

**PROFOMA FOR COLLEGE – INFORMATION REGARDING FEE, BOND-CONDITIONS ETC.  
(FOR UNDER GRADUATE COURSES FOR ACADEMIC SESSION 2017-18)**

College/Deemed University			
State			
<b>GENERAL INFORMATION</b>			
Name of College			
Full Address of College			
Affiliating University with Date			
Date of Start Session			
Annual Fees for Candidates	Management Quota	NRI Quota	Minority Quota
Consolidated Amount to be Paid at the time of Admission			
Hostel facility for students			
Annual Hostel Dues			
The Amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd round of UG Counselling.			
The Amount of Fees To be deducted in case Candidate resigns during Counselling Period ₹			
The Amount of Fees To be deducted in case Candidate resigns after Counselling Period ₹			
Reimbursed Time Period.			
Specify Penalty, if any, in case candidate resigns after final round of AIQ Counselling			
Website Address of College			
Other Information			
<b>CONTACT INFORMATION</b>			
Name of Dean/Principal/Director			
Designation			
Tele No. (Office)/Fax No.			
Tel No. Dean Residence/ Mobile No.			
Dean Email ID			
Name of Secretary (Medical Education/Health)			
Designation			
Tele No. (Office)/Fax No.			
Secretary Email ID			
Name of Vice Chancellor			
Designation			
Tele No. (Office)/Fax No.			
DME Email ID			
Name of Nodal Officer			
Nodal Officer Designation			
Nodal Officer Address			
Tele No. Nodal Officer (Office)/Fax No.			
Nodal Officer Mobile No.			
Dean Email ID			
<b>BOND INFORMATION</b>			
Bound, if any (mention briefly bond condition and amount)*			

Signature (Head of Institution) \_\_\_\_\_

Name (Head of Institution) \_\_\_\_\_

Designation \_\_\_\_\_

FOR SUBMISSION OF INFORMATION BY DEEMED UNIVERSITY (FOR ALL INDIA CHARACTER SEATS)

State								
College/University								
Institute seats information								
Branch	Status of MCI Recognition	Total No. of Seats	Management Quota	NRI Quota	Minority Seats (If any)	MCI/GOI Letter No	MCI/GOI Permission date	Other
MBBS	Recognized							
	Permitted (But not Yet recognized)							

Signature (Head of Institution) \_\_\_\_\_

Name (Head of Institution) \_\_\_\_\_

Designation \_\_\_\_\_

**FOR SUBMISSION OF INFORMATION BY DEEMED UNIVERSITY (FOR ALL INDIA CHARACTER SEATS)**

State								
College/University								
Institute seats information								
Branch	Status of DCI Recognition	Total No. of Seats	Management Quota	NRI Quota	Minority Seats (If any)	DCI/GOI Letter No	DCI/GOI Permission date	Other
BDS	Recognized							
	Permitted (But not Yet recognized)							

Signature (Head of Institution) \_\_\_\_\_

Name (Head of Institution) \_\_\_\_\_

Designation \_\_\_\_\_