

# PROPOSAL FOR APPROVAL OF FEES FOR THE AY 2016-17 & 2017-18.

Name of the College/Institute : \_\_\_\_\_  
\_\_\_\_\_

College Code : \_\_\_\_\_ Date of Submission: \_\_\_\_\_

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

District \_\_\_\_\_ Pin : \_\_\_\_\_

Name of the Course : \_\_\_\_\_

Authorised Person's details :

a) Name : \_\_\_\_\_

b) Designation : \_\_\_\_\_

c) E-mail: 1) \_\_\_\_\_

2) \_\_\_\_\_

d) Tele No.: (Off) 1) \_\_\_\_\_

2) \_\_\_\_\_

e) Mobile No.: \_\_\_\_\_

**APPROVED FORMAT FOR COMPUTATION OF FEES FOR HEALTH  
SCIENCE COURSES FOR THE ACADEMIC YEAR 2016-17**

1	Name of the College/Institute :	Code	Location	
	_____	_____	_____	
2	a) Approved fee for Academic Year 2015-16 Rs. _____	Proposed for AY 2016-17 (See 4.10.1) Rs. _____		
	b) Collected fee as per affidavit Rs. _____			
	Is the institute desirous of upward revision of fees for the AY 2016-17 and intends not to retain/reduce fees duly approved either by FRA / Shikshan Shulka samiti for the AY 2015-16 - Yes /No			
	c) Hospital : Own / Rent			
	d) If own, date of Hospital Establishment : dd/mm/yyyy			
2.1	In case the Institute has not submitted its fee approval proposal for 2015-16, the fees collected by it per student	Rs. : _____		
3	Whether undertaking on stamp paper submitted reg. refund?	Yes/No		
4	Computation of final tuition fee and development fee:	Expenditure incurred (in Rs.)		Expenditure permitted (in Rs.)
		Total	Per Student (divided by 4.8)	For Official use only
4.1.1	Salary expenditure for 2015-16 to approved teaching /non teaching staff. as per MCI/DCI/COA/DMER/MUHS/Ayurved/Homeopathic/Nashik/Nursing Council/GOVERNMENT norms (See norms 2.1.1 to 2.1.5)			
4.1.2	Salary/Honorarium paid to visiting Faculties			
4.1.3	Total Salary Expenditure ( 4.1.1 +4.1.2)			
4.2	Non salary revenue expenditure (Rent, Interest on loan, Penalties if any legal charges and unrelated expenditure to be excluded) for 2015-16 (See norm 2.2)			
4.2.1	a) Less income derived by using college property (See norm 2.13)			
	b) Less Hostel expenses if any (See norm 2.2.2) except in case of RGNM/RANM			
4.2.2	Total (4.1.3 + 4.2)-(4.2.1)			
4.2.3	Add: 8% of 4.2.2 for increase in cost for 2015-16 (See norm 1.5) for 2016-17			
4.2.4	Add:---% of Hospital deficit (as per revised norms declared on 20 <sup>th</sup> April by SSS. See norms No. 3)			
4.3	Usage charge for building ( See norm 2.4.1)			

4.4	Depreciation on other assets at approved rates as on 31.3.2016 (See norm 2.4)			
4.5	Total of (4.2.2 to 4.4)+ 4.11.1			
4.6	Sanctioned strength in the course run in Academic Year 2015-16 (No.)			
4.7	Actual strength in the course run in Academic Year 2015-16 (No.)			
4.8	Controlling strength (no.) (Higher of 4.6 & 4.7)			
4.9	Tuition Fee ( 4.5 Divided by 4.8)			
4.10	Development fee (8% of 4.9)			
4.10.1	Total Fee (4.9 + 4.10)			
4.11	Additional Expenditure of 6 <sup>th</sup> pay commission if actually paid and not included in 4.1.1(See norm 2.1.4).	4.11.1 Total		
		4.11.2 per Student		

*Note: The amount in 4.11.2 is to be collected from all the student in the institution. However for the student admitted in 2016-17 it is already included in their tuition fee (See 4.5)*

Note : Courses run in the same Premises /Campus/Location: (Norm 2.9)

Name of the Course	No of Students	Tuition time Per day

Date:  
Place :

Signature and Seal of Person duly authorised in terms of section 2 (l) of the Act with Code No.

