Part-I Maharashtra University of Health Sciences, Nashik

**Inspection Committee Report for Academic Year 202.... - 202…...**

**Faculty of Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship/Certificate Course/Ph.D. Colleges/Institutes & Hospitals)**

|  |  |  |
| --- | --- | --- |
| **Date of Establishment of College** | **:** | **…../… /………..** |

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| --- | --- | --- |
| **Date of Inspection** | **:** |  |

|  |  |  |
| --- | --- | --- |
| **Name & Designation of Inspectors :** | | **Signature** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

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| **1** | **Name of the College / Institute** | **:** |  |
| a | Name of Society / Trust | : |  |
| b | Address | : |  |
| c | Email Address | : |  |
| d | Fax No.(s) | : |  |
| e | Telephone No.(s) | : |  |
| f | Website | : |  |
| g | College Code | : |  |
| h | Status | : | Government / Corporation / Private |
| i | Letter of permission by Medical  Council of India (UG) | : | Letter No.  Dated Intake: |
| j | Stage of Renewal | : |  |
| k | **Details of the Dean/Principal** | : |  |
| **2** | **Name of the Dean/ Principal** | : |  |
| a | Nature of Appointment | : | Permanent / Temporary / Officiating |
| b | Mobile No. | : |  |
| c | Office Landline | : |  |
| d | E-mail Address | : |  |

1. **Details of the College are available on the College Website, in the prescribed format (Part II)?**

Yes/No

1. **Whether the information is complete in all respect.** Yes/No
2. **If incomplete information, please write the points from prescribed format (part II) regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Points Number in prescribed format** | **Particulars of the point** | **Observations of the LIC** |
|  |  |  |  |
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1. **LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and students life on the campus.**

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| --- | --- | --- | --- |
| **Sr. No.** | **Points Number in prescribed format** | **Particulars of the point** | **Observations of the LIC** |
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1. **LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the Biometric attendance of all departments over previous 06 months.) Annexure- “II‟.**
2. **Curricular Activities in the College-**
   1. Whether Master Time Table is available. Yes/No
   2. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master time table?

(LIC to randomly choose at least 10 dates over past 03 months’ lectures, Practicals, clinical sessions, PG activities, (if PG course available) etc. from master time table and physically verify the conduction of these sessions) and attached copies to the report.

LIC to randomly choose at least 10 dates over past 03 months of all departments from Clinical side all departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below) and attached copies to the report.

1. **Ongoing Research Activities in the college including PG thesis** (LIC to submit all records and the relevant details of all ongoing research activities such as Ethics CommitteeApproval, status of data collection, data analysis etc.
2. A prospective comparative study of success rate and complications during insertion of central venous catheterization guided by ultrasound versus anatomical landmark technique: Dr. Ajith
3. Comparison of efficacy of intrathecal bupivacaine heavy(0.5%)and levobupivacaine heavy(0.5%) for elective caesarean section : Dr.Anagha
4. Extubation and postextubation characteristics between supine and semi-fowler’s position following abdominal surgeries under General Anaesthesia in adults :A prospective observational study :Dr.Sushmitha
5. Comparison of endotracheal cuff pressure changes with use of nitrous oxide versus air during general anaesthesia : Dr.Nahima Aysha
6. A comparative study of hyperbaric levobupivacaine and hyperbaric ropivacaine with fentanyl for subarachnoid block in patients undergoing elective lower abdominal and lower limb surgeries : Dr.Ruchira
7. To evaluate the incidence of intraoperative awareness in pediatric patients undergoing surgeries under general anaesthesia : Dr.Sangharsh
8. COMPARATIVE EVALUATION OF CRYSTALLOID COLOADING AND COLLOID COLOADING FOR PREVENTION OF SPINAL ANAESTHESIA INDUCED HYPOTENTION IN PATIENTS UNDERGOING ELECTIVE CESAREAN SECTION .Dr.Roshani
9. COMPARISON OF EFFECTIVENESS OF TRAMADOL TO DEXAMETHASONE AS AN ADJUVANT TO LEVOBUPIVACAINE IN PNS GUIDED SUPRACLAVICULAR BRACHIAL PLEXUS BLOCK USING PERFUSION INDEX AS ONE OF THE ASSESSMENT PARAMETERS: A RANDOMIZED DOUBLE BLINDED STUDY : Dr.Sanjana
10. Comparison between magnesium sulphate and Dexmedetomidine in hypotensive anaesthesia for FESS under GA: comparative and observational studies : Dr. Bindu
11. COMPARISON OF HEMODYNAMIC PARAMETERS AND QUALITY OF ANAESTHESIA BETWEEN LEVOBUPIVACAINE (0.5% HYPERBARIC) AND BUPIVACAINE (0.5% HYPERBARIC) DURING SPINAL ANAESTHESIA IN ELDERLY PATIENTS (AGE 60 to 90 YRS) UNDERGOING UROLOGICAL SURGERIES : Dr.Pallavi
12. Comparison of C MAC laryngoscope with Macintosh laryngoscope for endotracheal intubation in lateral position : Dr.Alok
13. A COMPARITIVE STUDY OF BILATERAL SUPERFICIAL CERVICAL PLEXUS BLOCK WITH BUPIVACAINE AND CLONIDINE COMBINATION VERSUS BUPIVACAINE PLAIN IN THYROID SURGERIES UNDER GENERAL ANAESTHESIA. Dr.Neharika
14. Ultrasonographic assesssment of recovery of diaphragmatic function after neuromuscular blockade :comparative study of sugmmadex and neostigmine in elderly patients : Dr.Ashvini
15. Assessment of postoperative analgesic efficacy of caudal block in comparison to ilioinguinal block in children undergoing inguinal surgeries :Dr.Madhura
16. Comparison of Ultrasound guided Supraclavicular Brachial Plexus Block versus Peripheral Nerve Stimulator Guided Supraclavicular Brachial Plexus Block in upper limb surgeries lasting less than 3 hours. Dr.Snehal
17. A COMPARATIVE STUDY OF FENTANYL AND CLONIDINE AS ADDITIVES TO PLAIN BUPIVACAINE IN CAUDAL ANAESTHESIA IN CHILDREN FOR POSTOPERATIVE ANALGESIA IN INFRAUMBILICAL AND GENITOURINARY SURGERIES. Dr.Vaidehi
18. Comparison of 0.25%levobupivacaine and 0.25%bupivacaine in caudal epidural block in children : Dr.Kalyani
19. A RANDOMIZED COMPARITIVE STUDY BETWEEN USG PLUS PNS GUIDED VS USG GUIDED SCIATICO FEMORAL NERVE BLOCK FOR BELOW KNEE LOWER LIMB SURGERIES. Dr.Unmekha
20. minimum effective volume of LA needed for usg guided supraclavicular brachial plexus block :Dr.Neha
21. Comparison of efficacy between usg guided supraclavicular and infraclavicular brachial block : a randomised comparative study :Dr.Prakash
22. Study of efficacy of erector spinae plane block in perioperative hemodynamics and post operative analgesia in patients undergoing lumbar spine surgery. Dr.Milan
23. Comparison of propofol to one group and propofol with dexmed to another group in ercp procedure:Dr.Vinyasa
24. Comparison of intranasal midazolam and midazolam-ketamine combination for premedication in pediatric patients undergoing surgeries under general anaesthesia :Dr.Sugndha
25. Prospective comparative study to assess hemodynamic stability during laproscopic cholecystectomy in patients having oral premedication with tablet clonidine and tablet pregabalin : Dr.Rohan
26. Comparative Study of Intrathecal 0.5% Hyperbaric Bupivacaine &Intrathecal 0.75% Hyperbaric Ropivacaine in Lower Abdominal Surgeries and Lower limb orthopaedic surgeries :Dr.Tushar
27. To assess the actual duration of preoperative fasting in paediatric patients undergoing surgeries under general anaesthesia and its effects on hunger and thirst in preoperative period : Dr.Manjushree
28. Observational study of Incidence,Factors Associated & Assessment of Microbiological Flora in Ventilator Associated Pneumonitis in Level 2 Trauma care centre :Dr.sunil
29. A COMPARITIVE STUDY OF USG GUIDED FEMORAL NERVE BLOCK VERSUS ADDUCTOR CANAL BLOCK IN KNEE AND BELOW KNEE SURGERIES FOR POST OPERATIVE ANALGESIA- A PROSPECTIVE INTERVENTIONAL STUDY : Dr.Kshitija
30. Combined segmental spinal epidural anaesthesia for Modified Radical Mastectomy surgery:Safety and feasibility study : Dr.Priya
31. Assessment of Postoperative Recovery in Laparoscopic Cholecystectomy by Modified Aldrete Score versus Fast-Track Criteria : Dr.Advay
32. Efficacy of IV infusion of Lignocaine 2% and IV Magnesium sulphate 50% for perioperative hemodynamic stability and analgesia in patients undergoing various laparoscopic procedures under general anesthesia. : Dr.Murnali
33. peri-operative analgesia and complication profile in patients under going elective unilateral breast surgery who receives PNS guided continuous erector spinae plane block vs thoracic epidural analgesia : Dr.jeevith
34. A Comparative Analysis of Dexmedetomidine versus Dexamethasone in Supraclavicular Brachial Plexus Block: A Prospective Observational Study : Dr.Akshita
35. A Comparative study of effect of propofol and Thiopentone on hemodynamics , seizure duration and Recovery profile in Modified Electroconvulsion Therapy : Dr.Rashmi
36. hemodynamic stability in critically ill patients by using inj Ketamine+ inj propofol comparing with inj etomidate during intubation in intensive care uni : Dr.Mahendra
37. Comparison of Intrathecal Fentanyl and Buprenorphine as an Adjuvant to 0.5% Hyperbaric Bupivacaine for Spinal Anesthesia : Dr.Kothekar
38. COMPARATIVE STUDY BETWEEN ISOBARIC LEVOBUPIVACAINE 0.5% 10MG VS HYPERBARIC 0.5% 10MG FOR SPINAL ANESTHESIA UNDERGOING ELECTIVE CESAREAN SECTION :Anuja
39. A prospective comparative study in patients undergoing thoracic spine surgery with USG guided Erector spinae plane block plus standard analgesia and those patients with standard analgesia without Erector spinae plane block :Dr .Mahesh

