

FEES REGULATING AUTHORITY - 2026-27, Mumbai

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

APPROVED FORMAT FOR COMPUTATION OF FEES FOR THE ACADEMIC YEAR 2026-27 FOR BSCN STREAM

1	Name of the College/Institute: PRAVARA RURAL EDUCATION SOCIETY'S COLLEGE OF NURSING Code: BSCN09192 Stream: BSCN Year: 2026-27 Location: A/P CHINCHOLI				
2	Academic Year	Fee Status	Tuition Fee	Development Fee	Total Fee
	Fee for Academic Year 2025-26	Approved	72398	7602	80000
	Fee for Academic Year 2024-25	Approved	72398	7602	80000
	Fee for Academic Year 2023-24	Ad-hoc	72727	7273	80000
	Fee for Academic Year 2022-23	Ad-hoc	63636	6364	70000
	Fee for Academic Year 2021-22	Approved	0	0	0
	Fee for Academic Year 2020-21	Approved	0	0	0
	Fee for Academic Year 2019-20	Approved	0	0	0
	b) Fee Proposed by College for AY 2026-27	Proposal Status Y and Proposed fee for 2026-27 Rs. 120000			
	C) Hospital Status:	Own	Date of Hospital Establishment :		12/11/2021
3.	Whether undertaking on stamp paper submitted reg. refund? N				

4	Computation of final tuition fee and development fee:	Expenditure incurred (in Rs.)	
		Total	Per Student (divided by 4.8)
4.1.1	Salary Expenditure for 2024-25 to approved teaching /non teaching staff as per Competent Authority / University Norms.	18616933	68952
4.1.2	Honorarium/Remuneration Paid to Visiting Faculty/Guest Lecturers.	0	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)	18616933	68952
4.2	Non salary revenue expenditure (Rent, Interest on loan, Penalties if any legal charges and unrelated expenditure to be excluded) for 2024-25	7822976	28974
4.2.1	a) Less income	363500	1346
	b) Hostel expenses,	0	0
4.2.2	Total (4.1.4 + 4.2) - (4.2.1)	26076409	96579
4.2.2.1	Actual Bank Interest on Working Capital Loan Amount Claimed (0) or Total interest allowable limited to 3% of 4.2.2 (782292) whichever is lower	0	
4.2.2.2	Total 4.2.2 + 4.2.2.1	26076409	96579
4.2.3	10% of 4.2.2.2 for increase in cost for 2024-25	2607641	9658
4.2.3.1	Equalization Factor - Duration of Course 4 Years - 4.59% of 4.2.2	1196907	4433
4.2.4	Hospital deficit	0	
4.3	Usage charge for building Rs. 6000 per student for total sanctioned intake 1. Usage Charges: 5000 2. Additional Usage Charges: 0 3. For New Colleg Additional: 1000 4. Land/Building allotted by Gov. or Public Body: N	1620000	6000
4.4	Depreciation on other assets at approved rates	892421	3305
4.5	Total of (4.2.2.2 to 4.4)	32393378	119975
4.6	Sanctioned strength in the course run in Academic Year 2024-25 (No.) (This is to exclude the Tuition Waiver Scheme (TWS) students)	270	
4.7	Actual strength in the course run in Academic Year 2024-25 (No.) (Merit Quota+DSY+Management/ Institutional+NRI+EWS+Transfer)=(198+0+1+0+6+0) (Excluding TFWS, J&K, and Repeaters)	205	
4.8	Controlling strength (No.)(Higher of 4.6 & 4.7)	270	
4.9	Per Student Fee (4.5/4.8)	119975	
4.9.1	Total Tuition Fee (4.9 + 5999 Vacancy Allowance) (5% increase due to less admissions if any)	125974	
4.10	Development fee (10% of 4.9.1)	12597	
4.10.1	Total fee (4.9.1 + 4.10)	138571	

4.10.2	Credit for accreditation/quality improvement etc NAAC Grade - (0) / NBA Courses - 0(0%) / NIRF within top 500 - N(0) / ICAR Grade- (0) / MCAER/Agriculture University Grade- (0) - Add = 0 Ph.D Holder - 5.26% - Add = 0 Research Publications in international journals & Patents - 0.52 per faculty per year - Add = 630 Placement of students - 0% - Add = 0	630
4.10.3	Total Development Fee (4.10 + 4.10.2-(13227)) or Limited 15% of Tuition Fee(4.9.1- (18896)) whichever is less.	13227
4.10.4	Total Fee (4.9.1 + 4.10.3)	139201

Additional Income Consideration - Ref: - Point No. 4.2.1 a) Less Income

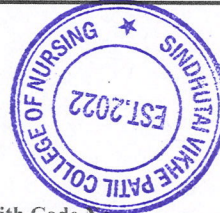
Sr No	Income Head	Amount
1	Breakage Fees	92280
2	Sale of Prospectors Brochure	161050
3	All Receipts other than above under whatsoever head collected	110170
Total		363500

Date _____

Place _____

Principal
Sindhutai Vikhe Patil College
of Nursing Chincholi, Sinnar
Nashik-422102.

Signature and Seal of person authorised in terms of section 2 (l) of the Act with Code No. _____



FOR OFFICE USE ONLY

Date _____

Disallowance:-
1) _____
2) _____
3) _____
4) _____

Prepared by: _____

Checked by (Chartered Accountant) _____