

Nursing Diploma Course Shikshan Shulka Samiti - 2026-27, Mumbai

Student nurses hostel building, Ground floor, St. Georges hospital campus, p.d'melo road, Fort, Mumbai-400001

APPROVED FORMAT FOR COMPUTATION OF FEES FOR YEAR 2026-27 AND STREAM ANM

1	Name of the College/Institute: Gurukul Nursing Institute, Daryapur Amravati Code: 1162 Stream: ANM Year: 2026-27 Location: SHIVAR ROAD					
2	Information related to Fee For AY 2025-26 Information related to Fee For AY 2024-25 Information related to Fee For AY 2023-24 Information related to Fee For AY 2022-23 Information related to Fee For AY 2021-22	Approved Approved Ad-hoc Ad-hoc No Fees	52000 52000 45000 45000 0			
2	Fee Proposed by College for AY 2026-27	Proposal Status Y Proposed fee for 2026-27 128716 Rs.				
	C) Hospital Status:	Rent				
	D) If owned, date of Hospital Establishment :	0000-00-00				
2.1	Streams combined	Streams combined Yes / No				
2.1.1	Streams combined	ANM				
3.	Whether undertaking on stamp paper submitted reg. refund?	Y				
4	Computation of final tuition fee and development fee:	Expenditure incurred (in Rs.) <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Total</td> <td style="width: 10%; text-align: center;">Per Student (divided by 4.8)</td> </tr> </table>			Total	Per Student (divided by 4.8)
	Total	Per Student (divided by 4.8)				
4.1.1	Salary expenditure for 2024-25 to approved teaching /non teaching staff. as per as per MC1/DC1/MUHS/Ayurved/Homeopathic/Nursing Council/ all other recognized council/ No. of Professors/Associates Professors/Assistant Professors as per the norms required and actual No/ GOVERNMENT norms.	7725600	96570			
4.1.2	Salary/Honorarium paid to visiting Faculties and their numbers	0				
4.1.3	Stipend paid to the students	0	0			
4.1.4	Total Salary Expenditure (4.1.1+4.1.2+4.1.3)	7725600	96570			
4.2	Non salary revenue expenditure (Rent, Interest on loan, Penalties if any legal charges and unrelated expenditure to be excluded) for 2024-25	417878	5223			
4.2.1	a) Less income	0				
4.2.1	b) Hostel expenses,	NA for GNM/ANM	0			
4.2.2	Total (4.1.4 + 4.2) - (4.2.1)	8143478	101793			
4.2.2.1	Actual Bank Interest Amount Claimed (0) or Total interest allowable limited to 2% of 4.2.2 (162870) whichever is lower	0				
4.2.2.2	Total 4.2.2 + 4.2.2.1	8143478	101793			
4.2.3	8% of 4.2.2.2 for increase in cost for 2024-25	651478	8143			
4.2.4	Hospital deficit	0				
4.3	Usage charge for building Rs. 4500 per student for total sanctioned intake	360000	4500			
4.4	Depreciation on other assets at approved rates	79999	1000			
4.5	Total of (4.2.2.2 to 4.4)	9234955	115437			
4.6	Sanctioned strength in the course run in Academic Year 2024-25 (No.) (This is to exclude the Tuition Waiver Scheme (TWS) students)	80				
4.7	Actual strength in the course run in Academic Year 2024-25 (No.)	74				
4.8	Controlling strength (No.)(Higher of 4.6 & 4.7)	80				
4.9	Per Student Fee (4.5/4.8)	115437				
4.9A	Equalization Factor - Duration of Course 2 Years - 1% of 4.9	1154				
4.9.1	Total Tuition Fee (4.9 + 4.9A + 0 Vacancy Allowance) (% increase due to less admissions if any)	116591				
4.10	Development fee (10% of 4.9.1)	11659				
4.10.1	Total fee (4.9.1 + 4.10)	128250				
4.10.2	Credit for accreditation/quality improvement etc NBA Courses - 0(0%) - Add =	466				

	Ph D Holder - 12% - Add - 233 Research Publications in international journals & Patents - 0.00 per faculty per year - Add = 0 Placement of students - 45% - Add - 233	
4.10.3	Total Development Fee (4.10 + 4.10.2-(12125)) or Limited 15% of Tuition Fee(4.9.1- (17489)) whichever is less.	12125
4.10.4	Total Fee (4.9.1 + 4.10.3)	128716
Expense Disallowances		
Sr. No.	Type	Amount
1	Stipend : To Interns / Students-Other allowances/ Remuneration to interns/Students	By Rules Disallowed
Date _____ Place _____  Principal Gurukul Nursing Institute Daryapur 444803 		
Signature and Seal of person authorised in terms of section 2 (I) of the Act with Code No.		
FOR OFFICE USE ONLY		
Date _____ Disallowance - 1) _____ 2) _____ 3) _____ 4) _____ Prepared by: _____ Checked by (Chartered Accountant) _____		