

FEE REGULATORY COMMITTEE (MEDICAL) GUJARAT STATE

Near 5 Bungalows, Opp: National Park Society, Behind Polytechnic, Gulbai Tekra, Ahmedabad – 380 015
Phone No.079-26303990 Fax: 079-26303990

No. Fee Proposal/ 940 /2017

Date:- 25/11/2017

Sub: - Proposal for Fee Structure of Under graduate / Post graduate Professional courses for the year 2018-19, 2019-20 and 2020-21.

Sir,

As you are all aware, the State Government has passed an Act. No. 3 of 2008 namely "The Gujarat Professional Medical Education Colleges or Institutions (Regulation of Admission and Fixation of Fees) Act. 2007" to make inter alia provisions for determination of fees for the programs/ courses offered by the professional medical educational colleges or institutions in the State and for matters connected therewith or incidental thereto.

As per the provisions laid down in the Act, Government has constituted a Fee Regulatory Committee for determination of fee structure for Medical, Dental, Physiotherapy, Homeopathy, Ayurveda, Optometry, Occupational Therapy, Naturopathy, Orthotics, Audiology and Nursing programs in un-aided professional institutions in the State.

The Committee has decided to invite fee proposals from all the SFI institutions for fixation of fee structure for the years 2018-19, 2019-20 and 2020-21.. You are, therefore, requested to **submit your proposal between 1st January 2018 to 13th January 2018 (between 3:00 P.M. to 6:00 PM only) in two copies in print along with a Soft Copy(C.D.) in the format enclosed herewith duly** completed in all respect with all relevant supporting documents. The Fee Proposal shall be submitted in person only, any fee proposal send by the Courier/Speed Post are not accepted by the Committee. The format of Information Memorandum can also be down loaded from the website: www.frcmedical.org.

All the institute are instructed to deposit the separate course wise processing fees with the fee proposal file to the committee by Demand Draft in name of "Fee Regulatory Committee(Medical), Ahmedabad" as mentioned below :

SR.NO.	DECIPLINE	PROCESSING FEES
1	Medical	Rs. 1,50,000/- (Separate for UG and PG)
2	Dental	Rs.1,00,000/- (Separate for UG and PG)
3	Ayurveda	Rs. 1,00,000/- (Separate for UG and PG)

4	Homeopathy	Rs. 75,000/- (Separate for UG and PG)
5	Physiotherapy	Rs. 75,000/- (Separate for UG and PG)
6	Nursing	Rs. 30,000/- (Separate for ANM, Diploma, UG and PG)
7	Optometry	Rs. 30,000/- (Separate for UG and PG)
8	Audiology & Naturopathy	Rs. 30,000/- (Separate for UG and PG)

Please note that it is mandatory to submit the fee proposal of your institute for the fixation of fee structure for the years 2018-19, 2019-20 and 2020-21. No any institutes are allowed to continue with old fees as it is without submission of fee proposal file to the Committee and taking the new fee fixation order for the years 2018-19, 2019-20 and 2020-21.

Yours faithfully,


MEMBER SECRETARY

To,

All the Principal/Trustee

Self Financed Institutes in Undergraduate /Post graduate and Diploma Courses in

Medical/ Dental/ Physiotherapy/Ayurveda/Homeopathy/Nursing/Optomety/Naturopathy and Audiology

Speech Language Pathology

State of Gujarat.

