During his posting his work and attendance was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Unit Head Signature of Institute Head along with stamp/seal along with stamp/seal**