



राष्ट्रीय आयुर्विज्ञान आयोग
NATIONAL MEDICAL COMMISSION

USER MANUAL

Application for Establishment of New UG Medical College

Academic Year 2027-2028 – PART A

For: Applicant Colleges (College Login)

Version 1.1 | October 2026

Document Control

Item	Details
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Portal	NMC Portal – College Login → UG College
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Contents

Document Control	2
Contents	2
1. Introduction.....	4
1.1 Purpose of this manual	4
1.2 Who should use this manual	4
1.3 Form at a glance	4
2. Before You Start.....	4
2.1 Keep these ready	4
2.2 File upload rules	5
2.3 Screen conventions.....	5
3. Opening the Application Form.....	5
4. Filling the Form – Section by Section	6
4.1 Section 1 – Applicant Details.....	6
4.2 Section 2 – Details of the Institute	7
4.3 Section 3 – College Category	8
4.4 Section 4 – Registration / Incorporation Details of Entity	9
4.5 Section 5 – Management Running Other Medical Colleges in India	11
4.6 Section 6 – College & Hospital Ownership.....	12
4.7 Section 7 – Name of Affiliating University	13
4.8 Section 8 – Director / Dean / Principal of the Institution.....	14
4.9 Section 9 – Details of the Land Available for Medical College and Hospital.....	14
4.10 Section 10 – Medical College Building.....	16
4.11 Section 11 – Academic Infrastructure and Hostels	17
4.12 Section 12 – Financial Capability of Trust / Society / Company / Entity	18

4.13 Section 13 – Project Cost.....	19
4.14 Section 14 – Source of Finance.....	20
4.15 Section 15 – Attached Hospital Details.....	21
4.16 Section 16 – Hospital Regulatory Compliance	23
4.17 Section 17 – AERB Compliance.....	23
4.18 Section 18 – Department-Wise Bed Details.....	24
4.19 Section 19 – Undertaking.....	25
4.20 Section 20 – Payment Details.....	26
5. Saving, Previewing and Submitting.....	26
5.1 Submission steps.....	26
6. Common Issues and Solutions	27
Annexure A – Document Checklist.....	27

1. Introduction

1.1 Purpose of this manual

This manual explains, step by step, how a college fills and submits the **Application for Establishment of New UG Medical College (Part A)** on the NMC portal. It covers every section of the form, what to enter in each field, which documents to upload, and how to save, preview and submit the application.

1.2 Who should use this manual

The authorised person of the applicant institution (Trust / Society / Company / Government) who has a college login on the NMC portal and is responsible for filling the application.

1.3 Form at a glance

The form has **20 sections** on a single scrolling page:

#	Section	#	Section
1	Applicant Details	11	Academic Infrastructure and Hostels
2	Details of the Institute	12	Financial Capability of Entity
3	College Category	13	Project Cost
4	Registration / Incorporation Details of Entity	14	Source of Finance
5	Management Running Other Medical Colleges	15	Attached Hospital Details
6	College & Hospital Ownership	16	Hospital Regulatory Compliance
7	Name of Affiliating University	17	AERB Compliance
8	Director / Dean / Principal	18	Department-Wise Bed Details
9	Details of the Land	19	Undertaking
10	Medical College Building	20	Payment Details

2. Before You Start

2.1 Keep these ready

Collect and scan all documents before you begin. A full checklist is given in **Annexure A**. In short, you will need:

- Entity documents – Bye-laws / MoA / AoA / Trust Deed, Registration / Incorporation certificate, composition of management.
- Government orders (Government applicants) – establishment order, administrative approval, financial sanction, budget allocation, finance department sanction for faculty and staff posts.
- Consent of Affiliation (CoA) from the affiliating university.

- Land documents – title / lease / allocation order, mutation record, approved site plan, land conversion certificate (if any), non-dispute certificate.
- Building certificates and geo-tagged photographs for each building and hostel.
- Last three years' audited balance sheets, bankers' authorization letter, solvency certificate.
- Project cost chart and source of finance document.
- Hospital registration, regulatory licenses, AERB certificates and clinical material details.
- Undertaking on Rs. 500 stamp paper.

2.2 File upload rules

Rule	Details
Format	PDF only, unless the field says otherwise. Building photographs (Section 10) also accept JPG, PNG or WebP.
Maximum size	10 MB per file.
One file per field	If a document has several pages, combine them into a single PDF before uploading.
Readability	Scan clearly; stamps, signatures and dates must be legible.

2.3 Screen conventions

What you see	Meaning
Red asterisk (*)	Mandatory field. The application cannot be submitted without it.
Grey (shaded) field	Locked. Auto-filled from your registration or from another section; cannot be edited here.
Choose file	Opens your computer's file browser to pick a document to upload.
View Existing File	Opens the document already uploaded for that field. Use it to check you uploaded the right file.
Calendar icon	Date field. Pick from the calendar or type in DD-MM-YYYY format.
Yellow box	Important note or rule from NMC. Read it before filling the section.
Green + button	Adds a new row to a table (e.g., Section 5).
Bold TOTAL rows / summary boxes	Calculated automatically by the system.

Tip

Use **Save As Draft** often. You can fill the form over several sittings and submit only when everything is complete.

3. Opening the Application Form

1. Log in to the NMC portal with your college credentials.
2. From the left menu, click **UG College**.

3. Open **Application for establishment of New UG Medical College for the academic year 2027-2028 – PART A**.
4. The form opens in Edit mode. The breadcrumb at the top shows **Dashboard / Application... / Edit**.
5. Check the **Registration ID** shown below the form title (format: XX/X/00/00/000). Quote this ID in all communication with NMC.

