



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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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/122120/2708

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,

SSCT's Sai Ayurved College,

Hospital & Research Centre,

Sasure (Vairag), Solapur-Barshi Highway,

Tal. Barshi, Dist. Solapur - 413 402.

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

**Ref. :** 1) Academic Council Resolution No.69/2017, dt.09/05/2017,  
2) University LetterNo.MUHS/E.3/122120/1707, dt.17/06/2017,  
3) Your Letter No. SACHPRC/AC2017/629, dt.27/06/2017,

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#	-
2	RachanaSharir	*1	-	-	*1	1	-	1	1	-
3	KriyaSharir	*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	-
<b>Total</b>		<b>6*</b>	<b>01</b>	<b>00</b>	<b>6*</b>	<b>03</b>	<b>02</b>	<b>07</b>	<b>07</b>	<b>00</b>

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

**(ii) Other Facility:**

- (i) Deficient teaching staff to be appointed and approved.
  - (ii) Teaching pharmacy should be established.
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 2017-18, you are not allowed to admit students for First Year BAMS Course without receipt of permission from Central Council of Indian Medicine, New Delhi and Department of AYUSH, New Delhi. In case of such irregular admissions, University shall not be responsible for any academic or pecuniary loss or damages of the concern.**
- 2) **The admissions shall be done only through the Competent admitting Authorities.**

  
Offg. Registrar

**Copy to:**

1. The Secretary, Central Council of Indian Medicine.
2. The Secretary, Medical Education & Drugs Dept., Mantralaya, Mumbai.
3. The Secretary, PraveshNiyantranSamiti, 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.