



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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प्र. कुलसचिव

Dr. Kalidas D. Chavan

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

Offg. Registrar

No. MUHS/E-3/UG/3306/2708

Date: 15/07/2017

TOP PRIORITY/URGENT

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,
Sangam Sevabhavi Trust's
Ayurved College, Sangamner,
Pune-Nashik Highway,
Sangamner, **Dist. Ahemadnagar-422 605.**

Sub. : Continuation/Extension of Affiliation for the Academic Year 2017-18.

Ref. : 1) Academic Council Resolution No.69/2017, dt.09/05/2017,
2) Govt. of India, Ministry of Health & Family Welfare, Department of AYUSH Letter No.R-17011/122/2016-EP (IM-1), dt.13/10/2016,
3) University Letter No.MUHS/E.3/3306/2261, dt.17/06/2017,
4) Your Letter No.SST/AYU/463/2017, dt.29/06/2017,

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 09/05/2017. The Academic Council has unanimously resolved vide its resolution No. 69/2017 to grant continuation / Extension of affiliation to the B.A.M.S. course of your college for the academic year 2017-18, subject to following conditions:

- The intake capacity shall be **60**.
- As per grant of permission from Govt. of India, Ministry of Health & Family Welfare, Department of AYUSH/Central Council and/State Government, (as applicable).
- Fulfillment of following **deficiencies** and submission of its compliance report within **Three Months** from the date of issuance of this letter:

(i) Teaching Staff:

Sr. No.	Departments	Professor			Reader			Lecturer		
		CCIM	Exist	Def.	CCIM	Exist	Def.	CCIM	Exist	Def.
1	Samhita, Sanskrit & Siddhanta	*1	1	-	*1	-	-	1+1#	1+1#+1@	-
2	Rachana Sharir	*1	-	-	*1	-	1	1	1	-
3	Kriya Sharir	*1	-	-	*1	1	-	1	1	-
4	Dravyaguna	*1	-	-	*1	1	-	1	1	-

5	Rasashastra	*1	-	-	*1	1	-	1	1	-
6	Rognidan	*1	1	-	*1	1@	-	1	1	-
7	Swasthavritta	*1	-	-	*1	-	1	1	1	-
8	Agadtantra	*1	-	-	*1	1	-	1	1	-
9	Prasuti & Strirog	*1	1	-	*1	2@	-	1	1+1@	-
10	Kayachikitsa	1	1	-	1	1	-	1	1+1@	-
11	Shalyatantra	*1	-	-	*1	1	-	1	1	-
12	Shalakyatantra	*1	1	-	*1	1	-	1	1+1@	-
13	Kaumarbhritya	*1	-	-	*1	1	-	1	1	-
14	Panchakarma	*1	-	-	*1	1	-	1	1	-
Total		1+13*	05	00	1+13*	09+3@	02	15	15+4@	00

“*” Indicates either Professor or Reader. “#” Indicates one should be a Sanskrit Lecturer

(i) Deficient teaching staff to be appointed and approved.

(ii) Other Facility:

(i) CCTV Facility not available in Lecture Hall & Strong Room of Examination Hall.

2. Uploading of eligibility data within three months from the date of admission of first year students.
3. Adequate facilities regarding Hostel and Library to be provided to the students.
4. You are requested to comply with the above mentioned deficiencies within a stipulated time without fail and submit compliance report.
5. Kindly note the above and do the needful scrupulously.

Thanking you,


Offg. Registrar

Copy to:

1. The Secretary, Central Council of Indian Medicine.
2. The Secretary, Medical Education & Drugs Dept., Mantralaya, Mumbai.
3. The Secretary, PraveshNiyantaranSamiti, Mumbai.
4. The Director, DMER, Govt. of Maharashtra, Mumbai.
5. The Director, Directorate of AYUSH, Govt. of Maharashtra, Mumbai.
6. The Competent Authority, CET Cell, DMER, Mumbai.
7. The Competent Authority, AMUPMDC, 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 Section Officer, University Department Cell, M.U.H.S., Nashik.
11. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik.