



## GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector-16 C, Dwarka, Delhi-110078

No. GGSIPU/DR(Aff)/2014/731

Dated 09/12/14

### Notification

All the Medical Colleges/ Institutions affiliated to GGSIP University conducting Post Graduate Medical courses / programmes (Degree and Diploma) and Super Speciality Medical courses / programmes are directed to send their proposal for revalidation / continuation of provisional affiliation for Post Graduate Medical courses / programmes (Degree and Diploma) and Super Speciality Medical courses / programmes for Academic Session 2015-16 latest by 19/12/2014 at 03:00 PM in the office of Deputy Registrar, GGSIP University, Room No. 20, Administration Block. Sector-16C, Dwarka, Delhi 110078.

  
(Rajiv Kale )  
Registrar

**Application for Continuation of Provisional Affiliation by  
Guru Gobind Singh Indraprastha University  
(alongwith declaration form)  
Academic Session 2015-2016**

All the existing institutions are required to submit the following information complete in all respect to the Affiliation Branch, Room No.19 / 20, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi - 110075 latest by 19<sup>th</sup> December, 2014 [Friday], 3:00 p.m.(on working days/working hours).

**I. Details of the Institution**

(a)	Name & Address of the Institute along with Pin code	
(b)	Telephone & Fax No	
(c)	Website	
(d)	E-Mail:	
(e)	Name of the Director/Principal	

**II. Details of the Promoting Trust/Society/Govt. Body**

Name of the Chairman/Secretary	
Name of the Trust/ Society	
Address	
Pin Code	
Registration No of the Trust/Society	
Telephone & Fax No	
Website	
Email	

**III. Academic Programmes for which Affiliation/NOC is sought:**

**Existing Courses**

Course Title	Existing Intake (2014-2015)		Duration of the Course (Years)	Year of Commencement	Letter No. of State Govt. NOC/ (2014-15)	Letter No. of Univ. affiliation (2014-15)	Intake applied for 2015-2016
	As approved by statutory body, if applicable	As approved by State Govt/ University					

Append duly attested details if required. Annexure No. \_\_\_\_\_.



(xiii)	Students Canteen	
(xiv)	Hostel (Total Area/rooms/Number of seats etc.)	
(xv)	Any other facilities	

Append duly attested details if required. Annexure No. \_\_\_\_\_.

**V. Details of Other Facilities Available**

**YES/No**

(i)	Drinking Water	
(ii)	Generator	
(iii)	Bank facility	
(iv)	Facilities provided for physically Handicapped	
(v)	Transport facilities	
(vi)	Medical facilities	

Append duly attested details if required. Annexure No. \_\_\_\_\_.

**VI. Details of Library**

<b>A</b>	<b>Details of Books (course-wise)</b>	<b>Programmes wise (as per list attached as Annexure 'A')</b>
(i)	No. of Titles	
(ii)	No. of Volumes	
(iii)	Total number of books	
(iv)	No. of Journals/Foreign Journals	
<b>B</b>	<b>Details of Digital Facilities</b>	
(i)	Whether library operations computerised, internet facility, Reading room facilities, Photocopying facilities available, If yes, give details.	
(ii)	Inter library linkage facilities	

Note: The institutes may indicate information as per their own programmes using the above as a sample and append duly attested details if required. (Annexure No. \_\_\_\_\_)

**VII. Details of the Labs/Workshops/Work stations available**

Name of Laboratory	Major Equipment	List of equipment added during previous year

Append duly attested details if required. Annexure No. \_\_\_\_\_.

**VIII. Details of Computer Centre**

Name of Laboratory	No of Computers with configuration (programme wise as per list attached as Annexure 'A')	Other Equipment (LAN/ Servers/ Printers/ Firewall etc.	Legal Software (System & Application)

Append duly attested details if required. Annexure No. \_\_\_\_\_.

**IX. Teaching Staff (programme wise as per list attached as Annexure 'A')**

Name	Designation	Qualification	Scale of pay, other allowances/remuneration paid	Date of joining	Regular(R)/ Adhoc (A)/ Contract (C)/ Visiting (V)/ Guest (G)	Approved/ recognised by University (Yes/No)

Append duly attested details if required. Annexure No. \_\_\_\_\_.

**X. Non - Teaching Staff & Technical Supporting Staff**

Name	Designation	Scale of pay, other allowances/remuneration paid	Date of joining	Regular/ Adhoc/ Contract/

Append duly attested details if required. Annexure No. \_\_\_\_\_.

**XI. Any new initiatives/achievements:**

**XII. Details of processing fee deposited with Accounts branch .**

<b>Programmes</b>	<b>Amount</b>	<b>Receipt No.</b>	<b>Dated</b>	<b>Annexure</b>

**DECLARATION**

The information furnished above is true & correct to the best of my knowledge and belief and is based on facts. Nothing material has been concealed/misrepresented therein. If any information furnished above is found to be false or misleading, concealed or suppressed, undersigned will be liable for the consequences thereof.

We further undertake that we will not run in the existing premises and likely to be created premises of \_\_\_\_\_ (Name of the institute), any academic programme(s) either of full time / part time / distance education / open learning nature affiliated to any other central / state / deemed / private University or diploma/ certificate programme(s) approved earlier or now by any statutory body / autonomous body in the session 2013-2014.

**Signature:** .....  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature:** .....  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

**I hereby certify that all the above information are true and verified to the best of my knowledge and belief.**

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate .....

Practicing at .....

Registration No. ....

Date .....

Place: .....

**Copy of Part-I to be submitted with the Proposal**  
**for the Academic Session 2015-2016**

**Part-I**

**Parameter 1A : Legality of ownership and possession of land, land use**

Criteria	Parameters	Existing Yes / No	Non-existing Yes / No
Application for new/ extension of NOC by State Government and continuation of affiliation by University for session 2011-2012 should be filled, signed and attested as supporting document in case the ownership possession and land use certificates have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of land ownership, possession and land should be submitted / enclosed alongwith the proposal.	(1) (a) Ownership of land and building by the society (acquisition by allotment/ procurement) (b) Rented building in conforming areas		
	(2) (a) Availability of land as per norms in conforming area, i.e., the land use is institutional.  (b) B.Ed. in Schools in Conforming area.  (c) Availability of land in non-conforming area as per norms		

**P.S.:- Duly attested copies of relevant documents & papers to be enclosed.**

**Parameter 1 B: Availability of built-up area and sanctioned building plan**

Criteria	Parameters	Existing Yes / No	Non-existing Yes / No
Application for new/ extension of NOC by State Government and continuation of affiliation by University for session 2011-2012 should be filled, signed and attested as supporting document in case the sanctioned building plan / other relevant papers have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of sanctioned building plan and existing built-up area should be submitted/ enclosed alongwith the proposal.	Sanctioned building plan as approved by DDA / MCD/ Govt. body.		
	Availability of built-up area as per the norms of statutory body/ University/ Govt. for proposed / existing programme(s).		

**P.S.:- Duly attested copies of relevant documents & papers to be enclosed.**

Name of the Institute \_\_\_\_\_

**Parameter 1C: Safety Measures**

Criteria	Parameters	Existing Yes / No	Non-existing Yes / No
Application for extension of NOC by State Government and continuation of affiliation by University for session 2011-2012 should be filled, signed and attested as supporting document in case the sanctioned building plan / other relevant papers have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of safety measures should be submitted/ enclosed alongwith the proposal.	Structure Safety Certificate of building of the Institute/College		
	Certificate indicating that the building is earthquake resistant		
	Availability of fire fighting devices at the institute		
	Building is adequately ventilated		

**P.S.:- Duly attested copies of relevant documents & papers to be enclosed.**

Signature: .....  
**Chairman/ Secretary of the Society/Trust**  
 Name:  
 Designation:  
 Dated:  
 Seal of the Society:

Signature: .....  
**Director/Principal of the Institute**  
 Name:  
 Designation:  
 Dated:  
 Seal of the Institute :

**I hereby certify that all the above information are true and verified to the best of my knowledge and belief.**

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate .....