**FOR OFFICE USE ONLY**

Disallowance :-

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Prepared by:  
Date : / /2016

Checked by  
(Chartered Accountant)

**APPROVED FORMAT FOR COMPUTATION OF FEES FOR HEALTH  
SCIENCE COURSES FOR THE ACADEMIC YEAR 2017-18**

1	Name of the College/Institute :	Code	Location	
	_____	_____	_____	
2	a) Approved fee for Academic Year 2015-16 Rs. _____	Proposed for AY 2017-18 (See 4.10.1) Rs. _____		
	b) Collected fee as per affidavit Rs. _____			
	Indicate whether institute desirous of upward revision of fees for the AY 2017-18 and intends not to retain fees whatever approved by FRA for 2016-17 - Yes / No			
	c) Hospital : Own / Rent			
	d) If own, date of Hospital Establishment : dd/mm/yyyy			
2.1	In case the Institute has not submitted its fee approval proposal for 2015-16, the fees collected by it per student	Rs. : _____		
3	Whether undertaking on stamp paper submitted reg. refund?	Yes/No		
4	Computation of final tuition fee and development fee:	Expenditure incurred (in Rs.)		Expenditure permitted (in Rs.)
		Total	Per Student (divided by 4.8)	For Official use only
4.1.1	Salary expenditure for 2015-16 to approved teaching /non teaching staff. as per MCI/DCI/COA/DMER/MUHS/Ayurved/Homeopathic/Nashik/Nursing Council/GOVERNMENT norms (See norms 2.1.1 to 2.1.5)			
4.1.2	Salary/Honorarium paid to visiting Faculties			
4.1.3	Total Salary Expenditure ( 4.1.1 +4.1.2)			
4.2	Non salary revenue expenditure (Rent, Interest on loan, Penalties if any legal charges and unrelated expenditure to be excluded) for 2015-16 (See norm 2.2)			
4.2.1	a) Less income derived by using college property (See norm 2.13)			
	b) Less Hostel expenses if any (See norm 2.2.2) except in case of RGNM/RANM			
4.2.2	Total (4.1.3 + 4.2)-(4.2.1)			
4.2.3	Add: 16% of 4.2.2 for increase in cost for 2015-16 (See norm 1.5) for 2017-18			
4.2.4	Add:---% of Hospital deficit (as per revised norms declared on 20 <sup>th</sup> April by SSS. See norms No. 3)			
4.3	Usage charge for building ( See norm 2.4.1)			

4.4	Depreciation on other assets at approved rates as on 31.3.2016 (See norm 2.4)			
4.5	Total of (4.2.2 to 4.4)+ 4.11.1			
4.6	Sanctioned strength in the course run in Academic Year 2015-16 (No.)			
4.7	Actual strength in the course run in Academic Year 2015-16 (No.)			
4.8	Controlling strength (no.) (Higher of 4.6 & 4.7)			
4.9	Tuition Fee ( 4.5 Divided by 4.8)			
4.10	Development fee (8% of 4.9)			
4.10.1	Total Fee (4.9 + 4.10)			
4.11	Additional Expenditure of 6 <sup>th</sup> pay commission if actually paid and not included in 4.1.1(See norm 2.1.4).	4.11.1 Total		
		4.11.2 per Student		

*Note: The amount in 4.11.2 is to be collected from all the student in the institution. However for the student admitted in 2016-17 it is already included in their tuition fee (See 4.5)*

Note : Courses run in the same Premises /Campus/Location: (Norm 2.9)

Name of the Course	No of Students	Tuition time Per day

Date:  
Place :

Signature and Seal of Person duly authorised in terms of section 2 (l) of the Act with Code No.

**FOR OFFICE USE ONLY**

Disallowance :-

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Prepared by:  
Date : / /2016

Checked by  
(Chartered Accountant)

**2. Calculation of Depreciation on other assets for AY 2016-17**

**(A) For Regular Shift : -**

Sr. No	Item	Rate of depreciation A	Opening WDV as on 1.4.2015 B	Add Aditions(C)		Less Deductions D	Net Value (B+C-D)=E	Depreciation F F=(B+C1)xA + C2 x (A/2) - D x A	Net Value Depreciation (Closing WDV) G=E-F
				Addition upto 30th Sep C1	Addition from 1st Oct C2				
1	Computer	60							
2	Books	60							
3	Furniture	10							
4	Machinery / Equipments etc	15							

Explanation:-

a) Basis of computation of depreciation should be Written Down Value (WDV) method.

b) Calculation of depreciation shall be as per applicable income tax rules.

