



राष्ट्रीय आयुर्विज्ञान आयोग
NATIONAL MEDICAL COMMISSION

USER MANUAL

Application for Increase in Intake of MBBS Seats in Existing Medical College

Academic Year 2027-2028 – PART A

For: Existing Medical Colleges (College Login)

Version 1.0 | October 2026

Document Control

Item	Details
Document	User Manual – Application for Increase in Intake of MBBS Seats in Existing Medical College (Part A)
Portal	NMC Portal – College Login – UG College – Seat Increase Applications
Intended users	Existing medical college users filling the seat increase application
Version	1.0
Date	18-10-2026
Prepared by	Silver Touch Technologies Limited

Contents

1. Introduction.....	4
1.1 Purpose of this manual.....	4
1.2 Who should use this manual.....	4
1.3 Process at a glance.....	4
1.4 Form at a glance.....	4
2. Before You Start.....	5
2.1 Keep these ready.....	5
2.2 File upload rules.....	5
2.3 Screen conventions.....	5
3. Starting a New Application.....	6
3.1 Open the Seat Increase Applications list.....	6
3.2 Confirm the initiation fee.....	6
3.3 Make the payment.....	7
3.4 Read the Important Points.....	8
3.5 The application form.....	9
4. Filling the Form – Section by Section.....	9
4.1 Section 1 – Details of the Institute.....	10
4.2 Section 2 – Applicant Details.....	11
4.3 Section 3 – College Category & Seats Applied.....	12
4.4 Section 4 – Registration / Incorporation Details of Entity.....	13
4.5 Section 5 – Management Running Other Medical Colleges in India.....	14
4.6 Section 6 – College & Hospital Ownership.....	15
4.7 Section 7 – Name of Affiliating University.....	16
4.8 Section 8 – Director / Dean / Principal of the Institution.....	17
4.9 Section 9 – Medical College Building.....	18
4.10 Section 10 – Academic Infrastructure and Hostels.....	19
4.11 Section 11 – Financial Capability of Trust / Society / Company / Entity.....	20
4.12 Section 12 – Attached Hospital Details.....	21
4.13 Section 13 – Hospital Regulatory Compliance.....	23
4.14 Section 14 – AERB Compliance.....	24
4.15 Section 15 – Department-Wise Bed Details.....	25
4.16 Section 16 – Undertaking.....	25
4.17 Section 17 – Payment Details.....	26

5. Saving, Previewing and Submitting.....	26
5.1 Submission steps.....	27
6. Common Issues and Solutions.....	27
Annexure A – Document Checklist.....	28

1. Introduction

1.1 Purpose of this manual

This manual explains, step by step, how an existing medical college applies on the NMC portal for an **increase in intake of MBBS seats** for the academic year 2027-2028 (Part A). It covers the steps before the form (starting the application and paying the initiation fee), 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 an existing medical college (Government / Trust / Society / Company) who has a college login on the NMC portal and is responsible for filling the seat increase application.

1.3 Process at a glance

Step	What happens	Where
1	Open UG College – Seat Increase Applications and click New Application .	Section 3.1
2	Confirm the seat increase initiation fee of ₹2,36,000 (₹2,00,000 + 18% GST).	Section 3.2
3	Complete the payment through Proceed to Secure Payment .	Section 3.3
4	Read the Important Points, tick the declaration and click OK .	Section 3.4
5	Fill all 17 sections of the form and upload documents.	Section 4
6	Check the seat fee in Section 17, tick the declaration and click Preview & Submit .	Section 5

Two separate payments

The **₹2,36,000 initiation fee** (Step 2–3) only activates the seat increase form. The **seat fee** shown in Section 17 – Payment Details is calculated separately from the number of seats you request in Section 3.