**39)**Comparative study of Levobupivacaine 0.125% versus Levobupivacaine 0.125% with Nalbuphine 0.1 mg/kg

for caudal analgesia in paediatric patients undergoing infra umbilical surgeries under general anaesthesia.

Dr.Priyanka

**40)** Comparison of efficacy of McCoy blade with vediolaryngoscope and with direct laryngoscope in cervical

spine surgery : Dr. Pratiksha

**41)** Evaluation of nebulised dexmedetomidine and nebulised fentanyl for attenuation of hemodynamic response

to laryngoscopy and tracheal intubation: Observational study : Dr.Shejal

1. A PROSPECTIVE COMPARATIVE STUDY OF DEXMEDETOMIDINE AND FENTANYL AS AN ADJUNCT

TO LOCAL ANAESTHETICS IN PNS GUIDED COMBINED FEMORAL AND SCIATIC NERVE BLOCK IN LOWER LIMB SURGERIES :Dr.Vaibhav

1. Comparison between ultrasound guided fascia iliaca block and ultrasound guided femoral nerve block in

patient positioning before spinal anaesthesia : Dr.Somesh

**44)** A COMPARITIVE STUDY OF USG GUIDED FEMORAL NERVE BLOCK VERSUS ADDUCTOR CANAL

BLOCK IN KNEE AND BELOW KNEE SURGERIES FOR POST OPERATIVE ANALGESIA- A

PROSPECTIVE INTERVENTIONAL STUDY :Aishwarya

1. **Ongoing Research Activities in the college excluding PG thesis** (LIC to verify the relevant details of any one of ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc., and give the remarks below).
2. Comparative analysis of hemodynamic monitoring techniques in trauma resuscitation:CVP vs IJV

and IVC distensibility/collapsibility-- Dr. Sushmitha H.L.

1. Comparison of nebulised ropivacaine(0.75%) versus nebulised dexmedetomidine and nebulised

lignocaine 4% in patients undergoing surgery under general anaesthesia” - Dr. Aysath Nuhaema

1. Comparison of efficacy of bupivacaine with fentanyl and ropivacaine with fentanyl for labour

analgesia : A prospective observational study- Dr. Pu La Himabindu

1. Comparative evaluation of landmark-guided versus preprocedural ultrasound assisted paramedian

technique in subarachnoid block for lower limb surgeries- Dr. Pallavi Saxena

1. Demographic profile and perioperative course of partiuents with heart disease posted for cesarean

section : A Retrospective observational Study- Dr. Alok Yadav

1. A study on effectiveness of lung ultrasound versus cxr for diagnosis of lung consolidation-

Dr. Neharica Seth

**MUHS Faculty Evaluation Status:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Evaluation carried out at College level** | **Total No. of Teachers** | **Total evaluation carried out** | **Remaining pending with reasons** |
|  |  |  |  |
|  |  |  |  |

1. **Status of NAAC Accreditation: Accredited Yes / No / Not Applicable**

If Yes, Grade & Date of last Inspection:

If No, what is current status/ progress of work

1. **Status of Online Boarding:**
2. **Services for person with Disability:**
3. **Availability of Freeship/ Scholarship for category Students:**
4. **Students Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Particulars to be verified** | **Details on**  **College Website** | **Adequate/**  **Inadequate** |
| 1 | **Hostel facility:**  Boys (UG) | Yes/No |  |
| 2 | Boys (PG) | Yes/No |  |
| 3 | Girls (UG) | Yes/No |  |
| 4 | Girls (PG) | Yes/No |  |
| 5 | Interns | Yes/No |  |
| 6 | Residents | Yes/No |  |
| 7 | Canteen Facility  [**Note**: Verify Canteen Facility is monitored as per MUHS  Circular No.18/2019 dated 19/03/2019]. | Yes/No |  |
| 8 | Warden/ Rector | Yes/No |  |
| 9 | Hygiene | Yes/No |  |
| 10 | Vending Machine | Yes/No |  |
| 11 | Toilets / Washroom Facilities (Cleanness & Hygiene  maintain) | Yes/No |  |
| 12 | Housekeeping at Hostel | Yes/No |  |
| 13 | Drinking Water Facilities | Yes/No |  |
| 14 | Security Services | Yes/No |  |

1. **Fees Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Continuation / Extension of Affiliation Fees Details:** | | | | |
| Course (s) | Paid / Not paid | Amount | Outstanding (if any) | Reasons of Non-payment |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Any Other Fees Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | Type of Fee | Paid / Not paid | Amount | Outstanding (if any) | Reasons of Non-payment |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Date of college data uploaded on web portal ([http://aishe.gov.in)](http://aishe.gov.in/) regarding “All India Survey on Higher Education (AISHE)”. Yes/No**

**Date of Uploading : ……/…../……..**

1. **Summary and other observation of LIC: (If required separate sheet to be attached).**

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

|  |  |  |  |
| --- | --- | --- | --- |
| **No. of Annexures** | **Particulars** | **Verified by Committee** | **Remark** |
| **ANNEXURE- I- A& I-B** | **Approved Teaching Staff & Total Teaching Staff (Approved + Notapproved) Information as per MSR**   1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE-II** | **LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents)**   1. Hard copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website | Yes/No |  |
| **ANNEXURE-III** | **Intake Capacity/ Seat Matrix**   1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE- IV** | **Total Subject-wise Teacher Staff List (Approved + Not approved)**   1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE- V** | **Total Ancillary Staff Information**  The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE- VI** | **Total Non-Teaching Staff Information**  The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE-VII** | **Examination Related Information**  Hard copy & soft copy of this Annexure must be submitted to the University).  The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE-VIII** | **Form for Fellowship/Certificate Course(s)**  Hard copy & soft copy of this Annexure must be submitted to the University).  The information must be made available on the College/Training Centre website. | Yes/No |  |
| **ANNEXURE-IX** | **Form for Ph.D Courses**  Hard copy & soft copy of this Annexure must be submitted to the University).  The information must be made available on the College/Training Centre website. | Yes/No |  |
| **ANNEXURE-X** | **Declaration by the Dean / Principal of the College / Institute**  Original copy of this Annexure must be submitted to the University. | Yes/No |  |

**Information to be provided by the College for verification of Local Inquiry Committee LIST OF ANNEXURE FOR LIC**

**IMPORTANT INSTRUCTIONS & DECLARATIONS:**

1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.
3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college website for a period of 05 years from time to time. In case if any information (Annexurewise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

**Date :** ……………………. Signature of Dean/Principal

**Place :** …………………… Name of the Signatory- (with Seal of the College / Institute)

### DECLARATION BY LIC

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

|  |  |  |
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| **Name of Inspectors** | | **Signature of Inspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**Date: …………………**

## Short Report

To,

The Registrar M.U.H.S., Nashik

**Sub: -** Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting

…………………………………………………………………………………….. College on dated ……………….… and sending a **Short Report** regarding present Teaching Staff and IPD in your prescribed format as follows at 11.00 a.m.

1. Number of Teaching Staff present: …………………..
2. Number of IPD patients on Bed: ………………………

(Photocopy of Attendance of Teacher and IPD at the time 11:00 a.m.)

* 1. ………………………………………… (Name & Sign of LIC Member)
  2. ………………………………………… (Name & Sign of LIC Member)
  3. ………………………………………… (Name & Sign of LIC Member)
  4. ………………………………………… (Name & Sign of LIC Chairman)

### ANNEXURE- I-A

**Maharashtra University of Health Sciences, Nashik**

**Name of College/Institute: B.J. Govt. Medical College, Pune**

**Intake Capacity: 18 Recognized/Permitted 18 If permitted, Stage of renewal: …………..**

### APPROVED TEACHING STAFF AVAILABLE

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Requirement (A)** | | | **Available**  **(b)** | | | **Deficiency**  **(A-b)= (C)** | | | **Remark** |
|  | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** |  |
| Anatomy |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |
| Community Medicine |  |  |  |  |  |  |  |  |  |  |
| Gen. Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin & VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia | 1 | 4 | 6 | 3 | 5 | 11 | 0 | 0 | 0 | Nil |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

* Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
* Staff requirement should also include requirement for any running PG course in the institute.
* Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
* Deficiency of SR cannot be compensated by extra teacher.

**Deficiency in faculty % =** (Total deficiency of approved faculty) \* 100/ (Total Required faculty)Available approved faculty % = **100 – Deficiency % =**

(Faculty includes Professors, Associate Professors and Assistant Professors)

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE- I-B**

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

**Name of College/Institute: B.J. Govt. Medical College, Pune**

**Intake Capacity: 18 Recognized/Permitted: 18 If permitted, Stage of renewal: …………..**

### TOTAL (APPROVED + NOT APPROVED) TEACHING STAFF AVAILABLE:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Requirement (A)** | | | **Available**  **(b)** | | | **Deficiency**  **(A-b)= (C)** | | | **Remark** |
|  | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** |  |
| Anatomy |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |
| Community Medicine |  |  |  |  |  |  |  |  |  |  |
| Gen. Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin & VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia | 1 | 4 | 6 | 3 | 5 | 11 | 0 | 0 | 0 | Nil |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

* . Requirement is to be calculated as per MCI/NMC norms as the case may be, andconsidering the stage of renewal.
* Staff requirement should also include requirement for any running PGcourse in the institute.
* Extra teacher on higher post can compensate deficiency of teacher on lower postin same department.
* Deficiency of SR cannot be compensated by extra teacher.

**Deficiency in faculty % =** (Total deficiency of approved faculty) \* 100/ (Total Required faculty)Available approved faculty % = **100 – Deficiency % =**

(Faculty includes Professors, Associate Professors and Assistant Professors)