Practicing at .....

Registration No. ....

Date .....

Place: .....

Name of the Institute \_\_\_\_\_



**For All Institutes/ Colleges which propose to apply for revalidation of  
NOC and continuation of provisional affiliation  
for Academic Session 2015-2016**

**UNDERTAKING**

*(to be submitted by authorized signatory of the registered Society/Trust/Govt. Body  
and Director/Principal in case of existing institute)*

*I (Name of the Director/Principal) Director/Principal of (Name of the institute)  
hereby undertake to comply with all the conditions indicated by the University at the time of  
grant / continuation of provisional affiliation, Statutory Body while according approval and  
State Government while issuing No Objection Certificate for the academic session 2015-2016  
along with other conditions imposed from time to time throughout the year by them.*

*I (Name of the Director/Principal) of the Institute (Name of the institute) also  
hereby undertake to abide by the Policy Guidelines of Govt. of NCT, Delhi /GGSIP  
University for academic session 2011-2012 onwards.*

**Signature:** .....  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature:** .....  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

**I hereby certify that all the above information are true and verified to the best of my  
knowledge and belief.**

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate .....

Practicing at .....

Registration No. ....

Date .....

Place: .....

**(The Undertaking should be submitted on a non-judicial stamp paper of Rs.100/-)**

- Kindly read the enclosed proformas / formats carefully and provide the information as per existing status. Also please see that all the Annexures / Papers / Documents bearing information provided by you are duly signed and attested. (Please verify with the originals if photocopies are being enclosed).
- Please ensure that all information / detail provided by you is authentic and verifiable. In case of wrong or incomplete information, the institute will be liable to own demerits, therefore furnish us with the latest / correct information specially in respect of the status of teaching/non-teaching staff, library, labs, computer centre, infrastructure, etc.
- Please use additional sheets wherever required but also do not furnish irrelevant papers / enclosure to substantiate your information.
- The Institutions established and run by Central Govt., the Govt. or a State Govt., or fully funded by the Central Government, the Government or a State Government may submit the above said undertaking on the letter head of the Institution duly attested by the Principal /Director of the Institute.

(On Letter Head of the Institute/College)

**Declaration**

I (Name of the Authorized signatory of the registered Society/Trust/Govt. Body in case of new institute) (Name of the Director/Principal in case of existing institute) of (Name of the Institute) declare that the information provided above is true to the best of my knowledge and I have not attempted to suppress or exaggerate data concerning this institution.

**Signature:** .....  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature:** .....  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

**Status of Endowment Fund created by the institute in case of programmes where it is not submitted to the statutory body**

Sl. No.	Programmes	Year of Start of Programme in the University	Details of Endowment Fund (indicates Date, Amount, Bank and joint FDR number)		
			1 <sup>st</sup> Installment	2 <sup>nd</sup> Installment	3 <sup>rd</sup> Installment
1.	BBA				
2.	BBA [CAM]				
3.	BBA[T&TM]				
4.	BBA [B&I]				
5.	BBA (Second Shift)				
6.	BBA [CAM] (Second Shift)				
7.	BBA [B&I] (Second Shift)				
8.	BCA				
9.	BCA (Second Shift)				
10.	BJMC				
11.	BJMC (Second Shift)				

(Please enclose attested photocopies of the indicated installments)

**Signature:** .....  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature:** .....  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

**Performance and Placement of Students in the past years**

Kindly provide details in the following format in respect of student performance, admitted to various batches at your institute from its inception programme-wise.

**Performance Sheet**

**Batch-wise details (mention the batch/year of admission of students)**

Semester-wise performance	Unsuccessful	Detained	Second Class	First Class	First with distinction	Exemplary performance
1 <sup>st</sup> Sem.						
2 <sup>nd</sup> Sem.						
3 <sup>rd</sup> Sem.						