1.4 Form at a glance

The form has **17 sections** on a single scrolling page:

#	Section	#	Section
1	Details of the Institute	10	Academic Infrastructure and Hostels
2	Applicant Details	11	Financial Capability of Entity
3	College Category & Seats Applied	12	Attached Hospital Details
4	Registration / Incorporation Details of Entity	13	Hospital Regulatory Compliance
5	Management Running Other Medical Colleges	14	AERB Compliance
6	College & Hospital Ownership	15	Department-Wise Bed Details
7	Name of Affiliating University	16	Undertaking

#	Section	#	Section
8	Director / Dean / Principal	17	Payment Details
9	Medical College Building		

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:

- Login credentials of the college on the NMC portal, and a payment method for the ₹2,36,000 initiation fee.
- Entity documents – Bye-laws / MoA / AoA / Trust Deed, Registration / Incorporation certificate, composition of management.
- Government orders (Government colleges) – Government Order, Administrative Approval, Financial Sanction, Budget Allocation.
- Proof of ownership of the medical college and the teaching hospital.
- Consent of Affiliation (CoA) from the affiliating university, valid on the date of submission.
- Building certificates (completion, occupancy, fire safety) and geo-tagged photographs of each building and hostel.
- Last three years' audited balance sheets, bankers' authorization letter and solvency certificate.
- Hospital registration, regulatory licences, 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 9) 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 college records; cannot be edited here.
Blue “i” icon	Information about the field. Hover over or click it to read.
Choose File	Opens your computer's file browser to pick a document to upload.
Calendar icon	Date field. Pick from the calendar or type in DD-MM-YYYY format.

What you see	Meaning
Yellow box	Important note or rule from NMC. Read it before filling the section.
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. Starting a New Application

3.1 Open the Seat Increase Applications list

1. Log in to the NMC portal with your college credentials.
2. From the left menu, click **UG College** and then **Seat Increase Applications**.
3. The page **UG Seat Increase Application / List** opens. It shows the application title, your college name and a table with Sr. No., Application ID, State, College Name, Type of College, No. of Seats, Status, Payment Status and Action.
4. If you have not started an application, the message “You have not started an application yet.” is shown. Click **New Application**.

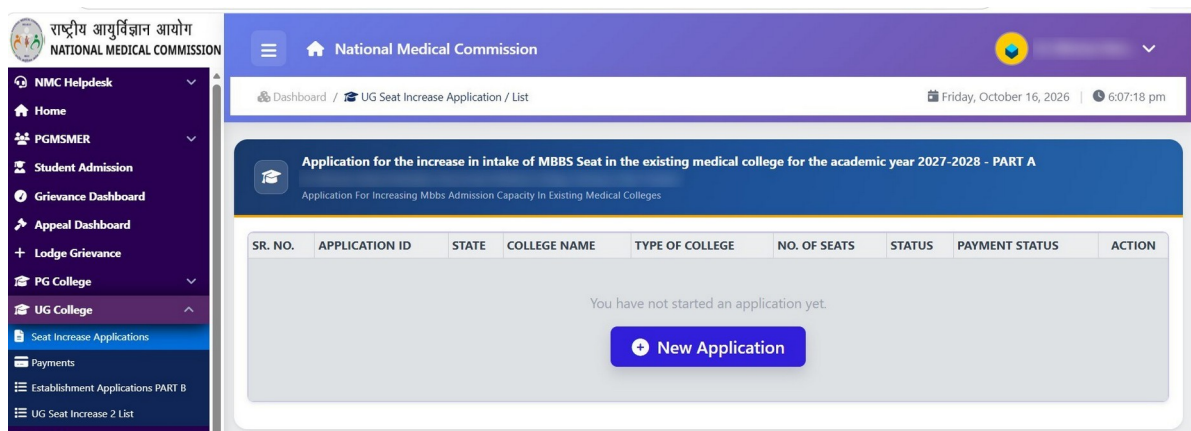


Figure 1: Seat Increase Applications list with the New Application button

3.2 Confirm the initiation fee

A **Payment Confirmation** pop-up opens with the message “Seat Increase Fee Payment Required”. To proceed with the UG Seat Increase Application, the fee of **₹2,36,000** must be paid first.

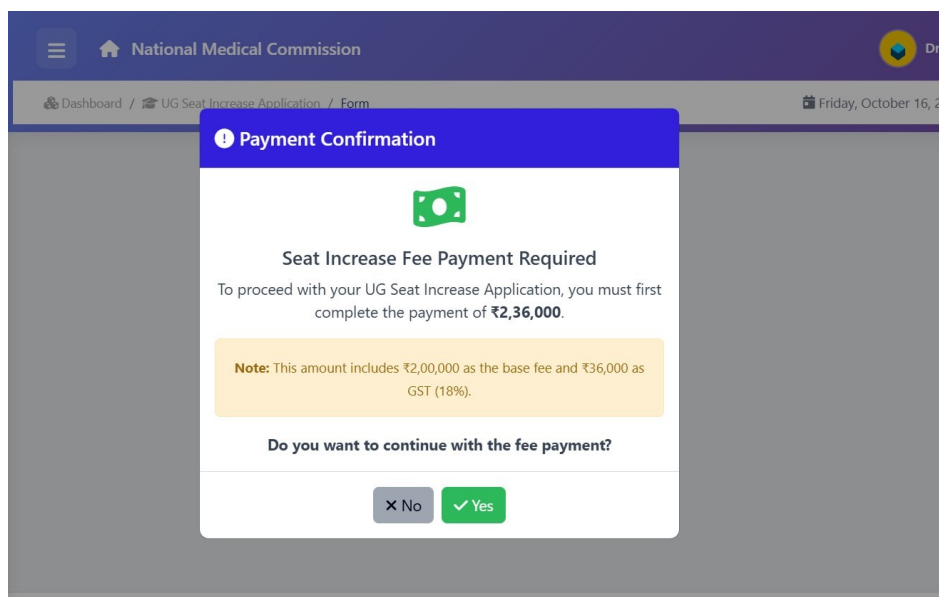


Figure 2: Payment Confirmation pop-up

Item	Amount
Base fee	₹2,00,000
GST (18%)	₹36,000
Total payable	₹2,36,000

- Click **Yes** to continue to the payment page.
- Click **No** to close the pop-up without paying. The application is not started.

3.3 Make the payment

The payment page explains **What this payment is for** and shows the **Registration Payment Details**.

What this payment is for

This is the initial payment to activate your UG Seat Increase form journey.

- After successful payment, you can fill and submit the complete seat increase application.
- This payment is for registration initiation only.

Registration Payment Details

Base Amount	₹ 2,00,000.00
GST (18%)	₹ 36,000.00
Total Amount	₹ 2,36,000.00

Proceed to Secure Payment

× Cancel

Figure 3: Registration payment details

- This is the initial payment that activates your UG Seat Increase form journey.

- After successful payment, you can fill and submit the complete seat increase application.
 - This payment is for registration initiation only.
1. Check the Base Amount (₹2,00,000.00), GST 18% (₹36,000.00) and Total Amount (₹2,36,000.00).
 2. Click **Proceed to Secure Payment** and complete the payment on the payment gateway.
 3. Click **Cancel** if you do not want to pay now.

Note

Do not close the browser or press Back while the payment is being processed. Keep the transaction reference for your records.

3.4 Read the Important Points

When the form opens, the pop-up **Important points to be noted before applying** is shown. Scroll through all points. They include, among others:

- All required information and mandatory documents must be furnished, complete, accurate, authentic, current and verifiable. Infrastructure, resources and faculty must be in place as per MSR. The applicant is solely responsible for the correctness of the application.
- Any material discrepancy, suppression of facts, false or misleading information, fabricated documents or false representation of infrastructure may result in rejection and appropriate action.

