

(Format Of Essentiality Certificate)

ESSENTIALITY CERTIFICATE

No.

Government of _____ Department of Health

To

Dated, the

(Applicant),

Sir,

The desired certificate is as follows:-

- (1) No. of institutions already existing in the State.
- (2) No. of seats available or No. of doctors being produced annually.
- (3) No. of doctors registered with the State Medical Council.
- (4) No. of doctors in Government service.
- (5) No. of Government posts vacant and those in rural/difficult areas.
- (6) No. of doctors registered with Employment Exchange.
- (7) Doctor population ratio in the State.
- (8) How the establishment of the college would resolve the problem of deficiencies of qualified medical personnel in the State and improve the availability of such medical manpower in the State.
- (9) The restrictions imposed by the State Government, if any, on students who are not domiciled in the State from obtaining admissions in the State, be specified.
- (10) Full justification for opening of the proposed college.
- (11) Doctor-patient ratio proposed to be achieved.

The (Name of the person) _____ has applied for establishment of a medical college at _____. On careful consideration of the proposal, the Government of _____ has decided to issue an essentiality certificate to the applicant for the establishment of a Medical College with _____ (no.) seats.

It is certified that:-

- (a) The applicant owns and manages a 330 bedded hospital for 2 years which was established in _____
- (b) Essentiality Certificate should be valid for three academic years (2023-24, 2024-25 & 2025-26)
- (c) It is desirable to establish a medical college in the public interest.
- (d) Establishment of a medical college at _____ by (the name of Society/Trust) is feasible.
- (e) Adequate clinical material as per the National Medical Commission norms is available.

It is further certified that in case the applicant fails to create infrastructure for the

medical college as per NMC norms and fresh admissions are stopped by the National Medical Commission, the State Government shall take over the responsibility of the students already admitted in the College with the permission of the National Medical Commission.

- (f) The [Name of applicant _____] owns and possesses _____ Acres of land in _____ [Village/Tehsil/Taluka/District] on which non-agricultural use of land is permitted and a Medical College/Hospital can be established on it.
- (g) The building plan of the Hospital and Medical College has been approved by the competent authority, namely _____ designated by the State Government for such purposes only _____ (Copy of the approval is enclosed)
- (h) The Hospital and Medical College have been granted Completion Certificate/Building Use Certificate by the competent authority, namely _____, designated by the State Government for such purposes on _____. (Copy of the Certificate is enclosed)

Conditions (e), (f) and (g) are applicable only for non-governmental applicants.

Yours faithfully,

(SIGNATURE OF THE COMPETENT AUTHORITY)