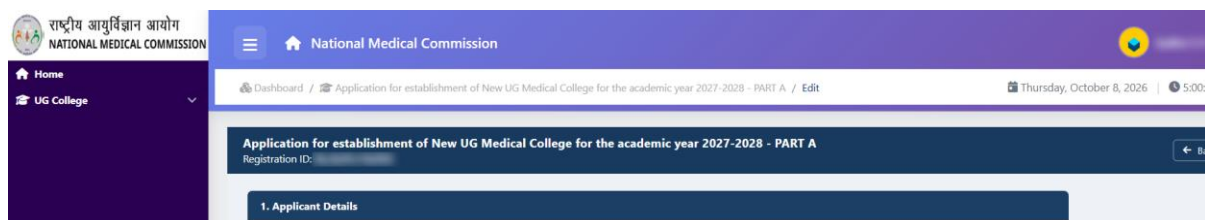


Figure 1: Form header showing menu, breadcrumb and Registration ID

Use the **Back** button (top right of the form title bar) to return to the previous screen. Save your work first, otherwise unsaved entries may be lost.

4. Filling the Form – Section by Section

Fill the sections in order. Each section below shows the screen, a field-by-field guide and any rules to keep in mind.

4.1 Section 1 – Applicant Details

Figure 2: Section 1 – Applicant Details

Details of the person filling and submitting the application on behalf of the institution.

Field	What to enter	Mandatory
Name of Applicant	Full name of the authorized applicant.	Yes
Mobile Number	Applicant's mobile number.	Yes
Email ID	Applicant's active email address.	Yes

4.2 Section 2 – Details of the Institute

2. Details of the Institute

Name of the Proposed College *

Primary Email ID * Primary Mobile No. * Landline Number *

Address *

State * District * City / Town * PIN Code *

College Website URL * HFR ID for College

Full Name of the Nearest Major Railway Station

Station Name * Distance from College (km) * Travel Time * hrs mins

Full Name of the Nearest Major Airport

Airport Name * Distance from College (km) * Travel Time * hrs mins

Major city between the airport and the college

Name of the City *	Distance from College to City (km) *	Travel Time College to City *	Distance from the Airport to City (km) *	Travel Time Airport to City *
		hrs mins		hrs mins

College Geolocation / Location on the Map *


Important Note
 All communications shall be made only through the **Primary Email ID** and **Primary Mobile Number**

Figure 3: Section 2 – Details of the Institute

College contact and address

Field	What to enter	Mandatory
Name of the Proposed College	Auto-filled from registration (locked).	Yes
Primary Email ID	Auto-filled (locked). All NMC communication is sent here.	Yes
Primary Mobile No.	Auto-filled (locked). All NMC communication is sent here.	Yes
Landline Number	College landline with STD code.	Yes
Address	Complete postal address of the proposed college.	Yes
State / District	Auto-filled from registration (locked).	Yes
City / Town	City or town of the college.	No
PIN Code	6-digit PIN code.	Yes
College Website URL	Full web address, starting with https://	Yes

Field	What to enter	Mandatory
HFR ID for College	Health Facility Registry ID, if available.	No

Connectivity

Field	What to enter	Mandatory
Nearest Major Railway Station – Station Name	Full name of the nearest major railway station.	Yes
Distance from College (km)	Road distance in kilometers.	Yes
Travel Time	Enter hours in the first box and minutes in the second.	Yes
Nearest Major Airport – Airport Name	Full name of the nearest major airport.	Yes
Distance from College (km) / Travel Time	As above, for the airport.	Yes
Major city between the airport and the college	Name of the city, distance and travel time from the college to the city, and from the airport to the city.	Yes
College Geolocation / Location on the Map	Paste the map link of the college location (e.g., a Google Maps share link).	Yes

Important Note

All communications shall be made only through the **Primary Email ID** and **Primary Mobile Number**. Make sure both are active and monitored.

4.3 Section 3 – College Category

Figure 4: Section 3 – College Category

Field	What to enter	Mandatory
College Category	Auto-filled from registration (locked), e.g., Government.	Yes
College Sub-Category	Select from the list, e.g., “Society established and run by Central / State / UT...”.	Yes

Field	What to enter	Mandatory
Proposed Number of Seats	Select the MBBS intake you are applying for (e.g., 100). This value is carried to Section 7 and is used to calculate the fee in Section 20.	Yes
Have You Applied in the Last Academic Year Also?	Select Yes or No.	Yes
State Government Order for Establishment of New College	Upload the order (PDF, max 10 MB).	Yes
Date of Government Order	Date printed on the order.	Yes

4.4 Section 4 – Registration / Incorporation Details of Entity

4. Registration / Incorporation Details of Entity

Name of the Institution / Entity *

Constitution (Trust / Society / Company) *

Registration / Incorporation Number *

Registration Date *

PAN / TAN Number *

Registered Address *

State *

District *

PIN Code *

Documents to Be Uploaded

Certified Copy of Bye-Laws / Memorandum and Articles of Association / Trust Deed *

Choose file No file chosen

View Existing File

Certified Copy of Certificate of Registration / Incorporation *

Choose file No file chosen

View Existing File

Composition of the Management / Society / Trust / Company / Others *

Choose file No file chosen

View Existing File

Certificate of Government Establishment (Where Applicable, in Case of Government)

Choose file No file chosen

View Existing File

PDF only, Max 10MB

Government Applicant Only

Name of Administrative Department *

Government Order Number *

Government Order Date *

Documents to Be Uploaded

Government Order for Establishment of the College *

Choose file No file chosen

View Existing File

Administrative Approval *

Choose file No file chosen

View Existing File

The screenshot displays a web form for entity registration. It contains three distinct sections for document uploads:

- Financial Sanction ***: Includes a file selection area with 'Choose file' and 'No file chosen' options, and a 'View Existing File' button. A 'Max 10MB' limit is indicated.
- Budget Allocation ***: Similar to the first section, with file selection options and a 'View Existing File' button. A 'Max 10MB' limit is indicated.
- Finance Department Sanction Order for Required Number of Faculty and Staff Posts ***: Includes file selection options and a 'View Existing File' button. A 'Max 10MB' limit is indicated.