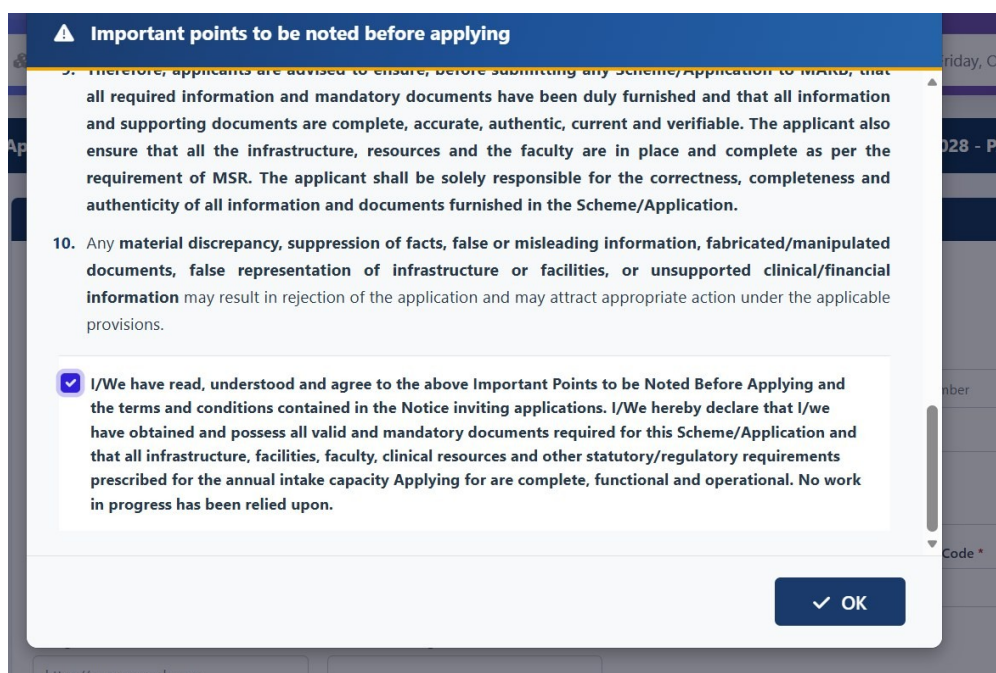


Figure 4: Important points to be noted before applying

1. Read every point till the end.
2. Tick the declaration checkbox (“I/We have read, understood and agree to the above Important Points...”).
3. Click **OK**. The application form becomes available.

3.5 The application form

The form title is **Application for the increase in intake of MBBS Seat in the existing medical college for the academic year 2027-2028 – PART A**. The breadcrumb at the top shows **Dashboard / UG Seat Increase Application / Create**.

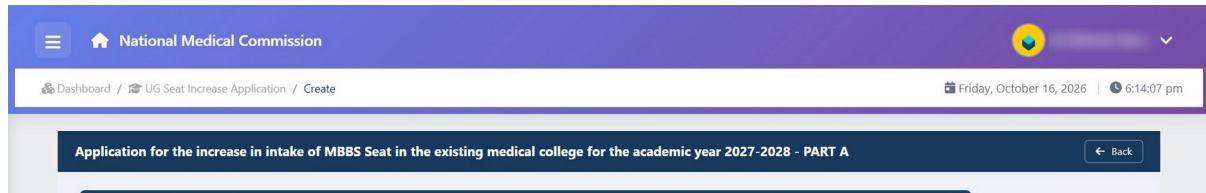


Figure 5: Form header showing breadcrumb, form title and Back button

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 – Details of the Institute

1. Details of the Institute

Name of College *

Primary Email ID *

Primary Mobile No. *

Landline Number *

Primary Email ID *

Primary Mobile No. *

Landline Number *

Address *

State *

District *

City / Town *

PIN Code *

State *

District *

City / Town *

PIN Code *

College Website URL *

HFR ID for College

College Website URL *

HFR ID for College

Full Name of the Nearest Major Railway Station

Station Name *

Distance from College (km) *

Travel Time *

Full Name of the Nearest Major Airport

Airport Name *

Distance from College (km) *

Travel Time *

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 *

College Geolocation / Location on the Map *

https://maps.google.com/...

