

# NATIONAL MEDICAL COMMISSION

## Registration form for Establishment of New Medical College

APPLICATION ID: NMC/UG/2020/000109

### PARTICULARS OF APPLICANT

<b>1. NAME OF THE APPLICANT:</b> Bishnupur Public Education Institute	
<b>2. ADDRESS</b>	
NO: #	STREET: Vill- Siromonipur
CITY: PO & PS - Bishnupur	PINCODE: 722122
TELEPHONE NOS: 9434008788	FAX NO:
EMAIL ID: bspmedical2021@gmail.com	DISTRICT: Bankura
STATE: West Bengal	
<b>3. ADDRESS OF REGISTERED OFFICE</b>	
NO: 0	STREET: Gopeswarpalli
CITY: PO & PS - Bishnupur	PINCODE: 722122
TELEPHONE NOS: 9083265137	
<b>4. CONSTITUTION</b>	
CONSTITUTION: SOCIETY	
Upload Certified copy of Bye Laws/Memorandum and Articles of Association/ Trust deed: SOCIETY ARTICAL MEMORANDUM.PDF	
<b>5. REGISTRATION/INCORPORATION</b>	
REGISTRATION NUMBER: S/1L/153872 of 2008-2009	REGISTRATION DATE: 01/08/2008
Upload Certified copy of Certificate of registration /incorporation: NEW REGISTRATION.PDF	
<b>6. NAME OF AFFILIATING UNIVERSITY</b>	
NAME OF AFFILIATING UNIVERSITY: WEST BENGAL UNIVERSITY OF HEALTH SCIENCE	
Upload a Certified copy of the consent of affiliation issued by affiliating University: Affiliation certificate .pdf	

## Part I

<b>7. CATEGORY OF APPLICANT</b>
CATEGORY OF APPLICANT: SOCIETY
<b>8. BASIC INFRASTRUCTURAL</b>
FACILITIES AVAILABLE FOR MEDICAL COLLEGE AND ATTACHED HOSPITAL: HOSPITAL INFRA DETAILS.pdf
<b>9. MANAGERIAL CAPABILITY</b>
COMPOSITION OF THE SOCIETY/TRUST/COMPANY/CONSORTIUM: NEW REGISTRATION.PDF
PARTICULARS OF MEMBERS OF THE SOCIETY/TRUST, HEAD OR PROJECT DIRECTOR OF THE PROPOSED MEDICAL COLLEGE: Member of Society.pdf
HEAD OF THE EXISTING HOSPITAL THEIR QUALIFICATION AND EXPERIENCE IN THE FIELD OF MEDICAL EDUCATION: CV-DR. P.K. Kundu -IIT (1).docx
<b>10. FINANCIAL CAPABILITY</b>
Upload Annual reports: 3 YEARS RETURN.pdf
Audited Balance sheets for the last three years: 3 YEARS AUDIT REPORT.pdf
Authorization letter addressed to the bankers of the applicant authorizing the National Medical Commission to make independent enquiries regarding the financial track record of the applicant and the additional required Information: authorization letter addressed to the bankers.pdf

## Part II

<b>11. NAME AND ADDRESS OF THE PROPOSED MEDICAL COLLEGE</b>
Name And Address Of The Proposed Medical College: Bishnupur Public Institute of Medical Science, Village - Siromonipur P.O. &P.S. - Bishnupur District - Bankura , West Bengal Pin - 722122
Upload Certified copy of the essentiality certificate issued by the respective State Government/Union territory Administration and Certificate issued by Competent authority of State regarding the land use: Utility Certificate.pdf
<b>12. MARKET SURVEY AND ENVIRONMENTAL ANALYSIS</b>
UPLOAD ( Give the main features of the state medical education policy, Availability of trained medical manpower in the state and need for increase in the provision of medical manpower, Gap analysis and how the gap will be reduced, Catchment area in terms of patients for the proposed medical college/hospital, No. of hospitals/primary health centres/private clinics available in the catchment area, State how will the existing medical facilities get augmented by the establishment of proposed medical college): MARKET SURVEY.pdf