Date: Signature and Seal of the certifying Chartered Accountant and Auditors

Signature and Seal of Person duly authorised in terms of section 2 (l) of the Act with Code No.

## **CHECK - LIST**

### **FEES APPROVAL PROPOSAL FOR HEALTH & SCIENCE COURSES - ACADEMIC YEAR 2016-17 & 2017-18**

a) Name of the College/Institute: \_\_\_\_\_

b) College Code: \_\_\_\_\_ Location: \_\_\_\_\_ Dist. \_\_\_\_\_

c) Last fee finalized by Samiti/FRA for: i) Academic Year \_\_\_\_\_, ii) Amount Rs.: \_\_\_\_\_

The Institutes/ Colleges have to submit the proposal along with the following relevant documents/information IN PERSON/Post/RPAD/Courier in chronological order.

<b>Sr. No.</b>	<b>Particulars</b>	<b>Page No.</b>	<b>For Office Use</b>
1	Prescribed format of revised norms of Computation & Depreciation		
2	Affidavit		
3	Prescribed Forms A, B, C, D and E in Duplicate duly filled in.		
4	Audited financial statements of Institutes/College (along with Hospital, in case of Health Science Colleges/ Institute) i.e. (i) Receipt & Payment Account, (ii) Income & Expenditure Account and (iii) Balance Sheet along with all the schedules with Audit Report along with notes to accounts and accounts policy for the Financial Year 2015-16 duly signed by Chartered Accountant and counter signed by person duly authorised in terms of section 2 (l) of the Act. All the statements mentioned at (i) to (iii) in Original. (Note: Photocopies or certified photocopies will not be accepted.) Also confirm that the assets scheduled in the information is given as per the requirements of Form B.		
5	Sanctioned and Actual intake of the course for the academic year 2015-16 of Regular and Repeater students (if any), separately- Term / Course / Category - wise.		
6	Copy of last year fee structures finalized by Shikshan Shulka Samiti/Fees Regulating Authority. – i.e. for academic year 2015-16.		
7	The actual salary of teaching and non-teaching staff along with Photo copy of Pay Roll for the entire Financial Year 2015-16 along with professional tax challan & form 24Q TDS returns filed quarterly (Photocopies of pay roll should be certified by Dean/Principal by signing on each page as true copy. Salary should be paid by cheque and/or e-transfer.)		
8	A tabular statement to be submitted giving following details:- a) Actual No. of Teaching and Non-Teaching staff b) Actual required Teaching and Non-Teaching staff as per norms c) Actual salary paid to each of them d) Salary which is required to be paid as per norms (See Form No. E)		
9	Information to be submitted in the form of an Affidavit on <u>Stamp Paper of Rs. 100/-</u> duly signed by head of institute/Dean of Management and Dean/ Principal of Institute/ College along with following points incorporated in it.-		

Sr. No.	Particulars	Page No.	For Office Use
	(i) Salary paid as per norms of respective authorities. (ii) Certificate of Management stating that the same Audited statement of accounts has been filed with IT department and office of Charity Commissioner. (iii) Affirmation about the correctness of facts and figures submitted by Head of the institute. (iv) Display copy of fee proposal on its website and Notice Board for a period of one year.		
10	State the details of other Colleges/courses run and located in the same premises/campus.		
11	Certificate of approval of admitted students from Pravesh Niyantaran Samiti/Admission Regulating Authority for the academic year 2015-16.		
12	Certificate that no refund of fees claims etc. and any other matter communicated by Pravesh Niyantaran Samiti/Admission Regulating Authority and Shikshan Shulka Samiti/FRA are pending at Institution/College level.		
13	Certificate that no other fees/ charges have been collected from students/ parents other than those authorized by Shikshan Shulka Samiti/FRA.		
14	Certificate that all approvals/ sanction/ affiliation taken from the concerned relevant authorities – GOV/MCI/DCI/DMER/HOMOEOPATHIC/AURVED/UNANI/NURSING-COUNCIL/MUHS Nashik, and University. State the dates.		
15	Fees collected for the year 2015-16 from students admitted in '15% NRI Quota' in following format. (If any)		
	Sr.	CET Merit	Name of candidate
	1		
16	Copies of Service Contracts, if any entered into (such as for security etc.) The copy of TDS & PF Challan.		
17	Income earned by the college during 2015-16 other than fees.		
18	The college/Institute which are having only Post Graduate Courses they will have to submit the details as per norms no 3.1		
19	Any other relevant information/ documents College/ Intuition would like to submit before the FRA.		
20	Soft copy inclusive of above 1 to 19 items (in Microsoft words or Microsoft Excel).		

