



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

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

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डॉ. कालिदास द. चव्हाण

LTH/290/Ed

Dr. Kalidas D. Chavan

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

कुलसचिव

15/5/18

Registrar

No.MUHS/UG/E-1/39/1104/1835/2018

Date: 08/05/2018

**Continuation /Extension of Affiliation letter for Academic Year 2018-19**  
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

To,

The Dean,

Lokmanya Tilak Municipal Medical College,  
Sion Hospital Compound, Sion,  
Mumbai - 400 022.

Sub. : Continuation / Extension of Affiliation for the A.Y. 2018-19.

Sir / Madam,

1. With reference to the subject cited above, I am directed to communicate that as per the provision under Section 16(7) of Maharashtra University of Health Sciences Act, 1998, Hon'ble Vice-Chancellor is pleased to grant continuation of affiliation/ Extension of Affiliation to the **M.B.B.S.** course for the A.Y. 2018-19, subject to following conditions:

- The intake capacity shall be **150**.
- Grant of permission from Central Govt. / Medical Council of India and / State Government, (as applicable).
- Fulfillment of following **deficiencies** strictly within **31<sup>st</sup> May 2018**:

(i) Teaching Staff:

Sr. No.	Department	Required			Existing			Deficiency		
		Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.
1	Comm. Medicine									
	Epid.cum Lect.	0	0	1	0	0	0	0	0	1
	<b>Total</b>							<b>0</b>	<b>0</b>	<b>1</b>

(ii) Other :

- DCF-II for the Survey Year AISHE: 2016 -17 is not uploaded on web portal (<http://aishe.gov.in>).
- N.S.S. Unit for students not available.

- (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		Type of Appointment (Regular/Temp.)	Approved experience		Approved vide Univ. Let.		Whether debarred (Y/N)	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) The information of all the College Teachers should be updated on the University website.
- You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.
  - Kindly note the above and do the needful Scrupulously.

**Important Note. :**

- This continuation/Extension of Affiliation is issued for the A.Y. 2018-19 subject to the permission of Medical Council of India, Delhi 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 authorized to admit the Student for the 1<sup>st</sup> year of the course until receipt of permission of the Medical Council of India, Delhi and /or Government of India.
- The admission shall be done only through the Competent Authorities.

Thanking you,

Yours,

  
Registrar

**Copy to:**

- The Secretary, Medical Council of India, New Delhi.
- The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
- The Director, Directorate of Medical Education & Research, Mumbai
- The Secretary, Admission Regularity Authority, Mumbai.
- The Competent Authority, AMUPMDC, Mumbai.
- The Controller of Examinations, M.U.H.S., Nashik.
- Eligibility Section, M.U.H.S., Nashik.
- Special Cell, MUHS, Nashik