- Past Record – Year-wise details of any other extra curricular achievements of students like debates, quizzes, competitions and other academic activities which have been taken up / attended by students (seminars, workshops, conference, Group Discussions).
- Details of student association (Duties/Privileges)
- Nature of Discipline maintained by students of the college
- Events Identified for the year & plan of implementation (academic events, sports, other co-curricular activities)

**Signature:** .....  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature:** .....  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

**Lab Status**  
**(To be provided programme-wise)**  
**as per status of 2014-2015**

Sl.No.	Name of the programme	Details of equipments available in the existing labs		
		1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year

(Please use it as a sample and utilize it as per the programme conducted.)

**Signature:** .....  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature:** .....  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

**Status of Computer Lab**  
**(To be provided programme-wise)**  
**as per status of 2014-2015**

<b>Sl.No.</b>	<b>Programmes</b>	<b>Number and configuration of the existing terminals</b>	<b>Available Software</b>	<b>Quantity and Quality of Peripherals</b>

**N.B.: Please also indicate additional facility to be created in case a new programme/ additional programme is proposed for 2015-2016.**

**Signature: .....**  
**Chairman/ Secretary of the Society/Trust**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Society:**

**Signature: .....**  
**Director/Principal of the Institute**  
**Name:**  
**Designation:**  
**Dated:**  
**Seal of the Institute :**

## LIBRARY STATUS

Comparative Status		2012-13	2013-14	2014-15
Titles (in numbers)				
References (in numbers)				
Total Books (in numbers)				
Journals (in numbers)	National			
	International			
Magazines				

1. Book Bank (whether available or Not) - YES/NO
2. Library Computerized / automated or not - YES/NO
3. Access to Electronic resources by Students/ Faculty (whether available or Not) - YES/NO
4. If Yes (indicate nos.)
  - (a) Journals
    - National -
    - International -
  - (b) Networked databases -
5. Whether online reservation of books available or not. - YES/NO

Signature: .....  
 Chairman/ Secretary of the Society/Trust  
 Name:  
 Designation:  
 Dated:  
 Seal of the Society:

Signature: .....  
 Director/Principal of the Institute  
 Name:  
 Designation:  
 Dated:  
 Seal of the Institute :

Profile of the Director/Principal/Approved/Recognized/Regular/Guest/Visiting Faculty /Non-teaching Staff

S. N	Name of the Director/Principal/Faculty	Date of Birth	Present Designation	Pay Scale	Total Emoluments (including all admissible allowances)	Percentage / Division (Last Exam)	Experience (in years)	Status of Approval/Recognition by University in case of Principal/Director/Faculty	
								Date	Discipline Designation
1.									
2.									
3.									
4.									

N.B.:- Kindly use this format for sending the profile of your faculty members programme-wise.

Signature: .....

Chairman/ Secretary of the Society/Trust

Name:

Designation:

Dated:

Seal of the Society:

Signature: .....

Director/Principal of the Institute

Name:

Designation:

Dated:

Seal of the Institute :



**Details of Academic and Professional Qualifications of Faculty Members (including Guest / Visiting) and Non-teaching staff working at (Name of the Institute) for session 2014-15 and continue/identified for session 2015-2016**

Name of the faculty (Mention the status if Approved / Qualified / Recognized by the University)	Academic / Professional Qualification (Graduation onwards)	Subject	Division	Percentage	Year of Passing/Award of Degree	University	Status 2014-15	Identified for 2015-2016
Dr. Nisha*	MBBS							
	MD/MS							
	Ph.D.	Mention the title of thesis						
	Any other							
	Experience							
Dr. Neha*	Achievements							
	MBBS							
	MD/MS							
	M.Ch./DM							
	NET/GATE Qualified			Indicate percentile				

Kindly use the format for giving the academic / professional qualifications of all the regular / visiting / guest faculty/ non-teaching staff functioning at your institute. Columns / Rows may be increased as per requirement. \*These are just examples.

