

Application Format

Department of Medical Education

Govt. of Rajasthan, Jaipur

Application for Letter of Intent for establishing a Health Care Facility in Rajasthan

Sl. No.

1. Name of the Investor :
(Individual/Trust/Society/NGO)
2. Address :
3. Contact No. :
4. Details of the intended Health care Facility :
 - a. Place (District/Town) :
 - b. Bed strength :
 - c. Specialties :
 - d. Land Area required :
 - e. Rural/Urba :
 - f. Details of Facilities to be provided :
5. Proposed investment (Min. Rs. 10 crore) :
6. Finance resources :
 - a. Self :
 - b. Loan :
7. Time frame to operationalize the facility :
8. *Consent to abide by the
Standards**laid by State of Rajasthan :
9. Manpower recruitment (No.) :
 - a. Doctors :
 - b. Nursing staff :
 - c. Support staff :
10. Plan for future extension :
11. Intention for enrollment for medical Tourism (Y/N) :

*(For Sl. No. 8&10 an affidavit on stamp paper is to be submitted)

**Refer to Standard for Private Medical institutions under Private Investment Policy

GOVERNMENT OF RAJASTHAN

Department of Medical Education (Gr.I)

APPLICATION FORM

*(Application form for grant of a No Objection-cum-Essentiality Certificate to establish a new
Medical/Dental*

College in the State addressed to Secretary, Medical Education)

1. *Name of applicant Society/Trust/Company :
(with full postal address&Tel/Fax No.)*
2. *Name of the applicant and his designation :
in Society/Trust/Company*
3. *Registration Number and Major Areas of :
Activities (enclosed copy of registration)*
4. *Name of Proposed Medical/Dental Colleges :
and Place where proposed.*
5. *Proposed annual intake of students :*
6. *Medical experts on the Management Board of :
proposed College (give details)*
7. *Availability of Land/Building with society (give details) :*
8. *Objectives of Society/Trust/Company with :
reference to medical education (enclose
certified copy of bye-laws memoranda and
Articles of Association/Trust deed/Company
incorporation)*
9. *Whether personnel from Administration/Finance/ :
Medical field are on Board*
10. *Financial Strength of Society :
Capital Assets :
Income :*
11. *Whether owns a hospital, if yes specify :
Location :
Bed compliment :
Extension :
(enclose certified copy of the title deed)*
12. *Details of project financing
Total project cost
Funding sources*

13. *Whether agrees to give an undertaking to follow-*
(a) MCI/DCI/GOI/Supreme Court's
guidelines&directions
(b) Time frame for establishment of College
and Hospital
(c) Selection/Admission criteria as laid
down by State, and
(d) Have sufficient funds for development
and bank guarantees, if yes, enclose
Undertaking on a non judicial stamp of Rs. 10
duly attested by a first class Magistrate
14. *Any other information*

SIGNATURE OF APPLICANT
WITH OFFICIAL SEAL

List of Enclosures

To be appended with the application form:-

1. *Certified copy of bye-laws/Memoranda and Articles of Association/Trust deed/company incorporation.*
2. *Certified copy of Certificate of Registration*
3. *Annual reports and audited balance sheets for last 3 years.*
4. *Certified copy of the title deed of total available land as proof of ownership.*
5. *Certified copy of the zoning plans of available sites indicating their land use*
6. *Proof of ownership of existing Hospital*
7. *Authorization letters addressed to bankers of applicant society authorizing in State Government to make independent inquiries **regarding financial track record of the applicant society/Trust/company.***