Information Memorandum

To be submitted to Fee Regulatory Committee (Medical) set up by the Government of Gujarat in exercise of powers conferred by sub-section (1) of Section 9 of the Gujarat Professional Medical Educational Colleges or Institutions (Regulation of Admission and Fixation of Fees) Act, 2007 to determine and fix the fee structure proposed by the Educational Institutions:

Part – I : General Details

1	Name of College			
	Address			
2	Details of Affiliation / Approval	Affiliation to University (Give Name of University, Reference No. of affiliation letter with date)	Latest Approval by Regulatory Authority (Give Name of Authority and Reference No of approval letter and validity period)	
3	Contact Details			
	Name of Head of Institution	Off Phone	Off Fax	Mobile
	Designation	e-mail id	Website URL	
	Name of the Sponsoring Body			
	Name of the Head of the Sponsoring Body			
	Address:			
	Phone : Office			
	Residence			
Mobile				
Fax No.				
E-mail				
4	Accreditation	Name of Authority	Grade of Accreditation	

Part – II: Infrastructure as on 31/03/2017

1.	Land	
	(a)	Area : _____ Sq. Mtrs.
	(b)	Cost of Purchase Rs. In lac
	(c)	Area of Land required as per norms of statutory authority: _____ Sq. Mtrs

2.	College Building			
	(a)	Built up area	Sq. Mtrs.	
	(b)	Total Cost as on 31.03.2016	Rs in lacs	
	(c)	No. of Rooms with break up as under:	Total carpet area :	Sq. mts.
	(d)	If rented/leased	Rent	Rs. Per annum
			Rent payable to	

Pl. furnish details of college building as under:

Sr.	Particulars	No.	Area	Remarks
1	Class Rooms/Lecture Theater			
2	Library			
3	Reading Rooms			
4	Common Rooms			
5	Auditorium/ Examination Hall			
6	Conference Room			
7	Administrative Offices			
8	Staff Rooms			
9	Any other facilities			

3. Name of Hospital Attachment

Sr.	Hospital Name	No. Of Beds	If Government Hospital then annex order of GOG for attachment of hospital.
1			
2			
3			
4			
5			

ANNEXURE -VI

• Library Details:

Particulars	No. of Books	Rs in lac
Titles		
Volumes		
Journals		
E Journals (If any)		

ANNEXURE - V

Part -IV : Student Profile

1.	Approved intake as per regulatory authority (Council/University)	Date	Letter No.	Intake (No. of students)
	2012-13			
	2013-14			
	2014-15			
	2015-16			
	2016-17			
	2017-18			

ANNEXURE - VI

Part – V : Proposed Fee Structure – Amount per student per annum (Rs.)

	Quota Category	Present	Proposed	Remarks
A	Tuition Fee:			
	Government Quota (75%)			
	Management Quota(25%)			
B	Library Fee			
C	Gymkhana/Sports Fee			
D	Lab/Workshop Fee			
E	Exam Fee			
F	University Fee			
G	Hostel Fee			
H	Food/Mess Fee			
I	Transportation Fee			
J	Any other Fee (Pl. specify)			

ANNEXURE - VII

Part – VI : Cost Statement as per Annexure "A"

ANNEXURE - VIII

Part – VII : Details of Staff

(a) Teaching staff

Name of employee	Designation	PAN NUMBER	BANK ACCOUNT NUMBER	Joining Date	Age (Yrs)	Exp (Yrs)	Qualification	Whether part time/visiting faculty? (Y/N)	Salary paid	Salary paid	Salary paid
									2015-16	2016-17	2017-:
								Total (a)			

(b) Non-Teaching staff

Name of employee	Designation	PAN NUMBER	BANK ACCOUNT NUMBER	Joining Date	Age (Yrs)	Exp (Yrs)	Qualification	Whether part time/visiting faculty? (Y/N)	Salary paid	Salary paid	Salary paid
									2015-16	2016-17	2017-:
								Total (a)			

ANNEXURE-IX

Part – VIII : Details of new investments.

Amount spent on :	2014-15	2015-16	2016-17
Building			
Furniture			
Equipments & Instruments			
Others: Books, Vehicles Computers			
Total			

Management Representation:

We hereby confirm that the information and other particulars furnished by us as per the Information Memorandum as well as the Annexure A forming part of the Memorandum are true and correct. The said information is provided to help the Committee to determine fees of our college for the years 2018-19, 2019-20 and 2020-21. We further undertake as under:

1. We do not receive or recover any fees other than the fees fixed by the Fee Regulatory Committee.
2. We do not require the students or parents to pay for any service, activity, provision or events directly or indirectly in the college, trust, society or any other entity other than for placement, transport and hostel accommodation and mandatory deposit and fees prescribed / required by the University.
3. The facilities and building infrastructure reported in the Information Memorandum are solely and exclusively used by and for the programs for which this fee proposal is submitted and are not shared with any other program, course or institute.

