



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंदोरी रोड, म्हासळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Phone: 0253-2539199-194

E-mail : academic2@muhs.ac.in Web.: http://www.muhs.ac.in

डॉ. कल्लिदास 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-4/UG/39/ 1093 / 2018

Date: 02/08/2018

TOP PRIORITY/URGENT

Continuation/Extension of Affiliation letter for Academic Year 2018-19

(Issued under provision No. 05 & 13 of University Direction No.02/2016)

CERTIFIED  
TRUE COPY

To,

The Principal

Kokan Education & Medical Trust's

Virar Homoeopathic Medical College,

Veer Savarkar Marg, Virar (E), Tal -Vasai,

Dist. Thane - 401 305

Inward No. 101  
Date 23/08/18  
Replied / P. 101

ANB

PRINCIPAL  
KOKAN EDUCATION & MEDICAL TRUST'S  
VIRAR HOMOEOPATHIC MEDICAL COLLEGE  
(RECOGNISED BY GOVT. OF MAHARASHTRA)  
VEER SAVARKAR MARG, VIRAR (E) - 401 305, DIST. PALGHAR

Sub. : Continuation/Extension of Affiliation for the Academic Year 2018-19

Ref. : 1) Academic Council Resolution No.39/2018, dt.18/06/2018

2) University Letter No. मसावि/ई.४/८९२/२०१८, dt.27/06/2018

3) Your Letter No. VHMC/091/2018 dt. 09/07/2018

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 18/06/2018. The Academic Council has unanimously resolved vide its resolution No. 39/2018 to grant continuation / Extension of affiliation to the B.H.M.S. course of your college for the academic year 2018-19, subject to following conditions:

(a) The intake capacity shall be 100

(b) As per grant of permission from Govt. of India, Ministry of Health & Family Welfare, Department of AYUSH/Central Council of Homoeopathy/State Government, (as applicable).

(c) 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	Name of the Departments	Professor			Professor Or Asso. Prof. / Reader				Asso. Prof. / Reader			Asst. Prof / Lecturer			Total			
		Re q.	Ext .	Def .	Req.	Ext.			De f.	Req.	Ext.	Def .	Req.	Ext	Def	Req .	Ext.	Def.
						Prof .	Asso. Prof. / Reader	Total										
01	Anatomy	--	--	--	1	1	--	1	--	--	--	--	1	1	--	2	2	--
02	Physiology including Biochemistry	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
03	Organon of Medicine	1	1	--	--	--	--	--	--	1	1	--	1	1	--	3	3	--
04	Homoeopathic Pharmacy	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
05	Homoeopathic Materia Medica	1	1	--	--	--	--	--	--	1	1	--	1	1	--	3	3	--
06	Patho. & Micro.	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
07	Forensic Medicine & Toxicology	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--



Sr. No	Name of the Departments	Professor			Professor Or Asso. Prof. / Reader				Asso. Prof. / Reader			Asst. Prof / Lecturer			Total			
		Re q.	Ext .	Def .	Req.	Ext.			De f.	Req.	Ext.	Def .	Req.	Ext	Def	Req .	Ext.	Def.
						Prof .	Asso. Prof. /Reader	Total										
08	Practice of Medicine	1	1	--	--	--	--	--	--	1	1	--	1	1	--	3	3	--
09	Surgery	--	--	--	1	1	--	1	--	--	--	--	1	1	--	2	2	--
10	Obstetrician & Gynecology	--	--	--	1	--	1	1	--	--	--	--	1	1	--	2	2	--
11	Community Medicine	--	--	--	1	1	--	1	--	--	--	--	1	1	--	2	2	--
12	Repertory	1	--	1	--	--	--	--	--	1	--	1	1	1	--	3	1	2
	Total	4	3	1	8	3	5	8	--	4	3	1	12	12	--	28	26	2

Req. : indicates no. of required teaching staff as per Council norms.

Ext. : indicates no. of Existing approved teaching staff.

Def. : indicates no. of deficit teaching staff as per Council norms.

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

(iii) Deficiencies regarding infrastructure and other facilities to be fulfilled as shown in Impact Assessment Report.

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.

#### Important Note:

- 1) Although the Continuation / Extension of Affiliation is granted to your College for the Academic Year 2018-19, you are not allowed to admit students for First Year BHMS Course without receipt of permission from Central Council of Homoeopathy, New Delhi and Department of AYUSH, New Delhi.
- 2) The Dean / Principal of the College is hereby instructed to submit letter of permission from Central Council of Homoeopathy, New Delhi and Department of AYUSH, New Delhi to the Admission Regulating Authority, Mumbai.
- 3) In case of such irregular admissions, University shall not be responsible for any academic or pecuniary losses or damages of the concern.
- 4) The admissions shall be done only through the Competent admitting Authorities.

*ANB*

**I/C PRINCIPAL**

**KONKAN EDUCATION & MEDICAL TRUST'S  
VIRAR HOMOEOPATHIC MEDICAL COLLEGE  
(RECOGNISED BY GOVT. OF MAHARASHTRA)**

Copy to:

1. The Secretary, Central Council of Homoeopathy.
2. The Secretary, Medical Education & Drugs Dept., Mantralaya, Mumbai.
3. The Secretary, Admission Regulating Authority, Mumbai.
4. The Director, D.M.E.R., Govt. of Maharashtra, Mumbai.
5. The Director, Directorate of AYUSH, Govt. of Maharashtra, Mumbai.
6. The Competent Authority, CET Cell, D.M.E.R., Mumbai.
7. The Competent Authority, AMUPMDC, Mumbai.
8. The Controller of Examinations, M.U.H.S., Nashik.
9. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik.

*07*  
**Registrar**