Important Note

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

Figure 6: Section 1 – Details of the Institute

College contact and address

Field	What to enter	Mandatory
Name of College	Auto-filled from your college record (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 college.	Yes
State	Pre-filled. Check it is correct.	Yes
District	Select from the list.	Yes
City / Town	City or town of the college.	Yes
PIN Code	6-digit PIN code.	Yes
College Website URL	Full web address, starting with https://	Yes
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 kilometres.	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.

4.2 Section 2 – Applicant Details

Figure 7: Section 2 – Applicant Details

Details of the person filling and submitting the application on behalf of the college. These may be pre-filled; correct them if needed.

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

4.3 Section 3 – College Category & Seats Applied

3. College Category & Seats Applied

College Category *

Government

College Sub-Category *

Select Sub-category

Proposed Increase in Intake of MBBS Seats

Existing Seats

100

Inception Year of MBBS Course *

-- Select Year --

Requested Number of Increase in Seats *

-- Select --

Note: Maximum 250 can be approved.

Whether Applied for Increase in Intake of MBBS Seats in the Previous Year? *

☐ Yes ☐ No

Whether the College Has Created and Made Operational the Additional Infrastructure / Building in the College Commensurate with the Proposed Increase in the Number of Seats? *

☐ Yes ☐ No

Whether the College Has Created and Made Operational the Additional Infrastructure / Building in the Hospital Block Commensurate with the Proposed Increase in the Number of Seats? *

☐ Yes ☐ No

Important Notes

There shall be a maximum cap of 250 total seats in a medical college.

Figure 8: Section 3 – College Category & Seats Applied

Field	What to enter	Mandatory
College Category	Auto-filled (locked), e.g., Government.	Yes
College Sub-Category	Select from the list.	Yes
Existing Seats	Current approved MBBS intake, auto-filled (locked), e.g., 100.	Yes
Inception Year of MBBS Course	Select the year the MBBS course started.	Yes
Requested Number of Increase in Seats	Select the number of additional seats you are applying for. This value is used to calculate the seat fee in Section 17.	Yes
Whether Applied for Increase in Intake of MBBS Seats in the Previous Year?	Select Yes or No.	Yes
Whether the College Has Created and Made Operational the Additional Infrastructure / Building in the College Commensurate with the Proposed Increase?	Select Yes or No.	Yes
Whether the College Has Created and Made Operational the Additional Infrastructure / Building in the Hospital Block Commensurate with the Proposed Increase?	Select Yes or No.	Yes

Important Notes

There shall be a maximum cap of **250 total seats** in a medical college. Existing Seats + Requested Increase must not exceed 250.

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 *

Certified Copy of Certificate of Registration / Incorporation *

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

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

Government Applicant Only

Name of Administrative Department *

Government Order Number *

Government Order Date *

Documents to Be Uploaded

Government Order *

Administrative Approval *

Financial Sanction

Budget Allocation

Figure 9: 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)	Auto-filled (locked), e.g., Government.	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	Full registered office address.	Yes
State / District / PIN Code	Of the registered address. Select the State first; the District list then becomes available.	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). PDF, max 10 MB.	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	Upload, max 10 MB.	Yes
Administrative Approval	Upload, max 10 MB.	Yes
Financial Sanction	Upload, max 10 MB.	No
Budget Allocation	Upload, max 10 MB.	No

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


 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 10: 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 you select Yes, enter the details of the other college(s) run by the management in the rows that appear.	Yes

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.