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-II**

**Name of College/Institute: B. J. Govt. Medical College, Pune Name of the Department: Department of Anaesthesiology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Teacher** | **Designation** | **MUHS Approved**  **Designation** | **Signature** |
| 1 | Dr.Surekha Shinde | Prof.& HOD | Prof.& HOD |  |
| 2 | Dr.Yogesh Vijaykumar Gawali | Professor | Professor |  |
| 3 | Dr.Surekha Chavan | Professor | Professor |  |
| 4 | Dr.Sunita Khedkar | Ass.Professor | Ass.Professor |  |
| 5 | Dr.Vijay Patil | Ass.Professor | Ass.Professor |  |
| 6 | Dr.Neha Kamble | Ass.Professor | Ass.Professor |  |
| 7 | Dr.Shushama Tandale | Ass.Professor | Ass.Professor |  |
| 8 | Dr.Kirti Kundalwal | Ass.Professor | Ass.Professor |  |
| 9 | Dr.Sujit J Kshirsagar | Asst. Professor | Asst. Professor |  |
| 10 | Dr.Ranjeet Bondar | Asst. Professor | Asst. Professor |  |
| 11 | Dr.Pritibala R.Sharma | Asst. Professor | Asst. Professor |  |
| 12 | Dr.Nuzahat Anjum | Asst. Professor | Asst. Professor |  |
| 13 | Dr.Tushar Sidgur | Asst. Professor | Asst. Professor |  |
| 14 | Dr.Sourabh Sable | Asst. Professor | Asst. Professor |  |
| 15 | Dr.Rahul Kamble | Asst. Professor | Asst. Professor |  |
| 16 | Dr.Aishwarya Paralkar | Asst. Professor | Asst. Professor |  |
| 17 | Dr.Sneha Telange | Asst. Professor | Asst. Professor |  |
| 18 | Dr. Sreemol | Asst. Professor | Asst. Professor |  |
| 19 | Dr.Mona Basantwani | Asst. Professor | Asst. Professor |  |

**Summary –**

**Approved Staff Approved + Non Approved Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 3 | 0 |
| 2 | Associate Professor | 4 | 5 | 0 |
| 3 | Assistant  Professor | 6 | 11 | 0 |
| 4 | Senior Resident | 5 | 3 | 2 |
| 5 | Junior  Resident | 51 | 51 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 3 | 0 |
| 2 | Associate Professor | 4 | 5 | 0 |
| 3 | Assistant  Professor | 6 | 11 | 0 |
| 4 | Senior Resident | 5 | 3 | 2 |
| 5 | Junior  Resident | 51 | 51 | 0 |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-III**

**Intake capacity/ Seat Matrix**

**Name of College/Institute:……………………………..…………….………………………..**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UG Degree/PG Degree/ Diploma Courses/Super Specialty** | **Intake as per Council** | | **Status of Council** | | | | | | **Max. Seats Permitted by MUHS as per Teacher:**  **Student Ratio** | |
| **Degree** | | | **Diploma** | | |
| **Degree** | **Diploma** | **Recognized** | **Permitted** | | **Recognized** | | **Permitted** | **Degree** | **Diploma** |
| **UG Degree** | | | | | | | | | | |
| **MBBS** |  | Not  Applicable |  | |  | | Not Applicable | | Not Applicable | |
| **PG Degree / Diploma & SuperSpecialty** | | | | | | | | | | |
| MD Anaesthesiology | 18 | 0 | 18 | | 0 | | NA | NA | 18 | 0 |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |

**Any Other, Please Specify:** …………………………………………………….

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IV**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**

**UG Degree/ PG Degree/ Super Specialty) AS ON: ….. /……. /……….**

**Name of the Dept. : Dept. Of Anaesthesiology Subject: Anaesthesiology Whether UG…. /UG+PG..… /UG+PG+SuperSpecialty……Name of the College : B.J. Govt. Medical College, Pune College Code : …Intake Capacity: ……………….**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Subject** | **Name of Teacher** | **Designation** | **Mob No** | **E mail ID** | **DOB** | **Whether belongs to**  **Reserved**  **category**  **(if Yes, specify category)** | **Date of appointment at College** | **Teaching Experience** | | | | **Total Teaching Experienc ein years of PG** | **Type of Appoint ment**  **Temp./ Regular/ Contractual** | **University Approval Status (Yes/No)** | **Temporary Approval** | | **Details of PG Recognition** | | **MET**  **Works hop attende d in last**  **5 years** | **Photo graph with Signat ure** |
| **UG(Yrs.)** | | | |
| **Asst. Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **from** | **To** | **Temp/ Regular** | **Letter**  **No.& date** |  |  |
| 1 | Anaesthesia | Dr.Surekha Shinde | Prof.& HOD | 9422301445 | [sureshinde@gmail.com](mailto:sureshinde@gmail.com) | 19/06/1964 | open | 12-01-2020 | 12yrs7mths | 12yrs9mths | 6yrs | 33yrs6mths | 31yrs6mths | Regular | Yes | NA | NA | Regular | MUHS/E-1/UG&PG/1202/755-18/2007 dt 24/07/2007 | Yes |  |
| 2 | Anaesthesia | Dr.Yogesh Vijaykumar Gavali | Professor | 7798984648 | [yogeshgevali1977@gmail.com](mailto:yogeshgevali1977@gmail.com) | 01/10/1977 | SC | 14-10-2024 | 9yrs4mths | 8yrs5mths | 2yrs2mths | 22yrs5mths | 20yrs5mths | Regular | Yes | NA | NA | Regular | MUHS/E-1/PG1202/751/11 dt 18/04/2011 | Yes |  |
| 3 | Anaesthesia | Dr.Surekha Chavan | Professor | 9764901551 | Surekhachavan659@gmail.com | 25/08/1969 | open | 30-10-2024 | 13yrs9mths | 8yrs3mths | 2yrs1mths | 26yrs1mths | 24yrs1mths | Regular | Yes | NA | NA | Regular | MUHS/E-1/UG&PG/1202/755-18/2007 dt 24/07/2007 | Yes |  |
| 4 | Anaesthesia | Dr.Sunita Khedkar | Ass.Professor | 9823244992 | sunitamk9@gmail.com | 01/06/1979 | NT-D | 23/03/2021 | 18yrs | 3yrs11mths | -- | 21yrs11mths | 19yrs 11mths | Regular | Yes | NA | NA | Regular | MUHS/E-1/PG1202/751/11 dt 18/04/2011 | Yes |  |
| 5 | Anaesthesia | Dr.Vijay Patil | Ass.Professor | 9923600330 | [vjdhoran@gmail.com](mailto:vjdhoran@gmail.com) | 02/10/1984 | OBC | 18-01-2024 | 10yrs3mths | 1yr | --- | 12yrs3mths | 10yrs3mths | Regular | Yes | NA | NA | Regular | MUHS/UG/E-1/53/1501/6526/2016 Dt; 10/10/2016 | Yes |  |
| 6 | Anaesthesia | Dr.Neha Kamble | Ass.Professor | 9834192460 | Nehakamble\_84@yahoo.com | 06/11/1984 | SC | 15-10-2024 | 12yrs3mths | 4mth | -- | 12yrs7mths | 10yrs7mths | Regular | Yes | NA | NA | Regular | MUHS/PG/E-1/1202/348/2020 datre 07/02/2020 | Yes |  |
| 7 | Anaesthesia | Dr.Shushama Tandale | Ass.Professor | 9870253238 | [docsushma.shitole@gmail.com](mailto:docsushma.shitole@gmail.com) | 26/10/1983 | NT-C | 12-10-2024 | 11yrs | 4mths | --- | 13yrs4mths | 11yrs4mths | Regular | Yes | NA | NA | Regular | MUHS/E-1/PG1202/2323/19 dt 12/02/2019 | Yes |  |
| 8 | Anaesthesia | Dr.Kirti Kundalwal | Ass.Professor | 9112196906 | [drkirtikundalwal@gmail.com](mailto:drkirtikundalwal@gmail.com) | 21/06/1985 | NT-B | 12-10-2024 | 11yrs | 4mths | --- | 13yrs4mths | 11yrs3mths | Regular | Yes | NA | NA | Regular | MUHS/E-1/PG1202/924/19 dt 25/02/2019 | Yes |  |
| 9 | Anaesthesia | Dr.Sujit J Kshirsagar | Asst. Professor | 8983741147 | bjsujit@gmail.com | 16/08/1988 | OBC | 13-05-2019 | 4yrs9mths | --- | --- | 7yrs 8mths | 4yrs9mths | Regular | -- | NA | NA | NA | --- | Yes |  |
| 10 | Anaesthesia | Dr.Ranjeet Bondar | Asst. Professor | 9892329613 | [ranjeet.bondar@gmail.com](mailto:ranjeet.bondar@gmail.com) | 13/07/1989 | NT-D | 28-02-2023 | 1yr11mths | --- | --- | 2yrs11mths | 1yr11mths | Regular | -- | NA | NA | NA | --- | no |  |
| 11 | Anaesthesia | Dr.Pritibala R.Sharma | Asst. Professor | 7020355285 | [drpriti166@gmail.com](mailto:drpriti166@gmail.com) | 17/06/1986 | open | 12-04-2024 | 9mths | -- | -- | 2yrs9mths | 9mths | Regular | --- | NA | NA | NA | ------- | no |  |
| 12 | Anaesthesia | Dr.Nuzahat Anjum | Asst. Professor | 9284157529 | [nuzhatanjum91@gmail.com](mailto:nuzhatanjum91@gmail.com) | 11/05/1991 | open | 12-12-2022 | 2yrs1mth | -- | --- | 4yrs1mth | 2yrs1mth | Contracutal | --- | NA | NA | NA | --- | no |  |
| 13 | Anaesthesia | Dr.Tushar Sidgur | Asst. Professor | 9561285429 | [tusharsidgur1@gmail.com](mailto:tusharsidgur1@gmaip.com) | 06/03/1992 | NT-C | 20-10-2023 | 1yr3mths | --- | --- | 3yrs3mths | 1yr3mths | Contracutal | --- | NA | NA | NA | --- | no |  |
| 14 | Anaesthesia | Dr.Sourabh Sable | Asst. Professor | 9689267194 | [sablesourabh61@gmail.com](mailto:sablesourabh61@gmail.com) | 23/06/1994 | OBC | 10-10-2023 | 1yr3mths | -- | --- | 3yrs3mths | 1yr3mths | Contracutal | --- | NA | NA | NA | --- | no |  |
| 15 | Anaesthesia | Dr.Rahul Kamble | Asst. Professor | 8208430078 | [rak4642@gmail.com](mailto:rak4642@gmail.com) | 06/10/1991 | SC | 04-11-2024 | 2mths | -- | --- | 2yrs2mths | 2mths | Contracutal | --- | NA | NA | NA | --- | no |  |
| 16 | Anaesthesia | Dr.Aishwarya Paralkar | Asst. Professor | 8275237742 | [paralkaraishwarya3194@gmail.com](mailto:paralkaraishwarya3194@gmail.com) | 03/01/1994 | open | 20-04-2024 | 9mths | --- | --- | 2yrs9mths | 9mths | Contracutal | --- | NA | NA | NA | --- | no |  |
| 17 | Anaesthesia | Dr.Sneha Telange | Asst. Professor | 7972244192 | [snehatelange066@gmail.com](mailto:snehatelange066@gmail.com) | 08/05/1996 | OBC | 01-11-2024 | 2mths | -- | -- | 2yrs2mths | 2mths | Contracutal | --- | NA | NA | NA | --- | no |  |
| 18 | Anaesthesia | Dr. Sreemol | Asst. Professor | 8600465446 | [sree3693@gmail.com](mailto:sree3693@gmail.com) | 06/03/1993 | open | 06-11-2023 | 1yr2mths | --- | -- | 3yrs2mths | 1yr 2mths | Contracutal | ---- | NA | NA | NA | --- | no |  |
| 19 | Anaesthesia | Dr.Mona Basantwani | Asst. Professor | 7378592689 | [monabasantwan20@gmail.com](mailto:monabasantwan20@gmail.com) | 04/07/1995 | open | 02-11-2024 | 2mths | --- | -- | 2yrs2mths | 2mths | Contracutal | ---- | NA | NA | NA | --- | no |  |

**Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

### ANNEXURE-V

**Ancillary staff**

**Name of the College / Institute: B.J. Govt. Medical College, Pune**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Post** | **Required** | **EXT.** | **DEF.** |
| Central Record Section | Medical Record Officer Statistician  Coding Clerks Recording Clerks Drafteries  Peon  Steno-Typist |  |  |  |
| Central Animal House | Veterinary Officer Animal Attendant  Technicians for Animal Operation Room Sweepers |  |  |  |
| Central Library | Librarian with Degree in Lib. Sci. Deputy Librarian  Documentalist Cataloguer Library Assistant Dafteries  Peons |  |  |  |
| Central Photographic cum Audio Visual Unit | Photographer Artist Modelleor  Dark Room assistant Audio Visual Technician  Storekeeper cum Clerk Attendant |  |  |  |
| Medical Education Unit | Officer Incharge (Principal/Dean)  Co-Ordinator  (Head of Deptt. nominated by Principal / Dean)  Faculty college faculty on part time basis. Supporting Staff**:**  Stenographer  Computer Operator  Tech. in Audio Visual Photograph & Artist |  |  |  |
| Central Sterilization Services Dept. | Matron Staff Nurse  Technical Asst. Technician Ward Boy Sweeper |  |  |  |
| Laundry | Supervisor Dhobi/Washerman/woman  Packer |  |  |  |
| Blood Bank | Professor/Reader Lecturer Technician  Lab Attendants Storekeepers Record Clerk |  |  |  |
| Central Casualty Service | Casualty Medical Officers Operation Theatre staff Stretcher bearers Recept. cum Clerk  Ward Boys  Nursing and Para Medical staff Clinical staff for casualty beds |  |  |  |
| Central Workshop | Superintendent who shall be qualified Engineer  Senior Technician Junior Technicians Carpenter  Black Smith Attendants |  |  |  |