Achievements: In this column faculty may detail about consultancy work undertaken by the faculty besides participation in faculty development programmes / workshops / seminars and also mention about the publications / paper presentation / project / fellowship / award granted by government organization (if any).

Signature: .....

Chairman/ Secretary of the Society/Trust

Name:

Designation:

Dated:

Seal of the Society:

Signature: .....

Director/Principal of the Institute

Name:

Designation:

Dated:

Seal of the Institute :

**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
**Sector-16C, Dwarka, New Delhi – 110078.**

**Declaration Form in respect of norms of the University**  
**w.e.f. academic session 2015-2016**

*(For use of applicant body to be submitted by the authorized signatory (permanent member) of the society/trust alongwith prescribed application form of the University for affiliation)*

**PROPOSAL OF (Society/Trust).....**

**FOR AFFILIATION OF (College / Institute) (NAME).....**

**ADDRESS.....**

**CONTACT NO..... FAX..... Email .....**

**TO CONDUCT (Programme/s)..... DURING**  
**(Session) ..... IN AFFILIATION WITH GURU GOBIND SINGH**  
**INDRAPRASTHA UNIVERSITY.**

1. Registered Society / Trust (Name)..... Annexure No.....  
(Registration No..... dated .....)  
Address .....
2. Allotment Papers of Permanent Campus(PC) ..... Annexure No.....  
(Document No..... dated .....)
3. Ownership Documents of PC - Registered sale deed/lease deed. Annexure No.....  
(Document No..... dated .....)
4. Record of Possession of PC - To be verified through tax receipt (water/property tax /  
electricity bill / telephone connection/any other)  
(Document No..... dated .....)
5. Land use certificate from DDA or Competent Government Body. Annexure No.....  
(Document No..... dated .....)  
Issued by .....
6. Sanctioned plan of the built-up area by DDA or Competent Government Body. Annexure No.....  
(Document No..... dated .....)  
Issued by .....
7. Actual built up area available exclusively for the proposed programme duly attested by the  
Authorized Signatory (permanent member) of the Society / Trust. Annexure No.....  
(Document No..... dated .....)  
Issued by .....

\_\_\_\_\_  
(Signature & Seal of Authorized signatory)

8. Constitution of Governing Body of the Society. Annexure No.....  
 (Document No..... dated .....)  
 Issued by .....
9. By laws or Memorandum of Association of the Society/Trust. Annexure.No.....  
 (Document No..... dated .....)  
 Issued by .....
10. Safety Certificate of the Building for establishment of an educational institution from the  
 Competent Authority of the Government. Annexure No.....  
 (Document No..... dated .....)  
 Issued by .....
11. Status of programme (s) .....conducted in case the  
 institute is already established and the recognizing body/ University.  
 (Proof No..... dated .....)
12. Undertaking in case the institute is running other programme of any other University/ body.  
 Annexure No.....  
 (Document No..... dated .....)  
 Issued by .....
13. Undertaking of the Society / Trust to abide by the Act, Statute, Ordinance,  
 Norms/Regulations of the GGSIP University. Annexure No.....  
 (Document No..... dated .....)  
 Issued by .....
14. No Objection Certificate of the concerned State Government.....Annexure No.....  
 (Document No..... dated .....)  
 Issued by .....
15. Letter of the Governing body of Society/Trust indicating the nomination of the authorized  
 signatory for correspondence with this University. Annexure .....

Specimen Signatures of the Authorized signatory with seal	Name of authorized signatory _____ Designation _____ (with seal)
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(Authorization Letter No..... dated .....)  
 Issued by .....