*Note: The Proposal should be submitted in Duplicate in **A4 Size Spirally bound** indicating cover page in the specified format.*

Institute/College is hereby directed to bring this copy to FRA Office for any Enquiry/ future correspondence for finalization of fees for the course started during academic year 2016-17 & 2017-18.

College Code : \_\_\_\_\_

Course : \_\_\_\_\_

Name of the College: \_\_\_\_\_

\_\_\_\_\_



**FOR OFFICE USE ONLY**

Received the fee approval proposal for  
academic year 2016-17 & 2017-18

Proposal for Academic Year 2016-17 &  
2017-18 Returned as Deficient Proposal.  
Deficiencies mentioned as per the  
Checklist

Sr. No. \_\_\_\_\_

Date:     /     /2016

Verified by  
(Name of the staff & its Signature)

**Signature of Section Officer  
Fee Regulating Authority, Mumbai**



12	Annual financial report of Trust/ Society for last year 2015-16	<i>Attach certified audited copy</i>			
13	Details of the Land				
Sr.No.	Particular	Area (in Sq.Mtr.)		Cost of acquisition (Rs.in Lakhs)	Extent of Subsidy/ concessi on
		As per norms	Available		
College/ Institute					
	Land				
1)	Free Hold				
a.	Govt.				
b.	Others				
	Total				
2)	Lease Hold				
a.	Govt.				
b.	Others				
	Total				
<i>Note : Please give details for each college/Institute separately.</i>					
Whether Income tax return filed every year by the trust		(Attach certified attested copies of income tax return of last three assessment years) Yes / No			
Status of the Building :					
If Rented	College / Institute	Other	Total		
Built up Area (In Sq.Mtr.)					
Annual rent (Amt, in Rs.)					
If owned	College / Institute	Other	Total		
Built up Area (In Sq. Mtr.)					
Cost (Amt, in Rs.)					
Built up Area required, Available as per AICTE/PCI/COA norms					
If Rented	college / Institute	Other	Total		
Built up Area (In Sq.Mtr.)					
If owned	college / Institute	Other	Total		
Built up Area (In Sq.Mtr.)					
14.	Whether the Institute /Trust is in receipt of any grants from Central Government /State Government/Quasi Government bodies	Yes / No If yes–Amt. Received for the Financial Year			

Date :  
Place:

**Signature**  
**Person duly authorised in terms**  
**of section 2 (I) of the Act**

# Form B

## Proforma for information of Technical Education Institutes for the Academic year 2015-16

Name of the Trust / Society						
1.	Name of the College/Institute					
	<b>Address</b>					
	Taluka					
	District					
	PIN Code					
	Telephone No. (with STD code)					
	Fax No.(with STD code)					
	E-mail ID					
Website						
2.	Name of the Director / Principal of the College/ Institute					
<b>BANK ACCOUNT DETAILS OF COLLEGE/ INSTITUTE</b>						
	Bank Name:					
	Bank Account No :					
	Bank IFSC Code :					
	Bank Branch:					
	Bank Account Holder Name :					
	Branch MICR Code :					
	Bank Type					
3.	Staff Biometric Attendance maintained?	Y/N				
4.	Land Type	Owned/Govt lease/On lease from any other statutory body / Concessional rate / Market Rate				
5.						
6.	Sanctioned Intake capacity as per AICTE/PCI/COA/ University					
7.	(A) Total No. of Students for the Course (Excluding PIO / Foreign National Students)	I year	II year	III year	IV Year	V year
	(B) Total No PIO / Foreign National Students for the Course					
8	Year of recognition by respective council					
9	Name of the University to which this course is affiliated					
10	Whether Permitted by State Govt.	Yes / No				
		<i>(If yes, attach a copy of G.R. granting permission to start the college)</i>				
11	Whether Hostel Facility is available	Yes/No				
	If yes, mention capacity	Boys				
		Girls				