**13. Site Characteristics And Availability Of External Linkages (Upload Certified Copy Of The Title Deeds Of The Total Available Land As Proof Of Ownership And Certified Copy Of Zoning Plans Of The Available Sites Indicating Their Land Use)**

UPLOAD (Topography, Plot size, Permissible floor space index, Ground coverage, Building height, Road access, Availability of public transport, Electric supply, Water supply, Sewage connection, Communication facilities):

13. SITE CHARECTER & EXTERNAL LINKAGE.pdf

**14. Educational Programme**

UPLOAD (proposed annual intake of students, admission criteria, method of admission, Reservation/preferential allocation of seats, Department wise and year wise curriculum of studies):

14- Educational Programm.pdf

**15. Functional Programme**

UPLOAD (Department wise and service wise functional requirements, Area distribution and room wise sitting capacity):

15.FUNCTIONAL PROGRAMME.pdf

**16. Equipment Programme (Room Wise List Of Equipment Complete With Year Wise Schedule Of Quantities And Specifications)**

UPLOAD ( Medical, Scientific, Allied Equipment ):

EQUIPMENTS.pdf

**17. Man Power Programme (Department Wise And Year Wise Requirements Of)**

UPLOAD ( Teaching staff (full time), Technical staff, Administrative staff, Ancillary staff, Salary structure, Recruitment procedure, Recruitment calendar ):

MANPOWER.pdf

**18. Building Programme (Building Wise Built Up Area Of)**

UPLOAD ( Medical college ( departments, lecture theatre examination hall, museum etc.), Faculty and staff housing, Staff and students hostels, Administrative office, Library, Auditorium, Mortuary, Cultural and recreational centre, Sport complex, Others (state name of the facility)):

18.BUILDING PROGRAMME.PDF

**19. Planning And Layout**

UPLOAD (Master plan of the medical college complex, Layout plans, sections, Elevations and floor wise area calculations of the medical colleges and ancillary buildings):

19.PLANNING LAYOUT OF BPEI.pdf

**20. Phasing And Scheduling (Month Wise Schedule Of Activities Indicating)**

UPLOAD (Commencement and completion of building design, Local body approvals, Civil construction, Provision of engineering services and equipment, Requirement of staff, Phasing of commissioning):

20.PHASING SCHEDULE.pdf

**21. Project Cost**

UPLOAD ( Capital cost of land, Buildings, Plant and machinery, Medical, scientific and allied equipment, Furniture and fixtures, Preliminary and preoperative expenses ):

allied equipment, Furniture and fixtures, Preliminary and preoperative expenses ):  
Project Cost.pdf

## **22. Means Of Financing The Project**

UPLOAD ( Contribution of the applicant, Grants, Donations, Equity, Term loans, Other sources (if any)):  
Project Cost.pdf

## **23. Revenue Assumptions**

UPLOAD ( Fee structure, Estimated annual revenue from various sources):  
Revenue Assumptions.pdf

## **24. Expenditure Assumptions**

UPLOAD (Operating expenses, Depreciation):  
Expenditure Assumptions.pdf

## **25. Operating Results**

UPLOAD ( Income statement, Cash flow statement, Projected balance sheets ):  
OPERATING RESULT.pdf

### Part III

## **26. NAME AND ADDRESS OF THE EXISTING HOSPITAL**

NAME AND ADDRESS OF THE PROPOSED MEDICAL COLLEGE:  
BISHNUPUR DISTRICT HOSPITAL  
PO - Bishnupur , DIST - Bankura  
West Bengal , PIN - 722122

Upload Proof of ownership of existing hospital:  
Utility Certificate.pdf

## **27. DETAILS OF THE EXISTING HOSPITAL INCLUDING**

UPLOAD ( Bed strength, Bed distribution, bed occupancy and whether a norm of 5 in patients per student would be fulfilled, Built up area Clinical and para clinical disciplines, OPDs and OPD attendance department wise, Architectural and layout plans, List of medical/allied equipments, Capacity and configuration of engineering services, Hospital services, administrative services, other ancillary and support services (category wise staff strength) ):  
HOSPITAL INFRA DETAILS.pdf