At the bottom of the third section, it specifies 'PDF only. Max 10MB'.

Figure 5: Section 4 – Registration / Incorporation Details of Entity

Entity details

Field	What to enter	Mandatory
Name of the Institution / Entity	Legal name of the Trust / Society / Company / Government body.	Yes
Constitution (Trust / Society / Company)	Legal form of the entity.	Yes
Registration / Incorporation Number	As on the registration certificate.	Yes
Registration Date	Date of registration / incorporation.	Yes
PAN / TAN Number	PAN or TAN of the entity.	Yes
Registered Address	Registered office address.	Yes
State / District / PIN Code	Of the registered address.	Yes

Documents to be uploaded

Field	What to enter	Mandatory
Certified Copy of Bye-Laws / MoA & AoA / Trust Deed	Certified copy, PDF.	Yes
Certified Copy of Certificate of Registration / Incorporation	Certified copy, PDF.	Yes
Composition of the Management / Society / Trust / Company / Others	List of members / directors, PDF.	Yes
Certificate of Government Establishment	Only where applicable (Government).	If applicable

Government applicant only

Fill this block if the applicant is a Government body.

Field	What to enter	Mandatory
Name of Administrative Department	Government department that owns the college.	Yes
Government Order Number / Date	As printed on the order.	Yes
Government Order for Establishment of the College	Upload, max 10 MB.	Yes
Administrative Approval	Upload, max 10 MB.	Yes
Financial Sanction	Upload, max 10 MB.	Yes
Budget Allocation	Upload, max 10 MB.	Yes
Finance Department Sanction Order for Required Number of Faculty and Staff Posts	Upload, PDF, max 10 MB.	Yes

4.5 Section 5 – Management Running Other Medical Colleges in India

5. Management (Trust / Company / Society) Running Other Medical Colleges in India

Whether Management Is Running Other Medical Colleges in India? *

☒ Yes ☐ No

Enter the details of College/s run by the management.

Sr. No.	NMC College Code *	Name of the College *	State *	MBBS Intake *	Year of Inception (MBBS) *	Action
1						

 Note 1: The individual members of the Trust / Society / Company shall also declare if they are part of any other Trust / Society / Company running other medical college in India, along with name and address of such colleges.

Figure 6: Section 5 – Management Running Other Medical Colleges

Field	What to enter	Mandatory
Whether Management Is Running Other Medical Colleges in India?	Select Yes or No. If Yes, the college details table appears.	Yes
NMC College Code	NMC code of the existing college.	If Yes
Name of the College	Name of the existing college.	If Yes
State	State where it is located.	If Yes
MBBS Intake	Current approved MBBS seats.	If Yes
Year of Inception (MBBS)	Year the MBBS course started.	If Yes
Action (green + button)	Click to add one more row for each additional college.	—

Note 1

Individual members of the Trust / Society / Company shall also declare if they are part of any other Trust / Society / Company running another medical college in India, with the name and address of such colleges.

4.6 Section 6 – College & Hospital Ownership

6. College & Hospital Ownership

Medical College

Name of the Proposed College * Owner of the College * Ownership Type *

Proof of Ownership *

Choose file No file chosen

View Existing File

Max 10MB

Teaching Hospital

Name of the Teaching Hospital * Owner of the Teaching Hospital * Ownership Type *

Proof of Ownership *

Choose file No file chosen

View Existing File

Max 10MB

Ownership Relationship * Is the Hospital Exclusively Attached to This Medical College? *

Is the Hospital on Lease? *

Figure 7: Section 6 – College & Hospital Ownership

Field	What to enter	Mandatory
Medical College – Name of the Proposed College	Auto-filled (locked).	Yes
Owner of the College	Name of the owner.	Yes
Ownership Type	Type of ownership.	Yes
Proof of Ownership (college)	Upload, max 10 MB.	Yes
Teaching Hospital – Name	Name of the teaching hospital.	Yes
Owner of the Teaching Hospital	Name of the owner.	Yes
Ownership Type (hospital)	Type of ownership.	Yes
Proof of Ownership (hospital)	Upload, max 10 MB.	Yes
Ownership Relationship	Select, e.g., “Both are the same entity”.	Yes

Field	What to enter	Mandatory
Is the Hospital Exclusively Attached to This Medical College?	Yes / No.	Yes
Is the Hospital on Lease?	Yes / No.	Yes

4.7 Section 7 – Name of Affiliating University

7. Name of Affiliating University

University Name *

Issue Date of CoA (Consent of Affiliation) *

Validity Up To *

Proposed Intake Capacity *

Certified Copy of the Consent of Affiliation Issued by the Affiliating University *

No file chosen

Has This CoA Been Used Earlier? *

Important

i. The CoA shall have a validity upto three years from the date of its issuance or an earlier date if the issuing authority has specified. The CoA can be utilized only once during its validity period.

ii. If the valid CoA is not submitted on the day of Application, the application will be rejected. No further communication shall be entertained at any time and at any level in the future.

Figure 8: Section 7 – Name of Affiliating University

Field	What to enter	Mandatory
University Name	Name of the affiliating university.	Yes
Issue Date of CoA (Consent of Affiliation)	Date the CoA was issued.	Yes
Validity Up To	Last date of CoA validity.	Yes
Proposed Intake Capacity	Auto-filled from Section 3 (locked).	Yes
Certified Copy of the CoA	Upload the CoA issued by the university.	Yes
Has This CoA Been Used Earlier?	Yes / No.	Yes

Important

- i. The CoA is valid for up to three years from its date of issue, or an earlier date if the issuing authority has specified one. A CoA can be used only once during its validity.
- ii. If a valid CoA is not submitted on the day of application, the application will be rejected. No further communication will be entertained.