		Total Capacity				
12	Total No. of laboratories in the Department	Name of laboratory	Cost of equipments Rs. In Lakhs			
	Total cost of equipments in the department					
13	Total Cost of equipments in the Department including software (Rs. In Lakhs) in Working Condition	a) UG				
14	Total Cost of equipments in the Department including software (Rs. In Lakhs) in Working Condition	b) PG				
15	a) Whether library facility is available (Departmental) Excluding Central Library if yes give detail	No. of Titles				
		No. of Books available				
		No. of Journals subscribed in current year				
	b) Carpet Area in Use for Library (in Sq. Mtr.)					
	c) Facilities in Department - Library	1.				
2.						
3.						
4.						
16	No. of Staff	Attach subjectwise statement of teaching & non-teaching staff in the following format				
Teaching Staff	As per Council norms	Posts filed in			Total Filled in Posts	Vacant Posts
		Regular	Adhoc	Contract		
a) Professors						
b) Assistant Professors/HOD						
c) Lecturers						
List of approved Staff by the University		Attach subjectwise detailed statement of approved teaching staff with letter of Approval from Authority				
		Sanctioned Intake			Students on roll	
Student – Teacher Ratio						
a) With approved staff						
b) With ( approved adhoc + contract) staff						
Non Teaching Staff (In the Department Attach list)	As per council norms	Posts filed in			Total Filled in Posts	Vacant Posts
		Regular	Adhoc	Contract		
a) Technical						
b) Non-Technical						
c) Class – IV						
Ratio of Non -Teaching - Teaching staff						
17	Staff in Library Department if any	Give details of staff in Library with posts and scale, nature of appointment etc.				
18	Salary given to the staff	Yes/No				





39	Laboratory fees								
40	Dividend								
41	Sale of assets (like old computers equipment etc)								
42	Alumni fees								
43	Consultancy fees received.								
44	All Receipts other than above under whatsoever head collected								

Annual Expenses

*(Attach audited statement showing expenditure of last year i.e. 2015-16)*

Sr.No	Annual Expenses for 2015-16 as per audited expenditure	FRA Courses			Non- FRA Courses	Hostel	Hospital	Trust	Total
		Course 1	Course 2	Course 3					
2									
3									
4									
5									
6									



Sr No'	Annual Expenses (Rs lakhs) for 2015-16 in conversion as per FRA		FRA Courses			Non- FRA Courses	Hostel	Hospital	Trust	Total
			Course 1	Course 2	Course 3....					
1	Salary - Teaching	Pay								
		Colleges Contribution to PF								
		Admin Charges PF								
		Leave Encashment								
		Gratuity paid								
		Other Allowances to Staff								
		<b>Sub_total to match with sum of all staff salary</b>								
		Arrears of salary								
		Gratuity provision								
		teaching staff insurance								
		2	Salary - Non Teaching	Pay						
Colleges Contribution to PF										
Admin Charges PF										
Leave Encashment										
Gratuity paid										
Other Allowances to Staff										
<b>Sub_total to match with sum of all non-teching staff salary</b>										
Arrears of salary										
Gratuity provision										
Non teaching staff insurance										
3	Stipend / Remuneration / Allowance to Interns									
4	Remuneration / Professional Charges to Visiting Faculties	Remuneration / Professional Charges to Visiting Faculties								
		Guest lecture								
5	Affiliation / Inspection	Affiliation Fee								
		Inspection Expenses								
		Course Fees								
5a	University fees paid (for students)	Eligibility fees								

		Exam Fee paid to University (rule to be created separate head)							
		Enrollment Fee							
		Practical Exam Fee							
<b>6</b>	<b>Insurance</b>	Student Insurance							
		Building Insurance							
<b>6a</b>	<b>Property Insurance</b>	Furniture, Equipments, Computers, Vehicles etc Insurance							
<b>7</b>	<b>Scholarships Paid</b>	Scholarship paid to Students under Social Welfare Scheme Office							
		Scholarship paid to Open Category Students							
<b>8</b>	<b>Repairs and Maintenance</b>	Maintenance - Accomodation - Dean							
		Maintenance - Accomodation - Faculty							
		Maintenance - Accomodation - Non Teaching Staff							
		Maintenance - College Building							
		Furniture, Equipments, Computers etc Maintenance							
		Maintenance - Others							
		Staff Car Maintenance							
		Car Maintenance - Others							
<b>8a</b>	<b>Heavy Building repair &amp; maintenance</b>	Maintenance - Accomodation - Dean							
		Maintenance - Accomodation - Faculty							
		Maintenance - Accomodation - Non Teaching Staff							
		Maintenance - College Building							
<b>9</b>	<b>Audit Fees</b>	Audit Fee - College							
		Audit Fee - Trust							
<b>9a</b>	<b>Fee Regulating Authority fees</b>	Fee Regulating Authority Processing fees							
		Fee Regulating Authority review fees							
		Fee Regulating Authority review fees for old students							