4.6 Section 6 – College & Hospital Ownership

6. College & Hospital Ownership

Medical College

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

Proof of Ownership *

No file chosen

Max 10MB

Teaching Hospital

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

Proof of Ownership *

No file chosen

Max 10MB

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

Is the Hospital on Lease? *

Figure 11: Section 6 – College & Hospital Ownership

Field	What to enter	Mandatory
Medical College – Name of the 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 of the Teaching Hospital	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 from the list, e.g., “Both are the same entity”.	Yes
Is the Hospital Exclusively Attached to This Medical College?	Select Yes / No.	Yes

Field	What to enter	Mandatory
Is the Hospital on Lease?	Select Yes / No.	Yes

4.7 Section 7 – Name of Affiliating University

Figure 12: 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
Certified Copy of the Consent of Affiliation	Upload the CoA issued by the affiliating university.	Yes
Has This CoA Been Used Earlier?	Select from the list.	Yes

Important

- i. The CoA shall have a validity up to three years from the date of its issuance, or an earlier date if the issuing authority has specified. The CoA can be utilised only once during its validity period.
- ii. If a valid CoA is not submitted on the day of application, the application will be rejected. No further communication shall 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 *

PDF only. Max 10MB

Figure 13: 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 – Medical College Building

9. Medical College Building

BUILDING NAME	TOTAL AREA (SQ. FT) *	NUMBER OF BUILDINGS *	NUMBER OF FLOORS *	COMPLETION STATUS (%) *	FUNCTIONAL STATUS *	DOCUMENTS UPLOAD <small>PDF - Max 10MB each</small>
Academic Building	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select... ▾	Building Completion Certificate * <input type="button" value="Choose File"/>
						Occupancy Certificate * <input type="button" value="Choose File"/>
						Fire Safety Certificate * <input type="button" value="Choose File"/>
						Colour Photographs of the Building (Inside Outside) * <input type="button" value="Choose File"/>
						<small>PDF, JPG, PNG or WebP - Maximum 10MB</small>
Administrative Building	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Select... ▾	Building Completion Certificate * <input type="button" value="Choose File"/>
						Occupancy Certificate * <input type="button" value="Choose File"/>
						Fire Safety Certificate * <input type="button" value="Choose File"/>
						Colour Photographs of the Building (Inside Outside) * <input type="button" value="Choose File"/>
						<small>PDF, JPG, PNG or WebP - Maximum 10MB</small>


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

Figure 14: Section 9 – Medical College Building

Enter one row each for **Academic Building** and **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.	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	Select from the list.	Yes
Building Completion Certificate	Upload, max 10 MB.	Yes
Occupancy Certificate	Upload, max 10 MB.	Yes
Fire Safety Certificate	Upload, max 10 MB.	Yes
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 corresponding geo-location, date and time.

4.10 Section 10 – Academic Infrastructure and Hostels

10. Academic Infrastructure and Hostels				
Student Hostel	Boys	Girls	Intern	Resident / PG
Hostel Available *	Select... ▼	Select... ▼	Select... ▼	Select... ▼
Completion (%) *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Functional (Yes/No) *	Select... ▼	Select... ▼	Select... ▼	Select... ▼
Distance from College *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accommodation Capacity (Numbers) *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mess Facility *	Select... ▼	Select... ▼	Select... ▼	Select... ▼
Recreation Facility Available *	Select... ▼	Select... ▼	Select... ▼	Select... ▼
Internet Facility Available *	Select... ▼	Select... ▼	Select... ▼	Select... ▼
Built-Up Area of Hostel (Sq. m) *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Room Occupancy Type *	Select... ▼	Select... ▼	Select... ▼	Select... ▼
Supporting Document * <small>PDF - Max 10MB</small>	Choose File	Choose File	Choose File	Choose File
Geo-Tagged Colour Photograph * <small>PDF - Max 10MB</small>	Choose File	Choose File	Choose File	Choose File

Figure 15: Section 10 – 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 does not need to 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 of the hostel from the college.	Yes
Accommodation Capacity (Numbers)	Number of students it can house.	Yes
Mess / Recreation / Internet Facility	Yes / No for each.	Yes
Built-Up Area of Hostel (Sq. m)	Built-up area in square metres.	Yes
Room Occupancy Type	Select from the list (e.g., Single / Double / Triple).	Yes
Supporting Document	Upload, PDF, max 10 MB.	Yes
Geo-Tagged Colour Photograph	Upload, PDF, max 10 MB.	Yes