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### ANNEXURE-VI

**Name of the College / Institute : B J Government Medical College, Pune**

**Total Non-Teaching Staff**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Technical Assistant/ Technician** | | | **Storekeeper/ Record Keeper cum Clerk cum Computer**  **Operator** | | | **Laboratory Attendant** | | | **Steno Typist cum Computer Operator** | | | **Sweeper** | | | **Others** | | | |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dissection Hall  Attendant |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comm. Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Record Keeper cum Clerk cum  Computer Operator |  |  |  |
| (a) Rural Health Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector/  Health Assist.(Male) |  |  |  |
| Health Educator |  |  |  |
| Peon |  |  |  |
| Van Driver |  |  |  |
| (b)Urban Health Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector |  |  |  |
| Health Educator |  |  |  |
| Van Driver |  |  |  |
| Peon |  |  |  |
| Record Clerk |  |  |  |
| Medicine TB & Chest Psychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E.C.G. Technician  T. B. & Chest Diseases Health Visitor Psychiatric Social worker |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Child- Psychologist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Health Educator |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Worker |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Technical Assistant/ Technician** | | | **Storekeeper/ Record Keeper cum Clerk cum Computer Operator** | | | **Laboratory Attendant** | | | **Steno Typist cum Computer Operator** | | | **Sweeper** | | | **Others** | | | |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| ENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Audiometry Tech. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Speech Therapy |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Refractionist |  |  |  |
| Obst. &Gynaec. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Workers |  |  |  |
| Radiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dark Room Asst. |  |  |  |
| Radio-Therapy (optional) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physicist  Dark room Asst. |  |  |  |
| Anesthesia | 8 | 0 | 8 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 |  |  |  |  |
| Physical Medicine & Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physiotherapist Occupational Therapist Workshop Worker  Clinical Psychologist MSW  Public Health Nurse Vocational Counsellor Multi – Rehabilitation Worker  Speech Therapist |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-VII-A**

### EXAMINATION RELATED INFORMATION FOR A.Y. 20……-20……..

**For Online Transmission of Question Papers:**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Infrastructure facilities at College** | **Yes /No** |
| **Strong Room :** | | |
| **1** | It must have Single Door Entry/Exit (with Safety Door/Grill for  windows) |  |
| **2** | Minimum Area shall be 20 x 20 sq. ft. |  |
| **3** | Adequate Steel Almirah/Cupboard for storage of Answer Books. |  |
| **4** | C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper  process. |  |
| **5** | Latest version Computer (Minimum 4) and Printer (Minimum 4) with  Inverter facility, MS Office, PDF Reader, Winrar or Winzip. |  |
| **6** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class ‘A’ ISP to ensure uninterrupted  downloading facility, with 2(two) static IP’s, Internet Dongle. |  |
| **7** | Adequate Number of Paper Rims for printing Question Papers. |  |
| **8** | One Photocopy Machine, UPS Backup. |  |
| **Scanning Room :** | |  |
| **9** | Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (Laptops and  Scanners will be provided by the University Appointed Agency) |  |
| **10** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class ‘A’ ISP to ensure uninterrupted  downloading facility, with 2(two) static IP’s, Internet Dongle. |  |

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Infrastructure facilities at College** | **Yes /No** |
| **1** | Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with  Computer charts and key board tray. |  |
| **2** | Wiring and Networking (with Raw Power Supply and UPS) and one  Printer per DEC |  |
| **3** | Air conditioners, Bio metric system, CCTV installation, Rest rooms  and 24 x 7 security. |  |
| **4** | Collapsible gate for the main entrance with Name board and locking  facility. |  |
| **5** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class ‘A’ ISP to ensure uninterrupted  downloading facility, with 2(two) static IP’s. |  |
| **6** | Appointment of one Professor as a **Examination Co-ordinator** to  Co-ordinate this Online process. |  |
| **7** | Separate Evaluation Room for Evaluating the Answer Books under  CCTV Survellience |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

D:\Teacher Approval (MBBS)\2023\LIC Form for A.Y. 2023-24\ Inspection Format and Short Report with all Annexures Page **15** of **26**

Name of the College : **BJGMC & SGH PUNE**

Phone/Mobile No. : Name of the Subject :

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

### Anaesthesiology ANNEXURE-VII-B

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **College Name** | **Subject** | **Full name of the Teacher (First/Middl e/Last)** | **Design ation** | **Date of Joining** | **UG**  **Qualifica tion & year of Passing** | **PG**  **Qualificati on & Year of Passing** | **Teachin g Experien ce after PG**  **passing** | **MUHS**  **Approval (Yes/No)** | **If Yes MUHS Approval Letter & Date** | **Adhar No.** | **Pan No.** | **Date of Birth (Age in years** | **Latest Email Addre ss** | **Contac t No. (Mob.)** | **Debarred Yes/No** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |
| **1** | BJGMC & SGH PUNE | Anaesthesia | Dr Shinde Surekha Sanjeev | HOD & Professor | 15-09-1993 | MBBS-1985 | MD Anaesthesia-1989 | 31 years | Yes | MUHS/E-1/UG&PG/1202/155-16/2007  Dt:24/02/2007 | 750415156901 | ACXPS0772Q | 19/06/1964 (61) | sureshinde@gmail.com | 9422301445 | No |
| **2** | BJGMC & SGH PUNE | Anaesthesia | Dr Gavali Yogesh | Professor | 14-10-2024 | MBBS-1999 | MD Anaesthesia-2005 | 19 Years 10 Month | Yes | MUHS/UG/E-1/1202/3643/2010  Dt: 30/11/2010 | 791836731853 | AIUPG089R | 01/10/1977  (47) | Yogeshgavali1977@gmail.com | 7798984648 | No |
| **3** | BJGMC & SGH PUNE | Anaesthesia | Dr Chavan Surekha Sudhir | Professor | 30-10-2024 | MBBS-1993 | MD Anaesthesia-1997 | 24 years 1 month | Yes | MUHS/E-1/UG&PG/1202/155-16/2007  Dt:24/02/2007 | 296737097914 | AAGPC2563C | 25/06/1969 (56) | Surekhachavan659@gmail.com | 9764901551 | No |
| **4** | BJGMC & SGH PUNE | Anaesthesia | Dr Khedkar Sunita Milind | Associate Professor | 09-09-2005 | MBBS 1999 | MD Anaesthesia-2005 | 19 years 3 Months | Yes | MUHS/E-1/UG&PG/1202/155-16/2007  Dt:24/02/2007 | 324472481470 | APEPK7284D | 01/06/1979 (46) | sunitamk9@gmail.com | 9823244992 | No |
| **5** | BJGMC & SGH PUNE | Anaesthesia | Dr Patil Vijay Harishchandra | Associate Professor | 18-01-2024 | MBBS 2006 | MD Anaesthesia-2013 | 10 years 10 Months | Yes | MUHS/UG/E-1/53/1501/6526/2016  Dt: 10/10/2016 | 810648975918 | BNCPP6223K | 02/10/1984  (39) | vjdhoran@gmail.com | 9923600330 | No |
| **6** | BJGMC & SGH PUNE | Anaesthesia | Dr Kamble Neha Prabhakar | Associate Professor | 15-10-2024 | MBBS- 2007 | MD Anaesthesia-2012 | 12 years | Yes | MUHS/UG/E-1/53/1202/417/2019  Dt: 24/01/2019 | 646106540951 | BCPPK8794R | 06/11/1984 (39) | Nehakamble\_84@yahoo.com | 9834192460 | No |
| **7** | BJGMC & SGH PUNE | Anaesthesia | Dr Tandale Sushma Satish | Associate Professor | 12-04-2016 | MBBS-2005 | MD Anaesthesia-2011 | 13 years 7 Months | Yes | MUHS/UG/E-1/53/1108/30/2015  Dt: 20/02/2015 | 741678540509 | AFRPT4981R | 26/10/1983  (42) | docsushma.shitole@gmail.com | 9870253238 | No |
| **8** | BJGMC & SGH PUNE | Anaesthesia | Dr Kundalwal Kirti Arvind | Associate Professor | 23-04-2015 | MBBS-2008 | MD Anaesthesia-2013 | 11 Years 2 Months | Yes | MUHS/UG/E-1/53/1202/7688/2016  Dt:29/12/2016 | 800230845111 | BUMPK5467J | 21/06/1985 (40) | drkirtikundalwal@gmail.com | 9112196906 | No |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