<b>16</b>	<b>Communication Expenses</b>	Internet Charges							
		Telephone, Fax Charges							
		Postage charges							
<b>17</b>	<b>Printing and Stationery</b>	Prospectus printing							
		Exam papers and form printing							
		Other stationary							
<b>18</b>	<b>Establishment Expenses</b>	Electricity							
		Water							
		Cleaning							
		Gardening							
		Sweeping							
		Security, Watchman agency etc							
<b>19</b>	<b>Laboratory Material and Other Consumable for College</b>	Laboratory Material							
		Demonstration Material							
		Consumables, Chemicals etc.							
<b>20</b>	<b>Hostel Expenses</b>	Hostel Electricity							
		Municipal Tax / Property Tax / Water charges							
		Hostel Rent							
		Hostel Maintenance, Upkeep Expenses							
		Hostel Mess / Canteen							
		Sweeping							
		Security, Watchman agency etc							
<b>21</b>	<b>Hospital Expenses</b>	Hospital Municipal Tax / Property Tax / Water charges							
		Electricity							
		Hospital staff salary (Doctors, assistants, nurses, aayah etc)							
		Hospital resident/ intern / stipend							
		Rent / Charges for the Hospital Tie-up							
		Hospital MOU Charges							
		Patient Treatment expenses							
		Patient Material and Suithers expenses							

		Patient Medicine, Implant, etc.							
		Sweeping							
		Security, Watchman agency etc							
		Other							
<b>22</b>	<b>Other Expenses</b>	Expenses related to Students							
		Expenses related to Trust and Others							
<b>23</b>	<b>Depreciation</b>	As debited to Income & Expenditure Account							
<b>24</b>	<b>Magazine, Journals, periodicals etc subscription</b>	Magazine, Journals, periodicals etc subscription							
<b>25</b>	<b>Excess of income over expenditure as per audited IE account of college</b>	Excess of income over expenditure as per audited IE account of college							
<b>26</b>	<b>Rent</b>	Rent for college building paid to trust							
		Rent for college building paid to third party							

\* Any expenditure which is more than 5% of the total expenses should be shown separately. (Note : In the case of "common" cost which are apportioned, please attach a separate note indicating the bases adopted by you for apportioning such costs, giving your justification for the same)

22	List of the Equipment, Furniture, Vehicles etc.(only items costing more than Rs.50,000/- to be included)	<i>Attach certified audited details of cost of equipments with date of purchase &amp; cost of annual maintenance</i>		
	Projected Addition	College / Institute / Hostel		
	Particular	2015-16 _____ (Rs. In lakhs)	2016-17 _____ (Rs. In lakhs)	2017-18 _____ (Rs. In lakhs)
a	Land (area)			
b	Buildings (Built-up area in .....sq. mtr.)			
c	Lab / Work shop			
d	Laboratory equipments			
e	Books			
f	Furniture & dead stock			
g	Vehicle			
h	Others			
	Total			
24	The common infrastructure used by the trust for various colleges run by them	<i>Attach detailed list of infrastructure. Also indicate the bases adopted for the apportionment of the common infrastructure.</i>		
25	a) Expenses per student for UG course	<i>Attach detailed calculations for the year 2015-16</i>		
	b) Expenses per student for PG course	<i>Attach detailed calculations for the year 2015-16</i>		
26	Fees collected during last two years per student for UG course			

### Allowability of Hospital Expenses

Hospital Year of Establishment	
<b>Financial Details (Rs)</b>	
Total Hospital Income	
Total Hospital Expenses	
Hospital Deficit = Total expenses - Total income	
Additional Depreciation if Included in Expenditure	
Less Depreciation As per Schedule	
Total Deficit	

2015-16					
1st Year					
2nd Year					
3rd Year					
4th Year					
5th Year					
24	Fees collected during last two years per student for PG course				
2015-16					
1st Year					
2nd Year					
27	Fees collected (2015-16) per student for UG/ PG course				
No. of Students of 1st year		Average fees collected per student (Amount in Rs.)		Total fees collected (Amount Rs. In Lakhs)	
a) Indian (Govt. Quota + Management)					
b) PIO + Foreign National					
28	Fees proposed for each course during 2015-16. Justification for this.	Justify Separately.			
a) Administrative Staff in the Institute / College					
Name of the Principal / Director				Regular/ Incharge	
Pay Scale					
Sr. No.	Name of the Staff	Designation	Whether required as per AICTE norms	Scale	Nature of appointment

b) Staff in the Central Library					
Sr. No.	Designation	Whether required as per AICTE norms	Qualification	Scale	Nature of appointment
1	Librarian				
2	Asstt. Librarian				
3	Attendant				
4	Any other staff				