4.11 Section 11 – Financial Capability of Trust / Society / Company / Entity

11. 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 16: Section 11 – 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 regarding the financial track record.	Yes
Date of Solvency Certificate	Issue date of the certificate.	Yes
Solvency Certificate Validity	Validity date of the certificate.	Yes
Solvency Certificate	Upload, PDF, max 10 MB.	Yes

Important Notes

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

4.12 Section 12 – Attached Hospital Details

12. 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) *

PDF only. Max 10MB

Medical Superintendent of the Hospital

Name *

Email ID *

Mobile Number *

Landline Number *

Medical Registration Number *

Medical Registration Certificate *

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 17: Section 12 – 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	As on the registration certificate.	Yes
Date of Registration / Registration Valid Up To	Registration dates.	Yes
Total Number of Beds	Total beds in the hospital.	Yes
Total Number of Functional Beds	Beds in use.	Yes

Field	What to enter	Mandatory
Distance Between College and Hospital (km)	Distance in kilometres.	Yes
Hospital Address	Complete address of the hospital.	Yes
Hospital Registration Certificate	Upload, PDF, max 10 MB.	Yes
Colour Photographs of Hospital Buildings	Showing name, geo-location, date & time. Upload, PDF, max 10 MB.	Yes

Medical Superintendent of the Hospital

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

Important Notes

- i. Assessment will be carried out for accepted applications with all mandatory documents. The assessment covers eligible faculty (mandatorily registered on AEBAS), infrastructure, clinical load and other requirements as per MSR, through physical / virtual / hybrid mode.
- ii. For seat increase applications, all faculty as per MSR shall be registered in the AEBAS of NMC and be present in the institution within 15 days from the last date of submission. The college must have maintained faculty and staff as per MSR for the existing seats in previous academic years, and must have the additional faculty required for the requested seats. Otherwise the application will not be considered and the college shall be liable for penal action. On the day of assessment, only faculty and staff present before 10 AM will be considered.
- iii. The regulatory framework does not contemplate a “work-in-progress” status at the time of application. Any plea of being in the process of completing infrastructure or requesting additional time is wholly impermissible.

4.13 Section 13 – Hospital Regulatory Compliance

13. Hospital Regulatory Compliance					
Certificate	Certificate Number *	Issue Date *	Valid Up To *	Issuing Authority *	Upload * PDF - Max 10MB
Hospital Registration	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Building Completion Certificate	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Fire Safety	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Occupancy	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Pollution Control	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Blood Bank Licence	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Biomedical Waste	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File
Pharmacy Licence	<input type="text"/>	DD-MM-YYYY	DD-MM-YYYY	<input type="text"/>	Choose File

Figure 18: Section 13 – Hospital Regulatory Compliance

Fill one row each for: 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 / licence.	Yes
Issue Date / Valid Up To	Certificate dates. The certificate must be valid.	Yes
Issuing Authority	Authority that issued the certificate.	Yes
Upload	Certificate, PDF, max 10 MB.	Yes

4.14 Section 14 – AERB Compliance

14. 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) *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
Digital Radiography (DR System) *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
Portable X-Ray Machine *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
Mobile X-Ray Machine *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
C-Arm (Image Intensifier) *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
Fixed Dental X-Ray (IOPA) *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
500/600 mA X-Ray Machine *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
Fluoroscopy Unit *	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
OPG Dental X-Ray	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
Mammography	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
CT Scan (16 Slice or Above)	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File
DEXA Bone Densitometer	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="DD-MM-YYYY"/>	<input type="text" value="DD-MM-YYYY"/>	Choose File