16. Approval of the Statutory Body .....Annexure No.....  
 (Document No..... dated .....)  
 Issued by .....

\_\_\_\_\_  
 (Signature & Seal of Authorized signatory)

17. Details of application for affiliation (on the prescribed format of the University) Form No.....submitted vide letter No.....dated..... of .....  
(applications complete in all respects should be submitted by/with signatures and seal of the authorized signatory (permanent member) of the society/trust)
18. In case the institution proposed to be established, is in Lal Dora, Extended Lal Dora, School premises of Lal Dora/Extended Lal Dora; then following undertaking have to be submitted -  
(i) undertaking that the Land use is governed as per the Master Plan of Delhi 2021 and zonal plan. Annexure No.....Document No.....dated .....
- (ii) Undertaking that the proposed institute is proven to be operating in the non conforming area i.e. (Lal Dora/Extended Lal Dora for at least two years prior to the notification of MPD – 2021).  
Annexure No.....Document No..... dated .....
19. The institute is required to obtain an NOC from the concerned regulatory body that permits the courses to be run for which affiliation/ NOC is required. Annexure No.....  
(Document No..... dated .....)  
Issued by .....
20. I have not attempted to suppress or exaggerate data concerning the proposed institution in respect of Annexures detailed above and enclosed herewith and I also undertake that the institute will comply with all the conditions as may be imposed by the Govt. of NCT, Delhi/ University/ Statutory body and the institute shall not conduct any full time/ part time or distance education programme(s) within its premises without the specific prior permission of the University and will not use the trade mark/ trade name of the University for any other admission / teaching activity / conduct of any programme at any other campus.

\_\_\_\_\_  
(Signature & Seal of Authorized signatory)

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

**I hereby certify that all the above information are true and verified to the best of my knowledge and belief.**

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate .....

Practicing at .....

Registration No. ....

Date .....

Place: .....

## Annexure 'A'

Sl.No.	Programmes
1	MBBS
2	PGMC
3	SSMC
4	MHRPD
5	MCA
6	MBA
7	MAM.Sc.(Criminology)
8	M.Sc. (Forensic Science)
9	B.Sc. (Medical Technology Radiotherapy)
10	B.Sc. (MLT)
11	B.Tech (IT)
12	B.Tech (CSE)
13	B.Tech (ECE)
14	B.Tech (EEE)
15	B.Tech (MAE)
16	B.Tech (PE)
17	B.Tech (CE)
18	B.Tech (Env. Engg.)
19	B.Tech (Tool Engg.)
20	B.Tech (ECE) (Second Shift)
21	B.Tech (CSE) (Second Shift)
22	B.Tech (EEE) (Second Shift)
23	B.Tech (IT) (Second Shift)
24	M.Tech (Digital Communication)

<b>Sl.No.</b>	<b>Programmes</b>
25	M.Tech (Information Security)
26	M.Tech (Signal Processing)
27	M.Tech (RF & Microwave Engineering)
28	M.Tech (CSE)
29	M.Tech (IT)
30	M.Tech (VLSI Design)
31	B.Ed.
32	B.A., LL.B. (Integrated)
33	BBA
34	BBA (CAM) (Second Shift)
35	BBA (T&TM)
36	BBA (International Hospitality)
37	BBA (B&I)
38	BBA (Modern Office Management)
39	BBA (Second Shift)
40	BBA (CAM) (Second Shift)
41	BBA (B&I) (Second Shift)
42	BCA
43	BCA (Second Shift)
44	BJMC
45	BJMC (Second Shift)
46	BPT
47	BPO
48	BHMS
49	BHMCT
50	BASLP
51	B.Arch
52	B.Sc. (H) Nursing

Sl.No.	Programmes
53	ADCGC
54	PGDDPR
55	MPT (Musculoskeletal)
56	MPT (Neurology)
57	MPT (Sports)
58	MPT (Cardiopulmonary)
59	MPT (Sports)
60	MOT (Nuerology)
61	MOT (Musculoskeletal)
62	MPO
63	MPH (FE)
64	B.Pharma
65	MAHM
66	MCPHM
67	BRT
68	BDS
69	BAMS
70	MD Gynae
71	MD Community Medicine/MD PSM