(C) Student - Teacher Ratio (Total no. of students & total no. of staff in the college)

	Ratio
1. Regular approved staff	
2. Regular + Contract + Adhoc	

(D) Ratio of Non-Teaching -Teaching Staff

	Ratio	As per Council Norms
Inclusive of administrative, ministerial, Technical & other unskilled & semi skilled staff		



## **VERIFICATION**

(The person signing the Verification clause must satisfy himself / herself about correctness of the information before affixing his / her signature)

I, \_\_\_\_\_ (full name in block letters), son / daughter of \_\_\_\_\_ solemnly declare that to the best of my knowledge, the information given in this proforma and statements accompanying is correct and complete. I further declare that I am submitting this proforma in my capacity as \_\_\_\_\_ and I am also authorised in terms of section 2(l) of the Act to submit the same and verify it.

Signature with Seal

**Person duly authorised in terms of section 2 (l) of the Act**

Date :

Place:

## Form C

### Central Library facility

- I) Total No. of students in the Institute  
II) Reading hall capacity  
III) Total carpet Area sq.mtr.

a)	No. of Titles		
b)	No. of Books		
c)	No. of National Journals		
d)	No. of International Journals		
e)	Non-Technical Journals		
f)	Total Cost of		
	a) Books		Lakhs
	b) Subscription for Journals		Lakhs
g)	Cost of furniture		Lakhs
h)	Whether xerox facility is available	Yes / No	
i)	Whether Internet facility is available	Yes / No	
		Band Width	
j)	No. of Computers available in the Library	P III	
		P IV	
		P V	
k)	Whether multimedia facility available	Yes / No	
l)	Whether digitization of library is done	Yes / No	
m)	Any other amenities provided to students in library.		

Date :  
Place :

Person duly authorised in terms  
of section 2 (I) of the Act  
(Signature with stamp)

**FORM- D**

**Information of Central Computing Facilities in the Institute**

1	Whether the central computing facility is available	Yes/No
2	Number of PIII or equivalent and above PC available	
3	Whether legal licenses of System & Application Software available?	Yes/No
4	Number of System Softwares available	
5	Number of Applications Softwares available	
6	Number of Printers available (Type: DMP/ DeskJet /LaserJet)	
7	Number of Scanners available	
8	Total cost of the Printers and Scanners	
9	Whether the Generator / UPS back-up available (back-up period and capacity in KVA)	Yes/No
10	Whether the Campus is Networked	Yes/No
11	Whether the Laboratories are Networked through LAN	Yes/No
12	Whether is Internet connection is available	Yes/No
13	If Yes specify type Dial-up/ISDN/DSL/Leased Line/any other	
14	Specify Bandwidth available	
15	Specify compression ratio	
16	Cost of Hard Ware in Computer Center	
17	Cost of Software in Computer Center	
18	Cost of furniture in Computer Center	
19	Annual fee of the Internet Services in	
20	Staff in Computer Center	Yes / No
	1. System Manager	Yes / No
	2. System Analyst	Yes / No
	3. Computer Programmer	Yes / No
	4. Computer Operator	Yes / No
	5. Non – Teaching Staff	Yes / No
	6. Maintenance Staff	Number
		Pay Scale

**Date :**  
**Place :**

**Person duly authorised in  
terms of section 2 (I) of the Act  
(Signature with stamp)**

## Form - E

**(A) Format for details of Teaching and Non Teaching staff for the Accounting Year 2015-16.**

Sr. No.	Designation / Post as per norms mentioned	Actual requirement of Staff as per respective Council norms	Actual appointed
1			
2			
3			
4			
5			
6			
7			
8			

### Add New Staff Form

Staff Type*		
Staff Salutation		
Staff Name	Surname	
	First Name	
	Middle Name	
Gender:*		
Date of Birth:*		
Mobile No. :*		
E-mail ID :		
Aadhaar no:		
PAN No:		
Form 16*		