Figure 19: Section 14 – 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

4.15 Section 15 – Department-Wise Bed Details

15. Department-Wise Bed Details

Department	Available Beds *	Functional Beds *	Avg. Yearly Occupied Beds *	Occupancy (%)	Avg. Monthly Occupancy *
General Medicine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
General Surgery	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Paediatrics	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Obstetrics & Gynaecology	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Orthopaedics	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
ENT	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Ophthalmology	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Psychiatry	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Dermatology	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0.0%	<input type="text" value="0"/>
TOTAL	0	0	0	0.0%	0

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

Clinical Material Details *

Choose File
No file chosen

Figure 20: Section 15 – 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, PDF, max 10 MB.	Yes

4.16 Section 16 – Undertaking

16. 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

Figure 21: Section 16 – 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

4.17 Section 17 – Payment Details

17. Payment Details

Amount for seats
₹0

GST amount (18%)
₹0

Payment amount (Rs)
₹0

☐ 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. *

Payable amount is zero, so this application cannot be submitted. It will only be saved as a draft until the payable amount is greater than zero.

Preview & Submit

Cancel

Save As Draft

Figure 22: Section 17 – Payment Details

Field	What to enter	Mandatory
Amount for seats	Auto-calculated from the Requested Number of Increase in Seats 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

Payable amount is zero

If the payable amount shows ₹0, the application cannot be submitted and can only be saved as a draft. Select the **Requested Number of Increase in Seats** in Section 3 so that the amount is calculated.

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	Opens a preview of the complete application for final review before submission. Stays disabled while the payable amount is zero.	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 17 sections and upload all mandatory documents.
2. Check that Existing Seats + Requested Increase in Section 3 does not exceed 250.
3. Check the totals in Section 15 and the payable amount in Section 17.
4. Tick the declaration in Section 17.
5. Click **Preview & Submit**, review the preview carefully, then submit.
6. Note the Application ID shown in the Seat Increase Applications list for future reference.

Before you submit

Check that the CoA (Section 7) and Solvency Certificate (Section 11) are valid on the date of submission — the application is rejected without them.

Check that every licence and certificate in Sections 13 and 14 is within its validity period.

6. Common Issues and Solutions

Issue	What to do
New Application asks for payment again.	The ₹2,36,000 initiation fee must be paid before the form opens. Check the Payment Status column in the Seat Increase Applications list before paying again.
I cannot edit a grey field.	Grey fields are locked and come from your college records or another section. If the value is wrong, contact the NMC help desk.
District list is empty (Section 4).	Select the State first; the District list then loads.
Requested seats not accepted.	Existing Seats + Requested Increase cannot exceed the cap of 250 seats.
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.
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.
Cannot see all columns in Section 9.	Use the horizontal scroll bar under the building table.
Payment amount in Section 17 is ₹0 / Preview & Submit is greyed out.	Select the Requested Number of Increase in Seats in Section 3. Until the amount is above zero, the form can only be saved as draft.
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	✓
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	Govt. applicants	☐
4	Administrative Approval	Govt. applicants	☐
4	Financial Sanction	Optional	☐
4	Budget Allocation	Optional	☐
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	Building Completion, Occupancy and Fire Safety Certificates (Academic and Administrative Building)	Yes	☐
9	Colour Photographs of each Building (inside & outside, geo-tagged)	Yes	☐
10	Hostel Supporting Document and Geo-Tagged Photograph (per hostel)	If hostel available	☐
11	Audited Balance Sheets – Year 1, 2 and 3	Yes	☐
11	Bankers' Authorization Letter	Yes	☐
11	Solvency Certificate	Yes	☐
12	Hospital Registration Certificate	Yes	☐
12	Colour Photographs of Hospital Buildings	Yes	☐
12	Medical Registration Certificate – Medical Superintendent	Yes	☐
13	Hospital Regulatory Certificates (8 certificates)	Yes	☐
14	AERB Certificates – mandatory equipment	Yes	☐
14	AERB Certificates – optional equipment	If available	☐
15	Clinical Material Details	Yes	☐
16	Undertaking on Rs. 500 Stamp Paper	Yes	☐