### ANNEXURE-VII-C

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Name of the College : **BJGMC & SGH PUNE** Phone/Mobile No. : Name of the Subject : Anaesthesiology

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of Teacher (Last Name First Name Middle Name)** | **Designation** | **Subject/ Speciality** | **Type of Appoint ment (Regular/ Temp. / Honorary** | **Qualification** | **University Approx at (UG)** | **PG**  **Teaching Experienc e (in Years) after**  **PGM** | **PG**  **Teacher Recopnil ion Yes/No** | **(Recognition Letter Date issued by University)** | **No. of PG**  **Students Guided last 5 year** | **Date of Birth** | **E-**  **mall ID** | **Mobile No.** | **Aadhar Card No** | **If Debar red (Yes/N o)** | **Sign.. of Teache r** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr Shinde Surekha Sanjeev | HOD & Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 31 years | Yes | MUHS/E-1/UG&PG/1202/755-18/2007  Date : 24/07/2007 | 15 | 19/06/1964 | sureshinde@gmail.com | 9422301445 | 750415156901 | No |  |
| 2 | Dr Gavali Yogesh | Professor | Anaesthesia | Regular | MD & DNB Anaesthesia | MUHS | 19 Years 10 Month | Yes | MUHS/E-1/PG1202/751/11 dt 18/04/2011 | 3 | 01/10/1977 | Yogeshgavali1977@gmail.com | 7798984648 | 791836731853 | No |  |
| 3 | Dr Chavan Surekha Sudhir | Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 24 years 1 month | Yes | MUHS/E-1/UG&PG/1202/755-18/2007  Date : 24/07/2007 | 8 | 25/06/1969 | Surekhachavan659@gmail.com | 9764901551 | 296737097914 | No |  |
| 4 | Dr Khedkar Sunita Milind | Associate Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 19 years 3 Months | Yes | MUHS/E-1/PG1202/751/11 dt 18/04/2011 | 7 | 01/06/1979 | sunitamk9@gmail.com | 9823244992 | 324472481470 | No |  |
| 4 | Dr Patil Vijay Harishchandra | Associate Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 10 years 10 Months | Yes | MUHS/UG/E-1/53/1501/6526/2016  Dt; 10/10/2016 | 6 | 02/10/1984 | vjdhoran@gmail.com | 9923600330 | 810648975918 | No |  |
| 5 | Dr Kamble Neha Prabhakar | Associate Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 12 years | Yes | MUHS/PG/E-1/1202/348/2020  Dt: 07/02/2020 | 5 | 06/11/1984 | Neha-84@yahoo.com | 9834192460 | 646106540591 | No |  |
| 6 | Dr Tandale Sushma Satish | Associate Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 13 years 7 Months | Yes | MUHS/E-1/PG1202/2323/19 dt 12/02/2019 | 5 | 26/10/1983 | docsushma.shitole@gmail.com | 9870253238 | 741678540509 | No |  |
| 7 | Dr Kundalwal Kirti Aravind | Associate Professor | Anaesthesia | Regular | MD Anaesthesia | MUHS | 11 Years 2 Months | Yes | MUHS/E-1/PG1202/924/19  Dt :25/02/2019 | 5 | 21/06/1985 | drkirtikundalwal@gmail.com | 9112196906 | 800230845111 | No |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE- VIII**

## FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20……-20……..

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

|  |  |  |
| --- | --- | --- |
| **Date of Inspection** | **:** |  |

1. **Name(s) of the Fellowship/Certificate Course(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Fellowship/Certifica teCourse** | **Course Started from the**  **Academic Year** | **Intake Capacity Sanctioned by**  **the University** | **Name of Mentorand Contact Details** |
| 01 | Paediatric Anaesthesia | 2015 | 02 | Dr Surekha Shinde  Mobile no. -9422301445  Email id- sureshinde@gmail.com |
| 02 | Chronic Pain Medicine | 2016 | 02 | Dr Surekha Shinde  Mobile no. -9422301445  Email id- sureshinde@gmail.com |
| 03 | Critical Care Medicine | 2017 | 02 | Dr Surekha Shinde  Mobile no. -9422301445  Email id- sureshinde@gmail.com |

**(Attach separate List if necessary)**

1. **Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Academic Year** | **Name of Fellowship / Certificate Course** | **Intake Capacity** | **No. of Students**  **Admitted**  (In figure only) |
| 1 | A.Y. 2024. – 2025. | Paediatric Anaesthesia  Chronic Pain Medicine  Critical Care Medicine | 02  02  02 | 01  01  00 |
| 2 | A.Y. 2023. – 2024. | Paediatric Anaesthesia  Chronic Pain Medicine  Critical Care Medicine | 02  02  02 | 00  00  00 |
| 3 | A.Y. 2022. – 2023 | Paediatric Anaesthesia  Chronic Pain Medicine  Critical Care Medicine | 02  02  02 | 00  00  01 |
| 4 | A.Y. 2021 – 2022 | Paediatric Anaesthesia  Chronic Pain Medicine  Critical Care Medicine | 02  02  02 | 00  00  00 |
| 5 | A.Y. 2020.. – 2021 | Paediatric Anaesthesia  Chronic Pain Medicine  Critical Care Medicine | 02  02  02 | 00  01  01 |
|  | A.Y 2019 - 2020 | Paediatric Anaesthesia  Chronic Pain Medicine  Critical Care Medicine | 02  02  02 | 01  01  00 |

**ANNEXURE- VIII-A**

# Information to be submitted with respect to newly appointed mentors

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Chronic Pain Medicine

This to Certify that Dr. Neha Kamble has worked in the Department of BJGMC and SGH, Pune Training Centre as per following details

1. **General Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total period Year/Months** | |
| Senior Resident |  |  |  |  |
| Assistant Professor | 24/042015 | 14/10/2024 | 9 years | 5 Months 20 Days |
| Assosicate Professor | 15/10/2024 | Till Date |  | 3 Months till date |

1. **Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total period Year/Months** | |
| Assistant Professor | ….….. | ….……… |  | 12 Months |
|  |  |  |  |  |

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp Sign & Stamp

Head of the Department Dean/Principal/Head of Institute

Date : / / Date: / /

|  |  |  |
| --- | --- | --- |
| **Name of Inspectors** | | **Signature of Inspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

# Information to be submitted with respect to newly appointed mentors

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Fellowship in Paediatric Anaesthesia