Signed by

Head of the Institution
Name:

Designation:
Date:
Place:

Head of the Sponsoring Body
Name:

Designation:
Date:
Place:

**On stamp paper of Rs.100/-
DECLARATION CUM UNDERTAKING**

I, _____, aged ____ years, resident of _____ do hereby solemnly affirm and state on oath as under:-

1. I am Head / Director of _____ (name of the institution) for _____ (name of the programme) . The institution is having Fee Regulatory Institute Code No._____. I am authorised to make this declaration and submit the undertaking.
2. I state that the institution is not collecting any amounts under different heads over and above the fee structure determined by the Fee Regulatory Committee for any academic year including amount in the name of caution money or deposit or caution deposit or in any other name akin to it, except the enrolment and examination fees levied by the affiliating University.
3. I hereby undertake that the institution will not collect any additional amount under any head over and above the fee structure determined by the committee including amount in the name of caution money or deposit or caution deposit or in any other name akin to it, except the enrolment and examination fees levied by the affiliating University.
4. I am aware that if the statements made above turn out to be false or misleading it will expose me to the criminal prosecution and also penal action under section 13(2) read with section-14 of the Gujarat Professional Medical Educational Colleges or Institution{ (Regulation of Admission and Fee Fixation) Act, 2007.} Act 3 of 2008.

Place :
Date :

Signature
Head/Director of the institution

Affidavit sworn before me
Executive Magistrate/Notary Public
(Seal and signature)

Instructions:

1. Information as per this format along with any additional information in support of the proposed fee structure should reach to :

**The Member Secretary,
Fee Regulatory Committee (Medical)
Nr. Five Bunglows, National Park Society, B/h Polytechnic,
Gulbai Tekra, Ambawadi, Ahmedabad 380 015**

2. This Information Memorandum should be supported by
- Separate fee proposal should be submitted for each programme run by the trust. In case of a fee proposal of PG program, separate audited/provisional accounts of PG program should be submitted.
 - Copies of Audited Accounts of the each Course for the year 2014-15, 2015-16 and 2016-17.
 - Copies of Audited Accounts of the Trust for the year 2014-15, 2015-16 and 2016-17.
 - A note justifying the fee structure proposed for the year 2018-19, 2019-20 and 2020-21
 - A copy of the printed brochure / information leaflet highlighting all the courses run by the Institution / Trust / Society along with Photographs / CD / Pen Drive of the campus, buildings, supporting infrastructure and other facilities at the discretion of the institution.
 - Status of the Institution recognition / approval / accreditation along with a copy of the latest report together with its compliance.
 - Copy of latest approval from governing body for approved intake.
 - Demand Draft of processing fees in favour of "Fee Regulatory Committee(Medical), Ahmedabad"
3. **All amounts need to be mentioned as Rs in lac up to two decimal points.**
4. Section 11 (1) of the Act provides for the factors to be considered by the Committee in fixation of the fees of each institution. Accordingly, the Committee will take into consideration all these factors in dealing with the fee structure proposed by the concerned college / institution.
5. More particularly, the Committee would like to draw attention of the College / Institution to the treatment of major expenses as under. (Pl. refer the SOP of the Committee in action. The other guidelines and the protocol deemed to be fit by the Committee time to time.)

SALARY:

Salary should include all payments in the forms of remuneration, allowances, perquisites or any other payments by whatever name called, paid or payable only to teaching and non-teaching staff duly appointed as per the applicable norms.