4.8 Section 8 – Director / Dean / Principal of the Institution

8. Director / Dean / Principal of the Institution

Designation * Name *

Email ID * Mobile Number * Landline Number *

Medical Registration Number * Medical Registration Certificate *

No file chosen

PDF only, Max 10MB

Figure 9: Section 8 – Director / Dean / Principal

Field	What to enter	Mandatory
Designation	Select Director, Dean or Principal.	Yes
Name	Full name.	Yes
Email ID / Mobile Number / Landline Number	Contact details of the head of institution.	Yes
Medical Registration Number	State / NMC medical registration number.	Yes
Medical Registration Certificate	Upload, PDF, max 10 MB.	Yes

4.9 Section 9 – Details of the Land Available for Medical College and Hospital

9. Details of the Land Available for Medical College and Hospital

Campus Type * Total Land Area (Sq. m) *

College Land Area (Sq. m) * Hospital Land Area (Sq. m) * Number of Parcels *

Is the Land Contiguous? * Land Ownership *

Ownership Date *

Documents to Be Uploaded

Note: At least one of Title / Ownership Document, Lease Document or Government Land Allocation Order must be uploaded.

Title / Ownership Document No file chosen

Lease Document No file chosen

PDF only, Max 10MB

Government Land Allocation Order (If Applicable)

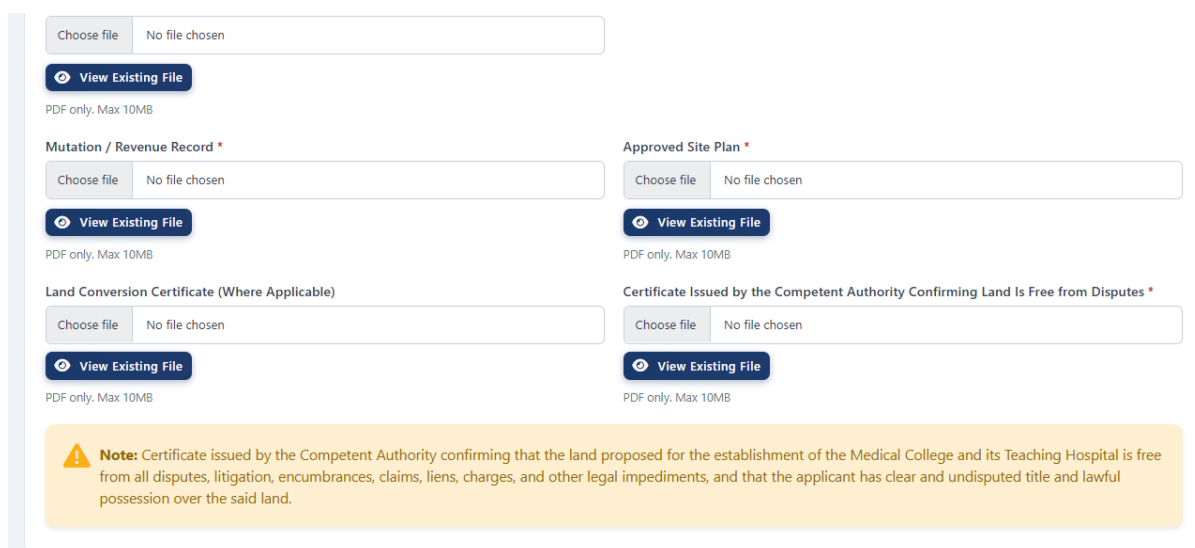


Figure 10: Section 9 – Details of the Land

Land details

Field	What to enter	Mandatory
Campus Type	Select single or multiple campuses.	Yes
Total Land Area (Sq. m)	Total land in square metres.	Yes
College Land Area (Sq. m)	Land for the college.	Yes
Hospital Land Area (Sq. m)	Land for the hospital.	Yes
Number of Parcels	Number of separate land parcels.	Yes
Is the Land Contiguous?	Yes / No.	Yes
Land Ownership	Select, e.g., Owned.	Yes
Ownership Date	Date from which the land is owned / held.	Yes

Documents to be uploaded (PDF, max 10 MB each)

Field	What to enter	Mandatory
Title / Ownership Document	At least one of these three must be uploaded.	One of 3
Lease Document	At least one of these three must be uploaded.	One of 3
Government Land Allocation Order	At least one of these three must be uploaded.	One of 3
Mutation / Revenue Record	Revenue record in the applicant's name.	Yes
Approved Site Plan	Site plan approved by the competent authority.	Yes
Land Conversion Certificate	Where applicable.	If applicable
Certificate Confirming Land Is Free from Disputes	Issued by the competent authority.	Yes

Note

The non-dispute certificate must confirm that the land for the college and its teaching hospital is free from all disputes, litigation, encumbrances, claims, liens and charges, and that the applicant has clear title and lawful possession.

4.10 Section 10 – Medical College Building

Figure 11: Section 10 – Medical College Building

Enter one row for each building type (e.g., Academic Building, Administrative Building). The table is wide — use the **scroll bar** below the table to see all columns.

Field	What to enter	Mandatory
Total Area (Sq. ft)	Built-up area in square feet (note: land in Section 9 is in square metres).	Yes
Number of Buildings	Count of buildings of this type.	Yes
Number of Floors	Number of floors.	Yes
Completion Status (%)	Construction completion percentage.	Yes
Functional Status	Functional / Non-functional.	Yes
Building Completion Certificate	Upload.	Yes
Occupancy Certificate	Upload.	Yes
Fire Safety Certificate	Upload.	Yes

Field	What to enter	Mandatory
Colour Photographs of the Building (Inside & Outside)	Upload. PDF, JPG, PNG or WebP, max 10 MB.	Yes

Note

Colour photographs of each building must show the building name with geo-location, date and time.

4.11 Section 11 – Academic Infrastructure and Hostels

Student Hostel	Boys	Girls	Intern	Resident / PG
Hostel Available *				
Completion (%) *				
Functional (Yes/No) *				Select... ▼
Distance from College *				
Accommodation Capacity (Numbers) *				
Mess Facility *				Select... ▼
Recreation Facility Available *				Select... ▼
Internet Facility Available *				Select... ▼
Built-Up Area of Hostel (Sq. m) *				
Room Occupancy Type *				Select... ▼
Supporting Document * PDF - Max 10MB	Choose file	Choose file View Existing File	Choose file View Existing File	Choose file
Geo-Tagged Colour Photograph * PDF - Max 10MB	Choose file	Choose file View Existing File	Choose file View Existing File	Choose file

Figure 12: Section 11 – Academic Infrastructure and Hostels

The table has one column each for **Boys, Girls, Intern** and **Resident / PG** hostels. Start with **Hostel Available** in each column. If you select **No**, the rest of that column is disabled and need not be filled.

Field	What to enter	Mandatory
Hostel Available	Yes / No for each hostel type.	Yes
Completion (%)	Construction completion percentage.	Yes
Functional (Yes/No)	Whether the hostel is in use.	Yes
Distance from College	Distance from the college.	Yes
Accommodation Capacity (Numbers)	Number of students it can house.	Yes
Mess / Recreation / Internet Facility	Yes / No for each.	Yes

Field	What to enter	Mandatory
Built-Up Area of Hostel (Sq. m)	Built-up area in square metres.	Yes
Room Occupancy Type	Single / Double / Triple.	Yes
Supporting Document	Upload, PDF, max 10 MB.	Yes
Geo-Tagged Colour Photograph	Upload, PDF, max 10 MB.	Yes

4.12 Section 12 – Financial Capability of Trust / Society / Company / Entity

12. Financial Capability of Trust / Society / Company / Entity

Audited Balance Sheets for the Last Three Years

Year 1 (Most Recent) *

Year 2 *

PDF only, Max 10MB

Year 3 *

PDF only, Max 10MB

Authorization Letter Issued by All the Bankers Authorizing NMC to Make Independent Enquiries Regarding the Financial Track Record *

Date of Solvency Certificate *

Solvency Certificate Validity *

Solvency Certificate *

Important Notes

i. Solvency certificate shall be issued by a chartered accountant on the basis of last financial year within ninety days prior to the last date of submission of the application, as mandated by the notification issued by MARB.

ii. If the valid Solvency Certificate is not submitted on the day of Application, the application will be rejected.

Figure 13: Section 12 – Financial Capability

Field	What to enter	Mandatory
Audited Balance Sheet – Year 1 (Most Recent)	Upload, PDF, max 10 MB.	Yes
Audited Balance Sheet – Year 2	Upload, PDF, max 10 MB.	Yes
Audited Balance Sheet – Year 3	Upload, PDF, max 10 MB.	Yes
Authorization Letter Issued by All the Bankers	Letter authorising NMC to make independent enquiries about your financial track record.	Yes
Date of Solvency Certificate	Issue date of the certificate.	Yes

Field	What to enter	Mandatory
Solvency Certificate Validity	Last date of validity.	Yes
Solvency Certificate	Upload.	Yes

Important Notes

- The solvency certificate shall be issued by a chartered accountant on the basis of the last financial year, within ninety days prior to the last date of submission of the application, as mandated by the MARB notification.
- If a valid solvency certificate is not submitted on the day of application, the application will be rejected.

4.13 Section 13 – Project Cost

13. Project Cost

Component	Amount (₹) *
Land	
Academic Buildings	
Hospital Buildings	
Medical Equipment	
Scientific Equipment	
IT Infrastructure	
Furniture & Fixtures	
Hostel	
Residential Accommodation	
Library	
Other Infrastructure	
Preliminary Expenses	
Pre-operative Expenses	
Contingency	
TOTAL PROJECT COST	₹ 366

Supporting Document — Project Cost Chart (Land, Buildings, Plant & Machinery, Equipment, Furniture & Fixtures) *

Choose file
No file chosen

View Existing File

Figure 14: Section 13 – Project Cost

Enter the amount in rupees (₹) against each component. **TOTAL PROJECT COST** is calculated automatically.

Components to fill

Land, Academic Buildings, Hospital Buildings, Medical Equipment, Scientific Equipment, IT Infrastructure, Furniture & Fixtures, Hostel, Residential Accommodation, Library, Other Infrastructure, Preliminary Expenses, Pre-operative Expenses, Contingency.

Field	What to enter	Mandatory
Amount (₹) – each component	Amount in rupees. Enter 0 if a component does not apply.	Yes
TOTAL PROJECT COST	Auto-calculated (sum of all components).	—
Supporting Document – Project Cost Chart	Upload the cost chart (land, buildings, plant & machinery, equipment, furniture & fixtures).	Yes

4.14 Section 14 – Source of Finance

14. Source of Finance

Source	Amount (₹)
Government Grant	
Applicant Contribution	
Equity	
Term Loan	
Donation	
Internal Resources	
Other	
TOTAL FINANCE AVAILABLE	₹ 366

TOTAL FINANCE AVAILABLE
₹ 366

PROJECT COST
₹ 366

FUNDING GAP
₹ 0

Supporting Document — Source of Finance *

Choose file No file chosen

[View Existing File](#)

Figure 15: Section 14 – Source of Finance

Field	What to enter	Mandatory
Government Grant	Amount in rupees. Enter 0 if not applicable.	Yes
Applicant Contribution / Equity / Term Loan / Donation / Internal Resources / Other	Amount in rupees from each source.	Yes
TOTAL FINANCE AVAILABLE	Auto-calculated.	—
Summary boxes	Show Total Finance Available, Project Cost (from Section 13) and Funding Gap.	—

Field	What to enter	Mandatory
Supporting Document – Source of Finance	Upload.	Yes

Check before moving on

Funding Gap = Project Cost – Total Finance Available. A gap other than ₹0 means your sources of finance do not match the project cost. Review Sections 13 and 14 before submitting.

4.15 Section 15 – Attached Hospital Details

15. Attached Hospital Details

Name of the Hospital *

Date of Establishment *

Hospital Registration Number *

Date of Registration *

Registration Valid Up To *

Total Number of Beds *

Total Number of Functional Beds *

Distance Between College and Hospital (km) *

Hospital Address *

Hospital Registration Certificate *

Colour Photographs of Hospital Buildings (Name, Geo-Location, Date & Time) *

Choose file No file chosen

Choose file No file chosen

View Existing File

View Existing File

PDF only, Max 10MB

Medical Superintendent of the Hospital

Name *

Email ID *

Mobile Number *

Landline Number *

Medical Registration Number *

Medical Registration Certificate *

Choose file No file chosen

View Existing File

PDF only, Max 10MB

Important Notes

- Assessment will be carried out for the accepted applications with all mandatory documents which shall be considered as forming a valid scheme to open a medical institution. The assessment process includes the assessment of the eligible faculty (mandatorily registered on AEBAS), infrastructure, clinical load and other requirements as per MSR through physical/virtual/hybrid mode of the Institution.
- For applications with respect to increase in seats for Existing Medical College, all Faculty as per MSR shall be registered in the AEBAS of NMC and shall be present in the institution within 15 days from the last date of submission of applications. For the applications seeking starting of UG course and increase in intake of existing seats for UG, the attendance of the faculty shall be considered for a period starting from previous academic year till the date of assessment. If any college has applied for increase in intake of seats, it should have mandatorily maintained the faculties and staff as per the MSR for the existing seats for the previous academic years. They shall have the additional faculties required for the requested number of seats and such faculties shall be present in the institution within 15 days from the last date of submission of application. If they have failed to maintain the required faculty position, the application for the increase in the intake of seats shall not be considered. And they shall be liable for penal action. On the day of assessment, faculty and staff present before 10 AM will only be considered for assessment.
- The regulatory framework does not contemplate a "work-in-progress" status at the time of application; rather, it obligates readiness and demonstrable compliance ab initio. Therefore, any plea of being in the process of completing infrastructure or requesting additional time defeats the very object of the scheme under the act and regulations and is wholly impermissible.

Figure 16: Section 15 – Attached Hospital Details

Hospital details

Field	What to enter	Mandatory
Name of the Hospital	Name of the attached teaching hospital.	Yes
Date of Establishment	Date the hospital was established.	Yes
Hospital Registration Number / Date of Registration / Registration Valid Up To	As on the hospital registration certificate.	Yes
Total Number of Beds	Total beds in the hospital.	Yes
Total Number of Functional Beds	Beds currently in use.	Yes
Distance Between College and Hospital (km)	Distance in kilometres.	Yes
Hospital Address	Complete address.	Yes
Hospital Registration Certificate	Upload.	Yes
Colour Photographs of Hospital Buildings	Showing name, geo-location, date and time. PDF, max 10 MB.	Yes

Medical Superintendent of the Hospital

Field	What to enter	Mandatory
Name / Email ID / Mobile Number / Landline Number	Contact details of the Medical Superintendent.	Yes
Medical Registration Number	Medical registration number.	Yes
Medical Registration Certificate	Upload, PDF, max 10 MB.	Yes

Important Notes (summary)

- i. Only accepted applications with all mandatory documents will be assessed. Assessment covers eligible faculty (registered on AEBAS), infrastructure, clinical load and other MSR requirements, through physical / virtual / hybrid mode.
- ii. For seat-increase applications, all faculty as per MSR must be registered on AEBAS and present in the institution within 15 days from the last date of submission. On the day of assessment, only faculty and staff present before 10 AM are counted.
- iii. A “work-in-progress” status is not accepted. Infrastructure and compliance must be complete and demonstrable at the time of application.

4.16 Section 16 – Hospital Regulatory Compliance

16. Hospital Regulatory Compliance

Certificate	Certificate Number *	Issue Date *	Valid Up To *	Issuing Authority *	Upload PDF - Max 10MB
Hospital Registration					Choose file View Existing File
Building Completion Certificate					Choose file View Existing File
Fire Safety					Choose file View Existing File
Occupancy					Choose file View Existing File
Pollution Control					Choose file View Existing File
Blood Bank Licence					Choose file View Existing File
Biomedical Waste					Choose file View Existing File
Pharmacy Licence					Choose file View Existing File

Figure 17: Section 16 – Hospital Regulatory Compliance

Fill one row for each certificate: **Hospital Registration, Building Completion Certificate, Fire Safety, Occupancy, Pollution Control, Blood Bank Licence, Biomedical Waste and Pharmacy Licence.**

Field	What to enter	Mandatory
Certificate Number	As printed on the certificate.	Yes
Issue Date	Date of issue.	Yes
Valid Up To	Expiry date. Make sure the certificate is valid on the date of application.	Yes
Issuing Authority	Name of the issuing authority.	Yes
Upload	Certificate, PDF, max 10 MB.	Yes

4.17 Section 17 – AERB Compliance

17. AERB Compliance

Equipment shown in bold is mandatory, including its details and AERB certificate upload. The Numbers field records the number of units.

Equipment	Numbers	AERB Certificate Number	Issue Date	Valid Up To	Upload PDF - Max 10MB
300 mA X-Ray Machine (General Radiography) *					Choose file View Existing File
Digital Radiography (DR System) *					Choose file View Existing File

Portable X-Ray Machine *					Choose file View Existing File
Mobile X-Ray Machine *					Choose file View Existing File
C-Arm (Image Intensifier) *					Choose file View Existing File
Fixed Dental X-Ray (IOPA) *					Choose file View Existing File
500/600 mA X-Ray Machine *					Choose file View Existing File
Fluoroscopy Unit *					Choose file View Existing File
OPG Dental X-Ray					Choose file
Mammography					Choose file
CT Scan (16 Slice or Above)					Choose file
DEXA Bone Densitometer					Choose file

Figure 18: Section 17 – AERB Compliance

Equipment shown in **bold with a red asterisk** is mandatory, including its details and AERB certificate upload. The **Numbers** field records the number of units.

Mandatory equipment	Optional equipment
300 mA X-Ray Machine (General Radiography), Digital Radiography (DR System), Portable X-Ray Machine, Mobile X-Ray Machine, C-Arm (Image Intensifier), Fixed Dental X-Ray (IOPA), 500/600 mA X-Ray Machine, Fluoroscopy Unit	OPG Dental X-Ray, Mammography, CT Scan (16 Slice or Above), DEXA Bone Densitometer

Field	What to enter	Mandatory
Numbers	Number of units of the equipment.	Yes
AERB Certificate Number	As on the AERB licence / certificate.	Yes
Issue Date / Valid Up To	Certificate dates.	Yes
Upload	AERB certificate, PDF, max 10 MB.	Yes

4.18 Section 18 – Department-Wise Bed Details

18. Department-Wise Bed Details					
Department	Available Beds *	Functional Beds *	Avg. Yearly Occupied Beds	Occupancy (%)	Avg. Monthly Occupancy *
General Medicine				0.0%	
General Surgery				0.0%	
Paediatrics				0.0%	
Obstetrics & Gynaecology				0.0%	
Orthopaedics				0.0%	

Department	Available Beds	Functional Beds	Avg. Yearly Occupied Beds	Occupancy (%)	Avg. Monthly Occupancy
ENT				0.0%	
Ophthalmology				0.0%	
Psychiatry				0.0%	
Dermatology				0.0%	
Other				0.0%	
TOTAL	0	0	0	0.0%	77

Calculation: Occupancy % = Avg. Yearly Occupied Beds ÷ Functional Beds × 100.

Clinical Material Details *

Choose file No file chosen

[View Existing File](#)

Figure 19: Section 18 – Department-Wise Bed Details

Fill one row each for General Medicine, General Surgery, Paediatrics, Obstetrics & Gynaecology, Orthopaedics, ENT, Ophthalmology, Psychiatry, Dermatology and Other.

Field	What to enter	Mandatory
Available Beds	Total beds in the department.	Yes
Functional Beds	Beds in use.	Yes
Avg. Yearly Occupied Beds	Average beds occupied over the year.	Yes
Occupancy (%)	Auto-calculated: Avg. Yearly Occupied Beds ÷ Functional Beds × 100.	—
Avg. Monthly Occupancy	Average monthly occupancy.	Yes
TOTAL row	Auto-calculated.	—
Clinical Material Details	Upload.	Yes

4.19 Section 19 – Undertaking

19. Undertaking

Undertaking Signed by the Applicant on a Rs. 500 Stamp Paper That the Information Provided Is Correct and True *

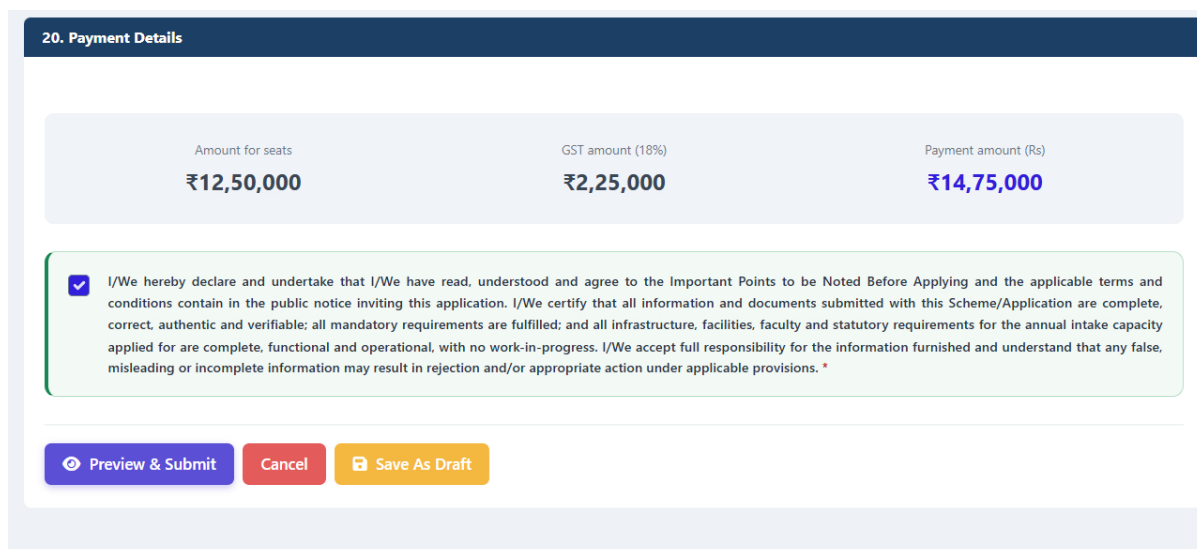
Choose file No file chosen

[View Existing File](#)

Figure 20: Section 19 – Undertaking

Field	What to enter	Mandatory
Undertaking Signed by the Applicant on a Rs. 500 Stamp Paper	Upload the signed undertaking stating that the information provided is correct and true.	Yes