Qualification Details*	Qualification	Specialization	Branch	Class Obtained	University/Board
	Degree				
	PG				
	PhD				
	Other				
Select Highest qualification *					
Is the Staff Qualified for the post as per Apex body norms*					
Staff Designation*					
Type of Appointment*					
Date of Appointment*					
Date of Joining*					
Date of Leaving (If left)					
Approved by university or board*					
Approval Reference No					
Whether Staff working at other place*					
Teaching Experience in Years*					
Industrial Experience in years					
Pay Band					
Grade pay					

Select Teaching Streams\*

Course 1, Course 2

:: Staff BANK ACCOUNT DETAILS

Bank Name	
Bank Account No :	
Bank IFSC Code :	
Bank Branch:	
Bank Account Holder Name :	
Branch MICR Code :	
Bank Type*	

**(B) Details of Annual Salary Paid in respect of Teaching and Non Teaching staff for the Accounting Year 2015-16**

Sr No	Name of staff	Mode of Payment	Basic or Consolidated	GP	HR A	D A	TA/ All Other	Total	IT Deduction	Inst Contribution for PF/EPF ETC	PT/ PF/ other statutory deduction	Salary for Course 1...	Salary for Course 2...
1													
2													
3													
4													
5													

Date :

Signature with Seal  
Person duly authorised in terms of  
section 2 (l) of the Act

**Rs. 100/-  
Stamp paper**

**APPROVED AFFIDAVIT ( Health Science Courses )**  
**Academic Year – 2016-17-2017-18**

I, ..... Age .....years residing at

.....do here by solemnly affirm and state

as under --

1. That I am the Person duly authorised in terms of section 2 (l) of the Act, of the institute .....and that I am fully authorized to execute an affidavit on behalf of the institution .
2. That I state and affirm that for the academic year 2016-17,& 2017-18 for ..... course/courses, I am submitting the fee approval proposal along with the following documents.
  - Form No A.B.C. and D.
  - Audited Balance Sheet, Income and Expenditure Accounts for the year 2015-16.
  - Receipt & Payments for the financial Year 2015-16.
  - Sanctioned and actual intake for the year 2015-16
  - Details of salary paid to the Teaching & Non Teaching staff along with the information such as their names, designation/ Qualification & TDS deducted for the academic year 2015-16, their qualifications and salaries paid as per the norms of MCI/ DCI/ DMER/ HOMEOPATHIC/ AURVEDIC/ DENDAL/NURSING COUNCIL/MUHS NASHIK/GOVT. and P.F. paid etc.
  - Computation of proposed fees for 2016-17 & 2017-18 in the prescribed format.
  - Copies of TDS Challan & PF Challans
  - Certificate that statements of accounts submitted to Fee Regulating Authority are the same as submitted Income Tax authorities and Charity Commissioner.
  - **Certificate incorporating the details of proposed fee approval proposal for academic year 2016-17 &2017-18, having put up on the web site of the institute and on the notice board.**

3. Details of Teaching staff required as per directives of MCI/DCI/DMER/HOMEOPATHIC/AURVEDIC/DENDAL/NURSING COUNCIL/MUHS NASHIK/GOVT.ETC.
4. I further state that no separate amount was charged for any cultural activities or function conducted by the college.
5. That I state and affirm that actual fee charged from students during the academic year 2015-16 was Rs...../ per student / Fees approved by SSS/FRA Rs...../- and I further state that they were not charged more than what was approved by Shikshan Shulka Samiti/Fees Regulating Authority.
6. That I state and affirm that facilities were provided for which fees were charged during 2015-16.
7. In case for the Academic Year 2016-17 & 2017-18, if the final fee declared is less than the interim fee then we will refund the excess fee collected.
8. The College/Institute has fulfilled all the conditions laid down by the concerned authorities.
9. That I state and affirm that I am aware of the fact that any of the statements/ averments made herein before ,if turns out to be false or misleading or suppressed then I shall have no objection for reduction of fees by 50% of the fees as resolved by the FRA. This apart I am fully aware of the fact that for such an act of furthering misleading and or false statements or suppression. I shall be liable for appropriate actions under penal laws existing for time being in force.
10. The proposal has been put on the website of the College/Institute before it's submission to the FRA. I am aware that in case it is not put then fee may be reduced by 20%.
11. That I state and affirm that I have submitted true and correct accounts for the year 2015-16 duly audited and submitted to Income tax authorities and also to the Charity Commissioner.

Place:-  
Date:-

Signature  
Person duly authorised  
in terms of section 2 (I)  
of the Act

Verified and solemnly affirmed before me on..... at.....

Executive Magistrate  
(Seal & Signature)