This to Certify that Dr. Sushama Tandale has worked in the Department of BJGMC and SGH, Pune Training Centre as per following details

1. **General Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total period Year/Months** | |
| Senior Resident | 02/09/2011 | 31/08/2012 |  | 12 Months |
| Assistant Professor | 08/10/2012 | 11/10/2024 | 11 Years |  |
| Assosicate Professor | 12/10/2024 | Till Date |  | 3 Months till date |

1. **Actual experience in the subject of concerned Fellowship/Certificate Course applied for**

**:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** | |
| Senior Resident | 02/09/2011 | 31/08/2012 |  | 12 Months |
|  |  |  |  |  |

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp Sign & Stamp

Head of the Department Dean/Principal/Head of Institute

Date : / / Date: / /

|  |  |  |
| --- | --- | --- |
| **Name of Inspectors** | | **Signature of Inspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

# Information to be submitted with respect to newly appointed mentors

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Fellowship in Critical Care Medicine

This to Certify that Dr. Surekha Chavan has worked in the Department of BJGMC and SGH, Pune. Training Centre as per following details

1. **General Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total period Year/Months** | |
| Senior Resident | 11/04/1999 | 01/01/2001 | 1 year | 2 months |
| Assistant Professor | 04/01/2001 | 19/09/2014 | 13 year | 9 months |
| Assosicate Professor | 20/09/2014 | 29/06/2022 | 8 year | 3 months |
| Professor | 30/12/2022 | Till date | 2 year | 1 month |

1. **Actual experience in the subject of concerned Fellowship/Certificate Course applied for**

**:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total period Year/Months** | |
|  |  |  |  |  |
|  |  |  |  |  |

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp Sign & Stamp

Head of the Department Dean/Principal/Head of Institute

Date : / / Date: / /

|  |  |  |
| --- | --- | --- |
| **Name of Inspectors** | | **Signature of Inspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**ANNEXURE-IX**

# FOR Ph.D COURSE(S) FOR A.Y. 20……-20……..

**(Please submit separate report for each subject)**

|  |  |  |
| --- | --- | --- |
| **Date of Inspection** | **:** |  |

**Faculty:** . . . . . . . . . . . . . . . . . . . . . . . . **Subject/Specialty**: . . . . . . . . . . . . . . …………... . . . . . . . . . . . . . .

1. **Name & Address of the College/Research Centre: -**
2. J. Govt Medical College and Sassoon General Hospital, Pune

Jaiprakash Narayan Road, Near Pune main railway station, Pune, INDIA. Pin- 411001

**Name of Head of the Department: -** Dr. Surekha Sanjeev Shinde

**Designation:** Professor and Head of Dept.

1. **Department / Subject wise details of available PhD Guides:** -

***(Attach Annexure ‘’A”)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of Ph.D. Guide** | **Designation** | **Date of Birth** | **Date of Retirement** | **Total No. of PhD Scholars Registered till date** | **Has completed six days Research Methodology Workshop?**  **Yes/No** | **PhD**  **Recognition No. and Date** |
| 1 | Dr. Surekha S. Shinde | Professor and Head | 19/06/1964 |  | 00 | Yes |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

1. **Details of available infrastructure for Research:**
   1. Adequate number of Computers with Internet facility is available? **Yes / No**
   2. ) Adequate number of Books / Journals are available ? **Yes / No**
   3. Any other specific thing available at the Department:……………………………...

…………………………………………………………………………………………………………….……………

………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………….

1. **Details of Central Research Laboratory:**
   1. Available Area (in sq. ft) : . . . . . . . . . . . . . .
   2. Is Drugs/Medicines/Chemicals etc. are available for research? **Yes / No**
   3. Is Adequate number of Instruments are available? **Yes / No**
   4. Is Records of Stock book available? **Yes / No**
2. **Details of Central Animal House:**
   1. Available Area in sq. ft: . . . . . . . . . . . . . .
   2. Functioning Central Animal House? **Yes / No**
3. **Details of Institutional Ethical Committee: *(Attach Annexure ‘’B”)***
   1. Date of Composition: . . . . . . . . . . . . . . .
   2. Total Number of Members: . . . . . . . . . . . . . . .
   3. Number of meetings held in previous year: . . . . . . . . . . . . . . .
   4. Whether Records of proceedings are maintained properly? **Yes / No**
   5. Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes / No**
4. **Details of Research Advisory Committee: *(Attach Annexure ‘’C”)***
   1. Date of Composition: . . . . . . . . . . . . . . .
   2. Total number of Members: . . . . . . . . . . . . . . .
   3. Number of meetings held in previous year: . . . . . . . . . . . . . . .
   4. Whether records of proceedings are maintained properly? **Yes / No**
5. **Is Doctoral Committee constituted in the lines of RAC? Yes / No**
   1. If Yes, Date of Composition: . . . . . . . . . . . . . . .
   2. Total number of Members: . . . . . . . . . . . . . . .
   3. Name of External Subject Expert…………………
6. **Is Plagiarism detection software facility available? Yes / No**

If Yes, Name of the Software……………………………………….

1. **Is attendance of the Ph.D. Scholar maintained properly? Yes / No**
2. **Whether Research Centre is registered under MPCB provisions? Yes / No**
3. **Whether BMW facility is available? Yes / No**
4. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

……………………………………………………………………………………………………………………….…

……………………………………………………………………………………………………………………...……

……………………………………………………………………………………………………………… ………… .

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

……………………………………….……………………………………………………………………………………

………………………...………………………………………………………………………………………………….

…………..…………………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **Name of Inspectors** | | **Sign. of Inspectors with Date** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4 | Member |  |

**ANNEXURE-IX-A**

# College Letter Head

**List of Ph.D. Guides Available at Ph.D. Research Centre**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of Ph.D. Guide** | **Designation** | **Date of Birth** | **Date of Retirement** | **Total No. of PhD Scholars Registered till date** | **Has completed six days Research Methodology Workshop?**  **Yes/No** | **PhD**  **Recognition No. and Date** |
| 1 | Dr. Surekha S. Shinde | Professor and Head | 19/06/1964 |  | 00 | Yes |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Date:**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IX-B**

# College Letter Head

**Details of Institutional Ethical Committee**

A) Details of Institutional Ethical Committee

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Name of Ethical Committee Member** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IX-C**

# College Letter Head

**Details of Research Advisory/ Doctoral Committee**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Name of Research Advisory/ Doctoral Committee/Subject expert Member** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-X**

## DECLARATION

**(To be prepared on a Stamp Paper Rs.100)**

We, Local inquiry Committee of the ……………………………............. College / Institute solemnly states on affirmation, that the information provided by us in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of our knowledge. The said information is provided to us by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure-**

**.…. & …..**are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20..…-20……, as per our knowledge and information provided by the concerned teachers. The teachers in the **Annexure- …..& …..** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- …..& …..** are not practicing in College working hours or out-side the City where the College /Institute is situated.

We further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by us after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by us on …….. day of ……. 20…… at………….

**Date :** …………………….

**Place :** ……………………

**Member Member Member Chairman**