

Dr. P.ARUMUGAM,MD.,  
REGISTRAR I/C

R.C. No. Affln.IV(2)/12249/2009

Dated: 04.09.2015

To  
The Deans/Principal of all the affiliated institutions.  
(conducting PG Degree Medical and Paramedical Courses)

Sir/Madam,

Sub:	AFFILIATION - The Tamil Nadu Dr.M.G.R Medical University, Chennai - PG Degree/Diploma/Dental/MPT/M.O.T/M.Sc.(N)/M.Pharm /Pharm.D/Indian Medicine /Allied Health Sciences - Continuanace of Provisional Affiliation – To conduct Inspection for 2016-2017 - Certain instructions issued – Regarding.
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I am to inform that, as per Statutes of PG Degree/Diploma/Dental/MPT/M.O.T /M.Sc.(N)/M.Pharm/Pharm.D/Indian Medicine /Allied Health Sciences it shall be necessary for the Institution to apply for Continuanace of Provisional Affiliation of the Course for subsequent batches the application for such Continuanace of Provisional Affiliation shall be sent to the Registrar of this University alongwith an Inspection fee.

On receipt of the filled in Application Form 'C' (or) Form III alongwith fee the University shall send its inspection commission to the Institution for the purpose of verifying the Infrastructural facilities available at the Institution for conducting the course

All the Institutions are instructed to apply to this University for obtaining the Continuanace of Provisional Affiliation as per the Statutes (which are available in the Web site of this University) on or before **31.10.2015**, failing which the inspection will not be conducted for the academic year 2016-2017.

Hence, all the institutions are requested to submit the application for Continuanace of Provisional Affiliation in time to avoid the above said consequences.

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Further, I am to request you to send the details of PG teaching staff of your institution, viz. qualifications, date of joining in the Institution, Institution last worked, designation presently held, teaching experience(both UG and PG), mobile number and e-mail ID etc. for all the departments in the enclosed format, so as to enable the University to prepare the Panel of Inspectors.

The above said details be sent to this University immediately in the format enclosed. So as to enable to proceed further in this regard.

Sd/-

Dr. P.ARUMUGAM  
REGISTRAR. I/C

Encl.: Prescribed Format

**ANNEXURE**

**DETAILS OF POST GRADUATE TEACHING STAFF**

**NAME OF THE INSTITUTION:**

Sl. No.	Name of the faculty with Designation	Date of Birth with age as on date	Qualification ( <b>with speciality</b> )	Date of joining in the Institution	Institution last worked	Experience		Residential Address with E-mail I.D.	PHONE Mobile/L.	Remarks if any
						U G.	P.G.			
1	2	3	4	5	6	7	8	9	10	11

Certified that the details furnished above are verified with reference to the relevant original certificates and found to be correct.

**Signature of the Dean/Principal with seal**