

**Directorate of Medical Education 6<sup>th</sup> Floor, Satpura Bhawan Bhopal, M.P.**  
**Application Form For Establishment of Medical College in Madhya Pradesh**

(Please read instruction "How to Apply" carefully before filling the form. You are advised to refer to Medical Council of India norms relevant for establishing Medical College)

1. Name of the registered firm/society/company/trust :-

\_\_\_\_\_

\_\_\_\_\_

2. Name of Group :

3. Place/Location of the proposed Medical College :

\_\_\_\_\_

\_\_\_\_\_

4. Name of the Authorised person for signing MoU :

5. Registered Address :-

\_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

Email: \_\_\_\_\_

6. Correspondence/Mailing Address :

\_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

Email: \_\_\_\_\_

7. List of Permanent Address of the Chairman/ Member Secretary and other members of registered firm /society /company/trust.

| S.N. | Name | Designation | Permanent address | Contact Number | Email address |
|------|------|-------------|-------------------|----------------|---------------|
| 1    | 2    | 3           | 4                 | 5              | 6             |
| 1    |      |             |                   |                |               |
| 2    |      |             |                   |                |               |
| 3    |      |             |                   |                |               |
| 4    |      |             |                   |                |               |
| 5    |      |             |                   |                |               |



**\*Note:-If required queries regarding allotable land should be made and got clarified from office of District Collector.**

11. (i) Have you identified/proposed to purchase pvt. Land: Yes/No  
(ii) If yes, Proposed Location of the Project :

| City | Town | Village | Tehsil | District | Total Land Area required in Acre | Khasra No. | Rakba |
|------|------|---------|--------|----------|----------------------------------|------------|-------|
| .1   | 2    | 3       | 4      | 5        | 6                                | 7          | 8     |
|      |      |         |        |          |                                  |            |       |

12. Proposed Employment Details :-

| Direct | Indirect | Total No. of persons |
|--------|----------|----------------------|
| 1      | 2        | 3                    |
|        |          |                      |

13. Detail regarding Demand Draft for Application

- (i) Name of issuing Bank \_\_\_\_\_  
(ii) Demand Draft No. \_\_\_\_\_  
(iii) Date & Place of Issue \_\_\_\_\_  
(iv) Issuing Branch Code \_\_\_\_\_  
(v) Amount (in figure) \_\_\_\_\_ (in words) \_\_\_\_\_

14. Documents to be attached with application form :-

| Sr.No. | Document   | Yes | No |
|--------|--|-----|----|
| 1      | (iii) Document relation to registration of firm/ Society/ company/ trust |     |    |
| 2      | (iv) Bye laws of registered firm /society/company/trust                  |     |    |
| 3      | Audit Report of Chartered Accountant for last 3 years                    |     |    |
| 4      | Detailed Project report (Preliminary)                                    |     |    |

|   |   |  |  |
|---|---|--|--|
|   |   |  |  |
| 5 | Details regarding land on which the investor intends to establish the medical college |  |  |
| 6 | Copies of Khasra and map of Proposed land   |  |  |
| 7 | Demand Draft of requisite amount  |  |  |

**Declaration**

I hereby certify under oath that I am authorized to apply and sign on all documents required for applying for this Project and that all the information given by me in this application is true and accurate to the best of my knowledge.

Applicant's Seal & Signature