### UPGRADATION AND EXPANSION PROGRAMME

## **28. DETAILS ABOUT THE ADDITIONAL LAND FOR EXPANSION OF THE EXISTING HOSPITAL**

UPLOAD ( Land particulars, Distance from the proposed medical college, Plot size, Authorized land usage, Geography, Soil condition, Road access, Availability of public transport, Electric supply, Water supply, Sewage connection, Communication facilities):  
HOSPITAL INFRA DETAILS.pdf

## **29. UPGRADED MEDICAL PROGRAMME**

Year wise details of the additional clinical & para clinical disciplines envisaged under the

Year wise details of the additional clinical & para clinical disciplines envisaged under the expansion programme:  
BPEI LETTERHEAD.docx

**30. UPGRADED FUNCTIONAL PROGRAMME**

UPLOAD (Speciality wise and service wise functional requirements, Area distribution, Speciality wise bed distribution):  
BPEI LETTERHEAD.docx

**31. BUILDING EXPANSION PROGRAMME (Year Wise Additional Built-Up Area To Be Provided) For -**

UPLOAD ( Hospital, Staff housing, Staff and students hostels, Other ancillary buildings ):  
BPEI LETTERHEAD.docx

**32. PLANNING AND LAYOUT (Upgraded Master Plan Of The Hospital Complex Along With)**

UPLOAD ( Layout plans, Sections, Elevations, Floor wise area calculation of the hospital, Floor wise area calculation of ancillary buildings ):  
BPEI LETTERHEAD.docx

**33. DETAILS ABOUT UPGRADATION OR ADDITION IN THE CAPACITY AND CONFIGURATION OF ENGINEERING SERVICES AND HOSPITAL SERVICES**

UPLOAD DETAILS ABOUT UPGRADATION OR ADDITION IN THE CAPACITY AND CONFIGURATION OF ENGINEERING SERVICES AND HOSPITAL SERVICES:

**34. EQUIPMENT PROGRAMME (Upgraded Room Wise List Of)**

UPLOAD ( Medical and allied equipments, Schedule of quantities, Specifications ):

**35. UPGRADED MANPOWER PROGRAMME (Category Wise Distribution Of)**

UPLOAD (Medical staff, Para-medical staff, Other staff ):

**36. PHASING AND SCHEDULING OF THE EXPANSION OF SCHEME (Month Wise Schedule Of Activities Indicating-)**

UPLOAD ( Commencement and completion of building design, Local body approvals, Civil construction, Provision of engineering and hospital services, Provision of medical and allied equipment, Recruitment of staff ):

**37. PROJECT COST OF THE EXPANSION SCHEME (Cost Of Additional)**

UPLOAD ( Land, Buildings, Engineering services, Hospital services, Medical and allied equipment, Furniture and fixtures, Preliminary and pre-operative expenses ):

**38. MEANS OF FINANCING THE PROJECT**

UPLOAD ( Contribution of the applicant, Grants, Donations, Equity, Term loans, Other sources (if any)):

**39. REVENUE ASSUMPTIONS**

UPLOAD ( Various procedures and services, Upgraded service loads, Other sources ):

**40. EXPENDITURE ASSUMPTIONS**

UPLOAD (Operating expenses, Financial expenses, Depreciation):

**41. OPERATING RESULTS**

UPLOAD ( Income statements, Cash flow statements, Balance sheet):

**42. Certificate Signed By The Applicant That The Information Provided Is Correct And True**

Upload Certificate signed by the Applicant that the information provided is correct and true:  
declearation.pdf

**43. PAYMENT DETAILS**

Payment Mode: NEFT

Payment Amount: 700000

UTRN Reference No: 023249574541

Bank Name: ICICI BANK

Upload Payment Reference File: National Medical.pdf

Bank Branch Name: BISHNUPUR

Payment Date: 15/12/2020