

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. *Free medical* Fee Proposal/ 89 /2020

Date:- 20 / 10 /2020

Sub: - Proposal for Fee Structure of Under graduate / Post graduate Professional courses for the year 2021-22 to 2023-24

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.

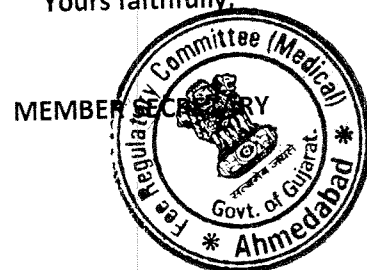
As per the provisions laid down in the Act, Government has constituted a Fee Regulatory Committee for determination of fee structure for Medical, Dental, Physiotherapy, Homeopathy, Ayurveda, Optometry, Occupational Therapy, Naturopathy, Orthotics, Audiology and Nursing programs in un-aided professional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

The Committee has decided to invite fee proposals from the institutions started in 2020-21 for the year 2021-22 to 2023-24. You are, therefore, requested to submit your proposal in two copies in print along with a Soft Copy in the format enclosed herewith duly completed in all respect with all relevant supporting documents along with Audited Accounts of the institution at the earliest. The format of Information Memorandum can also be down loaded from the website: www.frcmedical.org.

All the institute are instructed to deposit the course wise processing fees with the fee fixation file to the Committee by Demand Draft in name of "Fee Regulatory Committee(Medical), Ahmedabad" as per attached office order of the Committee.

Yours faithfully,

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me



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 31/03/2021

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 31.03.2021 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 - III

Pl. furnish the details of any other assets as under:

Sr.	Description	No.	Amount (Rs.)
1	Vehicles		
2			
3			
4			
5			
6			

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)
	2021-22			
2.	No. of students admitted during the year	Male	Female	Total
	2021-22			

ANNEXURE - VI

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

	Quota Category	Present Adhoc Fee	Proposed	Remarks
A	<u>Tuition Fee:</u>			
	Government Quota (75%)			
	Management Quota			
	NRI Quota			
B	Library Fee			
	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)	2020-21
								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)	2020-21
								Total (a)	

ANNEXURE-IX

Part – VIII : Details of new investments.

Amount spent on :	2021-22
Building	
Furniture	
Equipments & Instruments	
Others: Books, Vehicles Computers	
Total	

ANNEXURE – X

Part –IX : Scholarship/Aid to Students:

	2021-22
Nature of Scholarship	
Source from scholarship given	
No of Students taking scholarship	
Amount paid	

***Enclose the audited list of all beneficiaries.**

ANNEXURE-XI**Part -X : Utilization of Excess Fees from students admitted under NRI category.**

	NRI	2021-22
A	No. of NRI students admitted during the year.	
B	Total students under NRI category as on 31 st March, 2020	
C	Fee collected per NRI students (US \$ per year per student)	
D	Total fees collected from all NRI students during the year. US \$ INR	
E	Utilization of the excess fees i) No. of students ii) Total amount paid	

ANNEXURE-XII

Name of the Trust _____

1. Details of Infrastructure :

Sr. No.	Name of Institute	Program	Intake	Year of Establishment	Required Land	Allotted Land	Constructed Area required	Available Area	Supporting Documents

2. Common Infrastructure / Facilities / Amenities / Vehicles :

➤ Please provide details.

3. Other Non Medical or any other program details run by same Trust or in the same campus:

➤ Checklist of documents to be enclosed

Type of Documents	Yes	No	N. A.
Essentially Certificate			
Bank Guarantee Copy			
Council Permission			
University Affiliation			
Trust Registration Certificate			
Trust Deed			
Necessary Resolution			
Land Documents			
Authorised Approved Building Plans			
B U Permission			
Fire Safety Permission			
Lift Permission			
Hospital Registration			
GPCB Approval			
BMW Certificate			
Hospital Details			
Website Details			
Pharmacy Licence			
Food and Drug Registration			
GST Registration No			
Shop Establishment Certificate			

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 determine and fix fees of our college for the year 2021-22, 2022-23 and 2023-24. 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

Director / Dean of the Institution
Name:

Designation:
Date:
Place:

Managing Trustee of the Trust
Name:

Designation:
Date:
Place:

Chartered Accountant
Name:
Date :
Place :