4.20 Section 20 – Payment Details



20. Payment Details

Amount for seats	GST amount (18%)	Payment amount (Rs)
₹12,50,000	₹2,25,000	₹14,75,000

☒ I/We hereby declare and undertake that I/We have read, understood and agree to the Important Points to be Noted Before Applying and the applicable terms and conditions contain in the public notice inviting this application. I/We certify that all information and documents submitted with this Scheme/Application are complete, correct, authentic and verifiable; all mandatory requirements are fulfilled; and all infrastructure, facilities, faculty and statutory requirements for the annual intake capacity applied for are complete, functional and operational, with no work-in-progress. I/We accept full responsibility for the information furnished and understand that any false, misleading or incomplete information may result in rejection and/or appropriate action under applicable provisions. *

[Preview & Submit](#) [Cancel](#) [Save As Draft](#)

Figure 21: Section 20 – Payment Details

Field	What to enter	Mandatory
Amount for seats	Auto-calculated from the number of seats selected in Section 3.	—
GST amount (18%)	Auto-calculated.	—
Payment amount (Rs)	Total payable = Amount for seats + GST.	—
Declaration checkbox	Read the declaration fully and tick the box to confirm.	Yes

Example from the screen: 100 seats → Amount ₹12,50,000 + GST ₹2,25,000 = **₹14,75,000** payable.

5. Saving, Previewing and Submitting

Button	What it does	When to use
Save As Draft (yellow)	Saves everything entered so far without submitting.	Any time, and always before leaving the page.
Preview & Submit (purple)	Opens a preview of the complete application for final review before submission.	When all sections are complete and all documents are uploaded.
Cancel (red)	Leaves the form without saving the latest changes.	Only if you want to discard unsaved changes.

5.1 Submission steps

1. Fill all 20 sections and upload all mandatory documents.
2. Use **View Existing File** to open and check each uploaded document.
3. Confirm the Funding Gap in Section 14 and the totals in Sections 13 and 18.
4. Tick the declaration in Section 20.

5. Click **Preview & Submit**, review the preview carefully, then submit.
6. Note the Registration ID for future reference.

Before you submit

Check that the CoA (Section 7) and Solvency Certificate (Section 12) are valid on the date of submission — the application is rejected without them.

Check that every licence and certificate in Sections 16 and 17 is within its validity period.

6. Common Issues and Solutions

Issue	What to do
I cannot edit a grey field.	Grey fields are locked and come from your registration or another section. If the value is wrong, contact the NMC help desk.
File does not upload.	Check the file is a PDF (or JPG/PNG/WebP for building photographs) and is not larger than 10 MB. Compress or split scans if needed.
I uploaded the wrong file.	Click Choose file again on the same field and select the correct document, then confirm with View Existing File.
Hostel fields are disabled.	Hostel Available is set to No for that column. Change it to Yes if the hostel exists.
Occupancy (%) shows 0.0%.	Enter Functional Beds and Avg. Yearly Occupied Beds for that department.
Funding Gap is not ₹0.	Total of Section 14 does not equal the total of Section 13. Re-check amounts in both sections.
Cannot see all columns in Section 10.	Use the horizontal scroll bar under the building table.
Preview & Submit does not proceed.	A mandatory field or document is missing, or the declaration is not ticked. Scroll up and complete the highlighted fields.

Annexure A – Document Checklist

Tick each item as you collect it. All files: PDF, max 10 MB (building photographs may also be JPG, PNG or WebP).

Sec.	Document	Mandatory	✓
3	State Government Order for Establishment of New College	Yes	☐
4	Certified Copy of Bye-Laws / MoA & AoA / Trust Deed	Yes	☐
4	Certified Copy of Certificate of Registration / Incorporation	Yes	☐
4	Composition of the Management / Society / Trust / Company	Yes	☐
4	Certificate of Government Establishment	If applicable	☐
4	Government Order for Establishment of the College	Govt. applicants	☐

Sec.	Document	Mandatory	✓
4	Administrative Approval	Govt. applicants	☐
4	Financial Sanction	Govt. applicants	☐
4	Budget Allocation	Govt. applicants	☐
4	Finance Dept. Sanction Order for Faculty and Staff Posts	Govt. applicants	☐
6	Proof of Ownership – Medical College	Yes	☐
6	Proof of Ownership – Teaching Hospital	Yes	☐
7	Certified Copy of Consent of Affiliation (CoA)	Yes	☐
8	Medical Registration Certificate – Director / Dean / Principal	Yes	☐
9	Title / Ownership Document, Lease Document or Govt. Land Allocation Order	At least one	☐
9	Mutation / Revenue Record	Yes	☐
9	Approved Site Plan	Yes	☐
9	Land Conversion Certificate	If applicable	☐
9	Certificate Confirming Land Is Free from Disputes	Yes	☐
10	Building Completion, Occupancy and Fire Safety Certificates (per building)	Yes	☐
10	Colour Photographs of each Building (inside & outside, geo-tagged)	Yes	☐
11	Hostel Supporting Document and Geo-Tagged Photograph (per hostel)	If hostel available	☐
12	Audited Balance Sheets – Year 1, 2 and 3	Yes	☐
12	Bankers' Authorization Letter	Yes	☐
12	Solvency Certificate	Yes	☐
13	Project Cost Chart	Yes	☐
14	Source of Finance Supporting Document	Yes	☐
15	Hospital Registration Certificate	Yes	☐
15	Colour Photographs of Hospital Buildings	Yes	☐
15	Medical Registration Certificate – Medical Superintendent	Yes	☐
16	Hospital Regulatory Certificates (8 certificates)	Yes	☐
17	AERB Certificates – mandatory equipment	Yes	☐
17	AERB Certificates – optional equipment	If available	☐
18	Clinical Material Details	Yes	☐
19	Undertaking on Rs. 500 Stamp Paper	Yes	☐