



Guru Gobind Singh Indraprastha University

Sector 16C, Dwarka, New Delhi –110078

Website: www.ipu.ac.in

AFFILIATION BRANCH

No.: GGSIPU/DR(Aff.)/Misc./2014/

Dated:

The Director/Principal

Subject: Continuation of provisional affiliation for existing provisionally affiliated Institutes with existing intake (maintaining status Quo) for Academic Session 2014-2015.

Sir / Madam,

The applications are invited from existing provisionally Affiliated Institutions of the University which are located in conforming / non conforming areas and which only want the continuation for existing programmes with no enhancement in the intake i.e. Status Quo of the programmes of academic session 2013 – 2014 and for which the Govt. of NCT of Delhi has issued NOC for academic session 2013 – 2014. Hence authorized signatories of Societies/ Trusts, Director/Principal of the institutions are required to submit the following documents (each page of the proposal has to be duly signed by the Director / Principal of the Institute alongwith the stamp of the Institute) in the prescribed formats enclosed herewith or the same may also be downloaded from the University website i.e. www.ipu.ac.in. The complete application form duly attested each and every page, be submitted in all respect, along with the proof of having submitted one copy of the proposal to the concerned department of Govt. of NCT of Delhi, to the Affiliation Branch, Room No.19 / 20, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi, latest by **24th April, 2014 [Thursday] at 4:00 P.M.** (on working days / working hours).

The following documents are to be submitted for revalidation of existing programmes:-

- (i) Application for revalidation of NOC and continuation of provisional affiliation for Academic Session 2014-2015.
- (ii) Declaration form
- (iii) Part I of the proforma which must be certified by the **registered Advocate** alongwith authorized signatories of Societies/ Trusts, Director / Principal of the Institute which would be given to the Joint Inspection Committee at the time of Inspection.
- (iv) Annexure I to Annexure IX.

In case of proposals which need statutory body approval, status of the application submitted by the society/ Trust/ Govt. body to the concerned statutory body as per prescribed procedure of the concerned Statutory Bodies may be intimated to the University with documentary proof, so that appropriate action as per merit can be taken by the University.

Further, the receipt of processing fee deposited with the Accounts Branch of the University as per Notice Dated 09.04.2010 available on the University website i.e. Rs.45000/- per programme for the Institutes located in the Delhi region (including Rs.15000/- as share of Govt. of NCT, Delhi as per policy guidelines dated 21.03.2006 issued by Govt. of NCT, Delhi) and

Rs.30000/- per programme for the Institutes located in the NCR Region, in the form of Demand Draft in favour of Registrar, GGSIPU may also be submitted alongwith the application form. For programmes like MBBS and BDS, the processing fee is Rs.75000/- per programme (including the share of Govt. of NCT, Delhi). It is also informed that Cheque / Pay orders against processing fee submitted alongwith the application form will not be entertained and the University shall not be responsible for any loss in this case. Further, it is informed that the application for continuation of provisional affiliation will be submitted by the representative of the Institute in person and no application will be entertained by the University in case sent by Registered Post/ Speed Post/ Ordinary Post/ Courier/ E-mail.


We are also enclosing herewith details/documents to be filled by the authorized signatory of the society/trust and Director/Principal of the institute in case of existing institutions with a request to submit all the details latest by **24th April, 2014 by 4:00 p.m.** The University will not entertain any application after the last date i.e. **24th April, 2014.**

Last Date for submission of duly filled in pro-forma / Application form for continuation of Affiliation: upto 24th April, 2014 till 4.00 p.m.

Venue for Obtaining & Submitting pro-forma / Application form for Affiliation: Affiliation Branch, Room No. 19 / 20, Administrative Block, Guru Gobind Singh Indrapratha University, Sector 16/c, Dwarka, New Delhi - 110078)

This issues with the approval of the Competent Authority.

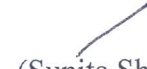
Yours sincerely,


(Sanjay K. Jha)
Registrar

Encl.: As above

Copy to:

1. The Secretary, Higher & Technical Education, Department of Training and Technical Education and Higher Education, Govt. of NCT, Delhi, Muni Maya Ram Marg, Prembari Pul, Pitampura, New Delhi.
2. The Director, Directorate of Higher Education, Govt. of NCT of Delhi, 5, Shamnath Marg, Delhi.
3. The Secretary, Department of Health and Family Welfare, Govt. of NCT of Delhi, Delhi Secretariat, I.P. Estate, New Delhi.
4. The Secretary, Deptt. of Social Welfare, Govt. of NCT of Delhi, Delhi Secretariat, I.P. Estate, New Delhi.
5. COF, GGSIPU, New Delhi for information.
6. AR, VC Secretariat for kind information of Hon'ble Vice Chancellor, GGSIPU.
7. AR, to Registrar for kind information of Registrar, GGSIPU.
8. Incharge, Server Room with a request to upload this on the University website.


(Sunita Shiva)
Deputy Registrar (SS) (Affiliation)

Application for Continuation of Provisional Affiliation by Guru Gobind Singh Indraprastha University (alongwith declaration form)

Academic Session 2014-2015

All the existing institutions are required to submit the following information complete in all respect to the Affiliation Branch, Room No.19 / 20, Administrative Block, GGSIP University, Sector-16C, Dwarka, New Delhi - 110078 latest by 24th April 2014 [Thursday], 04:00 p.m.(on working days / working hours).

I. Details of the Institution

(a)	Name & Address of the Institute along with Pin code	
(b)	Telephone & Fax No	
(c)	Website	
(d)	E-Mail:	
(e)	Name of the Director/Principal with Mobile No.	

Name of the Chairman/Secretary	
Name of the Trust/ Society	
Address, Telephone & Fax No.	
Pin Code	
Registration No of the Trust/Society	
Mobile No.	
Website	
Email	

II. Details of the Promoting Trust / Society / Govt. Body (Relevant documents may be annexed)

III. Academic Programmes for which Affiliation is sought for Existing Courses to be continued (enclose copy of relevant NOC for 2013 – 2014)

Course Title	Existing Intake (2013-2014)		Duration of the Course (Years)	Year of Commencement	Letter No. of NOC issued by State Govt. (2013-14)	Letter No. of Univ. affiliation (2013-14)	Intake applied for 2014-2015*
	As approved by statutory body, if applicable	As approved by State Govt.					

Append duly attested details if required. Annexure No. _____.

* Kindly refer guidelines issued by DHE vide letter no.DHE.4(61)/2010-11/08 dated 2.04.2014

VI.	Details of Library	
A	Details of Books (course-wise)	Programmes wise (as per list attached as Annexure 'A')
(i)	No. of Titles	
(ii)	No. of Volumes	
(iii)	Total number of books	
(iv)	No. of Journals/Foreign Journals	
B	Details of Digital Facilities	
(i)	Whether library operations computerised, internet facility, Reading room facilities, Photocopying facilities available, If yes, give details.	
(ii)	Inter library linkage facilities	

Note: The institutes may indicate information as per their own programmes using the above as a sample and append duly attested details if required. (Annexure No. _____)

VII. Details of the Labs/Workshops/Work stations available

Name of Laboratory	Major Equipment	List of equipment added during previous year

Append duly attested details if required. Annexure No. _____.

VIII. Details of Computer Centre

Name of Laboratory	No of Computers with configuration (programme wise as per list attached as Annexure 'A')	Other Equipment (LAN/ Servers/ Printers/ Firewall etc.	Legal Software (System & Application)

Append duly attested details if required. Annexure No. _____.

IX. Teaching Staff (programme wise as per list attached as **Annexure 'A'**)

Name	Designation	Qualification	Scale of pay, other allowances/remuneration paid	Date of joining	Regular(R)/ Adhoc (A)/ Contract (C)/ Visiting (V)/ Guest (G)	Approved/ recognised by University (Yes/No)

Append duly attested details if required. Annexure No. _____.

X. Non - Teaching Staff & Technical Supporting Staff

Name	Designation	Scale of pay, other allowances/remuneration paid	Date of joining	Regular/ Adhoc/ Contract/

Append duly attested details if required. Annexure No. _____.

XI. Any new initiatives/achievements:

XII. Details of processing fee deposited with Accounts branch .

Programmes	Amount	Receipt No.	Dated	Annexure

DECLARATION

The information furnished above is true & correct to the best of my knowledge and belief and is based on facts. Nothing material has been concealed/misrepresented therein. If any information furnished above is found to be false or misleading, concealed or suppressed, undersigned will be liable for the consequences thereof.

We further undertake that we will not run in the existing premises and likely to be created premises of _____ (Name of the institute), any academic programme(s) either of full time / part time / distance education / open learning nature affiliated to any other central / state / deemed / private University or diploma/ certificate programme(s) approved earlier or now by any statutory body / autonomous body in the session 2013-2014.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate

Practicing at

Registration No.

Date

Place:

Copy of Part-I to be submitted with the Proposal

for the Academic Session 2014-2015

Part-I

Parameter 1A : Legality of ownership and possession of land, land use

Criteria	Parameters	Existing Yes / No	Non-existing Yes / No
Application for new/ extension of NOC by State Government and continuation of affiliation by University for session 2014-2015 should be filled, signed and attested as supporting document in case the ownership possession and land use certificates have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of land ownership, possession and land should be submitted / enclosed alongwith the proposal.	(1) (a) Ownership of land and building by the society (acquisition by allotment/ procurement) (b) Rented building in conforming areas		
	(2) (a) Availability of land as per norms in conforming area, i.e., the land use is institutional. (b) B.Ed. in Schools in Conforming area. (c) Availability of land in non-conforming area as per norms		

P.S.:- Duly attested copies of relevant documents & papers to be enclosed.

Parameter 1 B: Availability of built-up area and sanctioned building plan

Criteria	Parameters	Existing Yes / No	Non-existing Yes / No
Application for new/ extension of NOC by State Government and continuation of affiliation by University for session 2014-2015 should be filled, signed and attested as supporting document in case the sanctioned building plan / other relevant papers have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of sanctioned building plan and existing built-up area should be submitted/ enclosed alongwith the proposal.	Sanctioned building plan as approved by DDA / MCD/ Govt. body.		
	Availability of built-up area as per the norms of statutory body/ University/ Govt. for proposed / existing programme(s).		

P.S.:- Duly attested copies of relevant documents & papers to be enclosed.

Name of the Institute _____

Parameter 1C: Safety Measures

Criteria	Parameters	Existing Yes / No	Non-existing Yes / No
Application for extension of NOC by State Government and continuation of affiliation by University for session 2014-2015 should be filled, signed and attested as supporting document in case the sanctioned building plan / other relevant papers have already been submitted to the University and DHE/ DTTE/ DHFW otherwise supporting documents in respect of safety measures should be submitted/ enclosed alongwith the proposal.	Structure Safety Certificate of building of the Institute/College		
	Certificate indicating that the building is earthquake resistant		
	Availability of fire fighting devices at the institute		
	Building is adequately ventilated		

P.S.:- Duly attested copies of relevant documents & papers to be enclosed.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate

Practicing at

Registration No.

Date

Place:

Name of the Institute _____

(On Letter Head of the Institute/College)

Declaration

I (Name of the Authorized signatory of the registered Society/Trust/Govt. Body in case of new institute) (Name of the Director/Principal in case of existing institute) of (Name of the Institute) declare that the information provided above is true to the best of my knowledge and I have not attempted to suppress or exaggerate data concerning this institution.

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Status of Endowment Fund created by the institute in case of programmes where it is not submitted to the statutory body

Sl. No.	Programmes	Year of Start of Programme in the University	Details of Endowment Fund (indicates Date, Amount, Bank and joint FDR number)		
			1 st Installment	2 nd Installment	3 rd Installment
1.	BBA				
2.	BBA [CAM]				
3.	BBA[T&TM]				
4.	BBA [B&I]				
5.	BBA (Second Shift)				
6.	BBA [CAM] (Second Shift)				
7.	BBA [B&I] (Second Shift)				
8.	BCA				
9.	BCA (Second Shift)				
10.	BJMC				
11.	BJMC (Second Shift)				

(Please enclose attested photocopies of the indicated installments)

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Performance and Placement of Students in the past years

Kindly provide details in the following format in respect of student performance, admitted to various batches at your institute from its inception programme-wise.

Performance Sheet

Batch-wise details (mention the batch/year of admission of students)

Semester-wise performance	Unsuccessful	Detained	Second Class	First Class	First with distinction	Exemplary performance
1 st Sem.						
2 nd Sem.						
3 rd Sem.						

- Past Record – Year-wise details of any other extra curricular achievements of students like debates, quizzes, competitions and other academic activities which have been taken up / attended by students (seminars, workshops, conference, Group Discussions).
- Details of student association (Duties/Privileges)
- Nature of Discipline maintained by students of the college
- Events Identified for the year & plan of implementation (academic events, sports, other co-curricular activities)

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Lab Status
(To be provided programme-wise)
as per status of 2013-2014

Sl.No.	Name of the programme	Details of equipments available in the existing labs		
		1 st year	2 nd year	3 rd year

(Please use it as a sample and utilize it as per the programme conducted.)

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

Status of Computer Lab
(To be provided programme-wise)
as per status of 2013-2014

Sl.No.	Programmes	Number and configuration of the existing terminals	Available Software	Quantity and Quality of Peripherals

Signature:
Chairman/ Secretary of the Society/Trust
Name:
Designation:
Dated:
Seal of the Society:

Signature:
Director/Principal of the Institute
Name:
Designation:
Dated:
Seal of the Institute :

LIBRARY STATUS

Comparative Status		2011-12	2012-13	2013-14
Titles (in numbers)				
References (in numbers)				
Total Books (in numbers)				
Journals (in numbers)	National			
	International			
Magazines				

1. Book Bank (whether available or Not) - YES/NO
2. Library Computerized / automated or not - YES/NO
3. Access to Electronic resources by Students/ Faculty (whether available or Not) - YES/NO
4. If Yes (indicate nos.)
 - (a) Journals
 - National -
 - International -
 - (b) Networked databases -
5. Whether online reservation of books available or not. - YES/NO

Signature:
 Chairman/ Secretary of the Society/Trust
 Name:
 Designation:
 Dated:
 Seal of the Society:

Signature:
 Director/Principal of the Institute
 Name:
 Designation:
 Dated:
 Seal of the Institute :

Profile of the Director/Principal/Approved/Recognized/Regular/Guest/Visiting Faculty /Non-teaching Staff

S. N	Name of the Director/ Principal/ Faculty	Date of Birth	Present Designation	Pay Scale	Total Emoluments (including all admissible allowances)	Percentage / Division (Last Exam)	Experience (in years)	Status of Approval/Recognition by University in case of Principal/Director/Faculty	
								Date	Discipline Designation
1.									
2.									
3.									
4.									

N.B.:- Kindly use this format for sending the profile of your faculty members programme-wise.

Signature:
 Chairman/ Secretary of the Society/Trust
 Name:
 Designation:
 Dated:
 Seal of the Society:

Signature:
 Director/Principal of the Institute
 Name:
 Designation:
 Dated:
 Seal of the Institute :

Details of Academic and Professional Qualifications of Faculty Members (including Guest / Visiting) and Non-teaching staff working at (Name of the Institute) for session 2013-14 and continue/identified for session 2014-2015

Name of the faculty (Mention the status if Approved / Qualified / Recognized by the University)	Academic / Professional Qualification (Graduation onwards)	Subject	Division	Percentage	Year of Passing/Award of Degree	University	Status 2013-14	Identified for 2014-2015
Dr. Nisha*	B.Tech							
	M.Tech.							
	Ph.D.	Mention the title of thesis						
	Any other							
Dr. Neha*	Experience							
	Achievements							
	B.Sc.							
	M.Sc.							
	M.Phil							
	NET/GATE Qualified			Indicate percentile				

Kindly use the format for giving the academic / professional qualifications of all the regular / visiting / guest faculty/ non-teaching staff functioning at your institute. Columns / Rows may be increased as per requirement. *These are just examples.

Achievements: In this column faculty may detail about consultancy work undertaken by the faculty besides participation in faculty development programmes / workshops / seminars and also mention about the publications / paper presentation / project / fellowship / award granted by government organization (if any).

Signature:

Chairman/ Secretary of the Society/Trust

Name:

Designation:

Dated:

Seal of the Society:

Signature:

Director/Principal of the Institute

Name:

Designation:

Dated:

Seal of the Institute :

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector-16C, Dwarka, New Delhi – 110075.

Declaration Form in respect of norms of the University
w.e.f. academic session 2014-2015

(For use of applicant body to be submitted by the authorized signatory (permanent member) of the society/trust alongwith prescribed application form of the University for affiliation)

PROPOSAL OF (Society/Trust).....
.....
FOR AFFILIATION OF (College / Institute) (NAME).....
ADDRESS.....
CONTACT NO..... FAX..... Email
TO CONDUCT (Programme/s)..... DURING
(Session) IN AFFILIATION WITH GURU GOBIND SINGH
INDRAPRASTHA UNIVERSITY.

1. Registered Society / Trust (Name).....Annexure No.....
(Registration No..... dated)
Address
2. Allotment Papers of Permanent Campus(PC) Annexure No.....
(Document No..... dated)
3. Ownership Documents of PC - Registered sale deed/lease deed. Annexure No.....
(Document No..... dated)
4. Record of Possession of PC - To be verified through tax receipt (water/property tax /
electricity bill / telephone connection/any other)
(Document No..... dated)
5. Land use certificate from DDA or Competent Government Body. Annexure No.....
(Document No..... dated)
Issued by
6. Sanctioned plan of the built-up area by DDA or Competent Government Body. Annexure No.....
(Document No..... dated)
Issued by
7. Actual built up area available exclusively for the proposed programme duly attested by the
Authorized Signatory (permanent member) of the Society / Trust. Annexure No.....
(Document No..... dated)
Issued by

(Signature & Seal of Authorized signatory)

8. Constitution of Governing Body of the Society. Annexure No.....
(Document No..... dated)
Issued by
9. By laws or Memorandum of Association of the Society/Trust. Annexure No.....
(Document No..... dated)
Issued by
10. Safety Certificate of the Building for establishment of an educational institution from the
Competent Authority of the Government. Annexure No.....
(Document No..... dated)
Issued by
11. Status of programme (s)conducted in case the
institute is already established and the recognizing body/ University.
(Proof No..... dated)
12. Undertaking in case the institute is running other programme of any other University/ body.
Annexure No.....
(Document No..... dated)
Issued by
13. Undertaking of the Society / Trust to abide by the Act, Statute, Ordinance,
Norms/Regulations of the GGSIP University. Annexure No.....
(Document No..... dated)
Issued by
14. No Objection Certificate of the concerned State Government.....Annexure No.....
(Document No..... dated)
Issued by
15. Letter of the Governing body of Society/Trust indicating the nomination of the authorized
signatory for correspondence with this University. Annexure

Specimen Signatures of the
Authorized signatory with seal

Name of authorized signatory _____
Designation _____
(with seal)

(Authorization Letter No..... dated)
Issued by

16. Approval of the Statutory BodyAnnexure No.....
(Document No..... dated)
Issued by

(Signature & Seal of Authorized signatory)

17. Details of application for affiliation (on the prescribed format of the University) Form No.....submitted vide letter No.....dated..... of (applications complete in all respects should be submitted by/with signatures and seal of the authorized signatory (permanent member) of the society/trust)
18. In case the institution proposed to be established, is in Lal Dora, Extended Lal Dora, School premises of Lal Dora/Extended Lal Dora; then following undertaking have to be submitted -
 (i) undertaking that the Land use is governed as per the Master Plan of Delhi 2021 and zonal plan. Annexure No.....Document No.....dated
- (ii) Undertaking that the proposed institute is proven to be operating in the non conforming area i.e. (Lal Dora/Extended Lal Dora for at least two years prior to the notification of MPD – 2021). Annexure No.....Document No..... dated
19. The institute is required to obtain an NOC from the concerned regulatory body that permits the courses to be run for which affiliation/ NOC is required. Annexure No..... (Document No..... dated) Issued by
20. I have not attempted to suppress or exaggerate data concerning the proposed institution in respect of Annexures detailed above and enclosed herewith and I also undertake that the institute will comply with all the conditions as may be imposed by the Govt. of NCT, Delhi/ University/ Statutory body and the institute shall not conduct any full time/ part time or distance education programme(s) within its premises without the specific prior permission of the University and will not use the trade mark/ trade name of the University for any other admission / teaching activity / conduct of any programme at any other campus.

 (Signature & Seal of Authorized signatory)

Name _____

Address _____

Date _____

Place _____

I hereby certify that all the above information are true and verified to the best of my knowledge and belief.

Signature of the Advocate

Seal / Stamp of the advocate

Name of the Advocate

Practicing at

Registration No.

Date

Place:

Annexure 'A'

S. No.	Programme
1	B. Tech. / M. Tech.
2	BBA
3	BCA
4	BJMC
5	MBA
6	MBA (SEM)
7	B. Ed.
8	B. Ed. Spl. Edu. (MR)
9	B. Ed. Spl. Edu. (HI)
10	BA LLB
11	BBA LLB
12	LLM (Corporate Law)
13	LLM
14	MCA
15	MCA (Dual Degree)
16	M. Tech. (CSE, IT, VLSI Design, DC, IS, SP, RF&ME, TE)
17	BHMCT
18	B. Sc. (MTR)
19	MHRPD (EP)
20	MOT (N)
21	MPO
22	MPH (FE)
23	MPT (Musculoskeletal, Neurology, Sports, Cardiopulmonary)
24	MA / M. Sc. (Criminology & Forensic Science)
25	Super Speciality Programmes
26	B. Sc. (MLT)
27	BHMS
28	BPT

S. No.	Programme
29	MCPHM / MAHM
30	B. Arch
31	B. Pharma
32	BDS
33	BPO
34	BAMS
35	MBBS
36	BASLP
37	B. Sc. (Yoga Science)
38	PGDDPR
39	Post Graduate Medical Courses
40	Advanced Diploma in Child Guidance and Counseling
41	B. Sc. (H) Nursing
42	B. Com (Hons.)
43	SSMC (DM Nephrology)
44	SSMC (DM Neurology)
45	SSMC (M.Ch Neuro-surgery)
46	SSMC (M.Ch. Urology)
47	Diploma in Child Health
48	Diploma in Ophthalmology
49	MD Psychiatry
50	M. Ch. (Paediatric Surgery)
51	MD DVL
52	DM (Cardiology)
53	SSMC (M.Ch. Plastic Surgery)
54	SSMC (M. Ch. (CTVS)
55	SSMC (DM Pulmonary & Critical Care Medicine)
56	MBBS
57	MD General Medicine

S. No.	Programme
58	MS General Surgery
59	MD Paediatrics
60	MD Radio Diagnosis
61	MS Oto-rhino-laryngology (ENT)
62	MS Orthopedics
63	MD Radiotherapy
64	MD Physical Med. & Rehab.
65	MD Dermatology
66	MS Ophthalmology
67	MD Obstetrics & Gyne
68	MD Anesthesiology
69	MD Anatomy
70	MD Biochemistry
71	MD Community Med
72	MD Microbiology
73	MD Pathology
74	MD Pharmacology
75	MD Physiology
76	MD Forensic Medicine
77	BPO