FIXED ASSETS & DEPRECIATION:

Payments made for purchase of fixed assets like Land, Building, Furniture, Equipments, Computers, Vehicles, Heavy Repairs and Renovation are considered as Capital Expenditure and therefore **should not be included in recurring expenses**. The rates of depreciation on the fixed assets on the Straight Line Method (SLM) will be as under:

- Building	5%
- Furniture & Equipments	15%
- Computers	33%
- Books	33%
-- Vehicles & Other	15%

RENT:

Rent for the building will be considered only if it is paid to outsiders. Any rent paid or payable to the Trust / Society running the institution or any other institution run by the trust will be excluded from cost being a notional cost. Instead depreciation will be allowed on such assets as mentioned above.

HOSPITAL EXPENSES

Hospital expenses / net deficit are not to be recovered from the students as part of the fees. In case the services for the hospital are outsourced, the same may be considered as part of the fees if it seems reasonable and justifiable keeping in view the relevance of the services to study course.

However if the Hospital is maintained by the Institution or the Trust and the services and staff is shared between the college and hospital, rationale for allocation of medical care cost for education need to be explained along with appropriate justification based on the guidelines from MCI, DCI or any other concerned regulatory body. Keeping the same in view, the Committee will work out appropriate charge to be recovered from the students towards the cost of teaching hospital.

HOSTEL EXPENSES:

Since the Fee Committee has to approve the fees for education only, the expenses incurred and income realized from running and maintenance of the Hostels should not be included in the cost sheet. As such the expenses incurred on Hostel depreciation, Hostel rent, supply of food, water, electricity, telephone, salary, wages, maintenance and the like need not form part of cost sheet.

INTEREST AND OTHER FINANCE COST:

Interest paid or payable to any financial institutions, banks or trust governing the institute or any other person/s for the fund borrowed by the institute will not be considered as cost of education. Even 'Notional Interest' for return on investment is to be excluded from the cost components of education cost.

TRANSFER TO DEVELOPMENT FUND:

Any sum transferred to Development Fund or any other fund will not be considered as cost. However reasonable surplus for growth and development will be considered by the Committee based on the actual investments made by the concerned institution in last three years.

GENERAL:

A self financed institution is expected to separately maintain the books of accounts and prepare the financial statements and cost sheet in respect of each course including post graduate programs. In case this is not done, self financed institution will submit financial statements showing its separate Income and Expenditure and the Balance Sheet for every course for every financial year duly certified by the Chartered Accountant.

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Proposal for Fee Structure of Under graduate / Post graduate Professional Courses for the years 2018-19,2019-20 and 2020-21

Check list for documents to be submitted by the institution

Name of the Institution:

Name of the course:

Duration of course:

Year of establishment:

Documents received:

Sr.no.	Name of the document	Received Yes/No
1.	Detail of Infrastructure with relevant documents of ownership.	
2	Description of Equipments/Instruments	
3	Details of Furniture	
4	Details of any other assets	
5	Library Details	
6	Student Profile	
7	Proposed and Present Fee Structure	
8	Cost Statement, Depreciation statement and Fee/Income statement duly filed in for all 6 years columns	
9	Details of Staff(Teaching and Non Teaching)	
10	Details of New Investment	
11	Scholarship to the students	
12	Management Representation statement duly signed by head of the institution and sponsoring body on affidavit on stamp paper of Rs. 100.	
13	Separate Audited accounts of 2014-15, 2015-16 and 2016-17 for each course run by the Institution/Trust.	
14	Audited Accounts of the Trust for the years 2014-15, 2015-16 and 2016-17	
15	If attached hospital not run by the Trust/Institution then attach the copy of MOU of other hospital which is attached for training of students.	
16	All approval letter from Respective Council/ State Government/ University affiliation letter.	
17	Photographs and video DVD of each part of the Institution.	
18	Copy of Last fee fixation order for the year 2015-16, 2016-17 and 2017-18.	
19	Soft copy of Information Memorandum with all annexure(Only use Excel Sheet for soft copy)	

Data received on:

Data checked by: