FEES REGULATING AUTHORITY - 2024-25, Mumbai 305, Govi. Polytechnic Building, Ali Yawar Jung Marg. Bandra (II), Mumbai - 400 051 (M.S.), INDIA



| Online Fee Approval Proposal for Academic Year 2024-25 | | | |
|--|---|--|--|
| To, The Hon'ble Chairman, Fees Regulating Authority, Maharashtra State, Mumbai - 400 051 | | | |
| Name of the College /Institute | BSCN0062 - SEVA MANDAL EDUCATION SOCIETY'S COLLEGE OF NURSING | | |
| Address | 338, R. A. KIDWAI ROAD, MATUNGA EAST, MUMBAI | | |

| | Online fee approval proposal for academic year 2024-25 | | | | |
|----------|---|--------|--|--|--|
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| Sr No | Particulars | Status | | | |
| 1 | Affidavit in the prescribed format (as per the proforma published) duly verified and attested by the person duly authorised in terms of section 2(I) of the FRA Act, | Yes | | | |
| 2 | Audited financial statements of the Institute/College and Hospital for the financial year 2022-23. The audited financial statements must accompanied — (i) Audit Report, | Yes | | | |
| 3 | (ii)Receipt & Payment Account, | Yes | | | |
| 4 | (iii)Income & Expenditure Account, and | Yes | | | |
| 5 | (iv)Balance Sheet. Note: Audited Financial statements must be signed by the Chartered Accountant & to be counter signed by the person duly authorised in terms of section 2 (I) of the FRA Act | Yes | | | |
| 5 | (v) All the financical statements as mentioned above should be accompanied by detailed schedules and notes to accounts. | Yes | | | |
| 1 | The Auditors Report for the Financial Year 2022-23. Note: The Auditors Report must be in prescribed proforma i.e. form A1 & form A2 (Annexure - A) duly signed by Auditor along with particulars such as Name of firm, firm registration number, name of their partner or proprietor with his/ her membership number, UDIN. | Yes | | | |
| 3 | TDS return/statement for salary (Teaching and Non-Teaching) in Form No. 24Q for quarter-4 along with Annexure II (i.e. Annual Salary Details) duly certified by the college/institute. | Yes | | | |
| | TDS return/ quarterly statements for non-salary in Form No. 26Q along with details of deductee, nature of payment, amount, etc, in excel sheet duly certified by the college/institute. | Yes | | | |
| 0 | Copy of audited annual financial statements of the Trust/Society for the financial year 2022-23 running the colleges/institute along with all schedules and notes to accounts. | Yes | | | |
| 1 | Copies of income tax return/assessment order filed by the trust and institute/college for the assessment year 2022-23 & 2023-24 duly attested by the Auditor. | Yes | | | |
| 2 | Proposed budget of the institute/college for the financial year 2023-24 duly signed by the President, Secretary of the Trust & the Principal of the institute/college | Yes | | | |
| 3 | Certified copy of the bank account statement(s) of the institute /college for the Financial Year 2022-23 showing debits entries of the salary paid to teaching and Non-Teaching staff through cheque/NEFT. Note: The original copy of the Bank Statements must be attested as true copy by the Branch Manager of the Bank. | Yes | | | |
| 4 | Certified copy of bank account statement(s) of the institute /college for the Financial Year 2022-23 showing debits entries of the all payments made as non-salary expenditure made through bank. | Yes | | | |
| 5 | The certified of the Bank account showing the payment made through cheques/NEFT non salary expenditure by the Hospital run by the Trust and attached to the medical college. | Yes | | | |
| 6 | Letter of approval of teaching staff issued by the approving Authority duly attested by the Principal of the institute/college. | Yes | | | |
| 7 | Letter showing the sanctioned intake capacity approved by the Competent Authority for the academic year 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24 duly attested as true copy by the Principal of the institute/college (as per course duration). | Yes | | | |
| 8 | Copy of fees structure approved by the Fees Regulating Authority for the academic year 2020-21, 2021-22, 2022-23 and 2023-24 (as per course duration). | Yes | | | |
| | Certified copy of the property card and/or 7/12 extract showing the ownership of the land owned by the institute/trust. | Yes | | | |
| 0 | Certified copy of the Municipal Property Assessment Register issued by the Municipal Corporation (Municipal Council, Gram Panchayat for the purpose of assessing property tax. | Yes | | | |
| | Fees collected from students admitted from NRI/Management/ Institutional quota in the prescribed proforma as per Annexure - B | Yes | | | |
| | Statement showing the number of students admitted in the college for the course, appeared & passed in examination for the academic year 2022-23 | Yes | | | |
| _ | Accreditation Certificate i.e. NAAC, NBA and NIRF if any, duly attested by the Principal of the Institute/College. | Yes | | | |

Principal
Smt. Sunanda Pravin Gambhirchand
College of Nursing
338, R. A. Kidwai Road,
Matunga, Mumbai - 400019

FEES REGULATING AUTHORITY - 2024-25, Mumbai 305, Govt. Polytechnic Building, Ali Yawar Jung Marg, Bandra (E), Mumbai - 400 051 (M.S.), INDIA

Fees Payment Receipt

| 7 | - The state of the |
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| Institute Name | SEVA MANDAL EDUCATION SOCIETY'S COLLEGE OF NURSING |
| Institute Code | BSCN0062 |
| Sub Type:- | BSCN - Bachelor of Science in Nursing |
| Upward Revision:- | Yes |
| Pay Process Fee :- | 15000 |
| Total Applicable Processing Fees | 15000/- |
| Fees Paid | 15000.0 |
| Receipt No | 44 |
| Transaction No | 1700654911 |
| IPG Transaction No | E2311221RHTE4C |
| Transaction Date | 22-11-2023 |
| Status | success |
| | |

Smt. Sunanda Pravin Gambhirchand College of Nursing 338, R. A. Kidwai Road, Matunga, Mumbai - 400019