



**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

(An ISO-9001:2008 Certified University)

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**MUHS**

**डॉ. कालिदास द. चव्हाण**

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

**प्र. कुलसचिव**

**Dr. Kalidas D. Chavan**

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

**Offg. Registrar**

No. MUHS/E-1/UG/39/1210/ 5481/2016

Date: 30/07/2016

**Continuation / Extension of Affiliation letter for Academic Year 2016-17**  
**(Issued under provision No. 11 & 12 of University Direction No. 03/2014)**

To  
**The Dean,**  
 Sinhgad Technical Education Society,  
 Smt. Kashibai Navle Medical College,  
 S.No.49/1, Narhe (Ambegaon Bk.)  
 Off Mumbai - Pune Bypass,  
 Pune - 411 041.

<b>Smt. Kashibai Navale Medical College</b> Narhe, Pune - 411 041.	
Inward No.	4358
Date	05-08-16
Signature	<i>WAJ</i>

**Sub. : Continuation / Extension of Affiliation for the A.Y. 2016-17.**  
**Ref. : Your letter No. श्रीकानवैम/मास्था/क-१/२०१६/२६०१,**  
**dated 27/06/2016 with Undertaking.**

Sir / Madam,

1. With reference to the subject cited above and the Undertaking given by you, I am directed to communicate that as per the provision under Section 68 of Maharashtra University of Health Sciences Act, 1998, the Academic Council has taken decision in its meeting held on 16/05/2016, vide its resolution No 42/2016 to grant continuation of affiliation to the M.B.B.S. course for the A.Y. 2016-17, subject to following conditions:

- The intake capacity of students shall be 150.
- Grant of permission from Central Govt. / Medical Council of India and / State Government, (as applicable).
- Fulfillment of following deficiencies and submission of its compliance report within next Three Months:

(i) Teaching Staff:

Sr. No.	Department	Required			Existing			Deficiency		
		Prof.	A.P.	Lect.	Prof.	A.P.	Lect.	Prof.	A.P.	Lect.
1	Anatomy	1	1	2	1	1	2	0	0	0
2	Bio-Chemistry	1	1	2	1	0	0	0	1	2
3	Com. Medicine	1	2	3	1	2	2	0	0	1
4	Gen. Medicine	1	2	3	1	2	3	0	0	0
5	Paediatrics	0	1	1	1	1	1	0	0	0
6	Dentistry	0	1	1	0	0	0	0	1	1
<b>Total</b>								<b>0</b>	<b>2</b>	<b>4</b>

*Max Cell for Compliance*  
*17/4/2016*

2. You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.
3. Kindly note the above and do the needful scrupulously.

Thanking you.

Yours faithfully,



Offg. Registrar

**Copy to:**

1. The Secretary, Medical Council of India, New Delhi.
2. The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
3. The Director, Directorate of Medical Education & Research, Mumbai.
4. The Secretary, Admission Regularity Authority, Mumbai.
5. The Competent Authority, AMPUDC, Mumbai.
6. The Controller of Examinations, M.U.H.S., Nashik.
7. The Dy. Registrar, Academic Section (PG), M.U.H.S., Nashik.
8. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik.
9. Section Officer, Special Cell, MUHS, Nashik.