### ANNEXURE- I-A

**Maharashtra University of Health Sciences, Nashik**

**Name of College/Institute-** Byramjee Jeejeebhoy Government Medical College, Pune

**Intake Capacity: 250 Recognized/Permitted ……… If permitted, Stage of renewal: …………..**

### APPROVED TEACHING STAFF AVAILABLE:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Professor** | | | **Associate Professor** | | | **Assistant Professor** | | | **Senior Resident** | | | **Clinical Psychologist** | | |
|  | **R** | **AA** | **D** | **R** | **AA** | **D** | **R** | **AA** | **D** | **R** | **AA** | **D** | **R** | **AA** | **D** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Community Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gen. Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Respiratory Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D.V.L. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychiatry | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 3 | 0 | 2 | 2 | 0 | 1 | 0 | 1 |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

R = Required, AA=Approved Available, D=Deficiency.

* Requirement is to be calculated as per MCI/NMC norms as the case may be, and consideringthe stage of renewal.
* Staff requirement should also include requirement for any running PG course in theinstitute.
* Extra teacher on higher post can compensate deficiency of teacher on lower post in samedepartment.
* 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 Professor

### Signature of Dean

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**ANNEXURE- I-B**

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

**Name of College/Institute-** Byramjee Jeejeebhoy Government Medical College, Pune

**Intake Capacity: 250 Recognized/Permitted ………If permitted, Stage of renewal: …………..**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Professor** | | | **Associate Professor** | | | **Assistant Professor** | | | **Senior Resident** | | | **Clinical Psychologist** | | |
|  | **R** | **TA** | **D** | **R** | **TA** | **D** | **R** | **TA** | **D** | **R** | **TA** | **D** | **R** | **TA** | **D** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Community Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gen. Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Respiratory Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D.V.L. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychiatry | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 3 | 0 | 2 | 2 | 0 | 1 | 0 | 1 |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

R = Required, TA=Total Available, D=Deficiency.

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

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

(Faculty includes Professors, Associate Professors and Assistant Professors) Deficiency in residents and tutors % = (Total deficiency of residents and tutors) \* 100/ (Total Required residents and tutors) =

Available residents and tutors % = 100 – Deficiency % =

### Signature of Dean

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**ANNEXURE-II**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Teacher** | **Designation** | **MUHS Approved**  **Designation** | **Signature** |
|  | Dr. .Niteen Abhivant | Professor | Professor |  |
|  | Dr. Nishikant Thorat | Associate Professor | Associate Professor |  |
|  | Dr. Avinash Karde | Assistant Professor | Assistant Professor |  |
|  | Dr. Sachin Mahajan | Assistant Professor | Assistant Professor |  |
|  | Dr. Kartik Singhai | Assistant Professor | Assistant Professor |  |
|  | Dr. Apoorva Bachhav | Senior Resident | Senior Resident |  |

**Name of College/Institute-** Byramjee Jeejeebhoy Government Medical College, Pune**.**

**Name of the Department: Psychiatry**

**Summary –**

**Approved Staff Approved + Non Approved Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 1 | 0 |
| 2 | Associate Professor | 1 | 1 | 0 |
| 3 | Assistant Professor | 1 | 3 | 0 |
| 4 | Senior  Resident | 2 | 2 | 0 |
| 5 | Clinical Psychologist | 1 | 0 | 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 1 | 0 |
| 2 | Associate Professor | 1 | 1 | 0 |
| 3 | Assistant  Professor | 1 | 3 | 0 |
| 4 | Senior  Resident | 2 | 2 | 0 |
| 5 | Clinical Psychologist | 1 | 0 | 1 |

**Signature of HOD Signature of Dean**

**ANNEXURE-III**

### Intake capacity/ Seat Matrix

**Name of College/Institute:** Byramjee Jeejeebhoy Government Medical College, Pune

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | 250 | Not  Applicable | 250 | |  | | Not Applicable | | Not Applicable | |
| **PG Degree / Diploma & Super Specialty** | | | | | | | | | | |
| M.D. Psychiatry | 7 | 0 | 4 | | 3 | | 0 | 0 | 7 | 0 |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |

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

**Signature of Dean**

**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: ….. /……. /……….**

**Dept. of Psychiatry**

**Whether UG…. /UG+PG..… /UG+ PG + SuperSpecialty**

**Name of the College-** Byramjee Jeejeebhoy Government Medical College, Pune

**College Code : 120 2 Intake Capacity: 250**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Subject** | **Name of Teacher** | **Designation** | **Mob.No.** | **E-mailID** | **DOB** | **Whether belongs to Reserved category**  **(if Yes, specifycategory)** | **Date of appoint ment at College** | **UG(Yrs.)** | | | | **Total Teaching Experienc ein years of PG** | **Type ofAppointment**  **Temp./ Regular/ Contractual** | **UniversityApproval Status (Yes/No)** | **Temporary Approval** | | **Details of PG Recognition** | | **MET**  **Work shop** | **Photo**  **graphwith Signature** |
| **Asst.Prof.** | **Asso.Prof.** | **Prof.** | **Total** |
| **From** | **To** | **Temp/ Regular** | **Letter No.& date** |
| 1. 1 |  | Dr Niteen N Abhivant | Professor | 9323931441 | abhivantniteen@gmail.com | 03-05-1983 | SC | 10-09-2014 | 6 | 9 | 1 | 16 | 16 | Regular | Yes |  |  | Regular | MUHS/PG/E1/1202/294/15 | Yes |  |
| 1. 1. |  | Dr. Nishikant Thorat | Associate Professor | 9028847284 | nmthorat@gmail.com | 07-07-1975 | OBC | 14-07-2016 | 9 | 3 | 0 | 12 | 12 | Regular | Yes |  |  | Regular | MUHS/PG/E1/1101/180/17 | Yes |  |
| 1. 2. |  | Dr. Avinash Karde | Assistant Professor | 798454998 | avinash.karde24@gmail.com | 24-02-1989 | SC | 26-03-2020 | 5 | 0 | 0 | 5 | 5 | Regular | No |  |  | No |  | No |  |
| 1. 3. |  | Dr. Sachin Mahajan | Assistant Professor | 9518364819 | drsachinmahajan30@gmail.com | 30-04-92 | Open | 01-10-2022 | 2 | 0 | 0 | 2 | 2 | Temp (DSB) | No |  |  | No |  | No |  |
| 1. 4. |  | Dr.Kartik Singhai | Assistant Professor | 8888632048 | kartik1090@gmail.com | 10-12-90 | Open | 27-02-2023 | 2 | 0 | 0 | 2 | 2 | Temp | No |  |  | No |  | No |  |
| 1. 5. |  | Dr Apoorva Bachhav | Senior Resident | 7709351234 | Apoorvabachhav@gmail.com | 21-07-96 | SC | 1-11-2023 | 0 | 0 | 0 | 0 | 0 | Temp | No |  |  | No |  | 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.**

**Signature of Dean with Seal**

### ANNEXURE-V

**Ancillary staff**

### Name of the College / Institute: Byramjee Jeejeebhoy Government 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 :** Byramjee Jeejeebhoy 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  (b)Urban Health Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector/ Health Assist.(Male) |  |  |  |
| Health Educator |  |  |  |
| Peon |  |  |  |
| Van Driver |  |  |  |
| Medicine TB & Chest Psychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E.C.G. Technician  T. B. & Chest Diseases Health Visitor Psychiatric Social worker | 2 | 0 | 2 |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Child- Psychologist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Health Educator |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Worker |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Medicine & Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physiotherapist Occupational Therapist Workshop Worker  Clinical Psychologist MSW  Public Health Nurse Vocational Counsellor Multi – Rehabilitation Worker  Speech Therapist |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Signature of Dean

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**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 |  |

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### ANNEXURE-VII-B

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

Name of the college- Phone/Mobile No.: Name of the Subject:Psychiatry

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | BJGMC Pune | Psychiatry | Dr.Niteen Abhivant | Professor | 10-09-2014 | 2006 | M.D 2009 | 16 | Yes | MUHS/PG/E1/1202/294/15 | 340670392267 | APQA3288M | 03-05-1983 | abhivantniteen@gmail.com | 9323931441 | No |
|  | BJGMC Pune | Psychiatry | Dr. Nishikant Thorat | Associate  Professor | 14-07-2016 | 1999 | MD. 2005 | 12 Yrs | Yes | MUHS/PG/E1/1101/180/17 | 269344503507 | ACLPT39994 | 07-07-1975 | nmthorat@gmail.com | 9028847284 | No |
|  | BJGMC Pune | Psychiatry | Dr. Avinash Karde | Assistant Professor | 26/03/2020 | 2013 | M.D. 2018 | 3 Yrs | No | ---- | 702898036127 | DXRPK0606K | 24-02-89 | avinash.karde24@gmail.com | 779845499 | No |
|  | BJGMC Pune | Psychiatry | Dr. Sachin Mahajan | Assistant Professor | 1-10-2022 | 2015 | MD. 2020 | 2 Yrs | No | ----- | 451985445561 | CWUPN0875P | 30-04-92 | drsachinmahajan30@gmail.com | 9518364819 | No |
|  | BJGMC Pune | Psychiatry | Dr. Kartik Singhai | Assistant Professor | 03-04-23 | 2012 | MD. 2020 | 2 Yrs | No | ------ | 662490544827 | CFFPS7773J | 10-12-90 | kartik1090@gmail/com | 8888632048 | No |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | 1 | 1 | **Sr.**  **No.** |
| Dr Nishikant Thorat | Dr.Niteen Abhivant | 2 | **Name of Teacher (Last NameFirst NameMiddle Name)** |
| Associate Professor | Professor | 3 | **Designation** |
| M.D. Psychiatry | M.D. Psychiatry | 4 | **Subject/ Speciality** |
| Regular | Regular | 5 | **Type of Appoint ment (Regular/ Temp. / Honorary**  **MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)** |
| MD. | MD | 6 | **Qualification** |
| Yes | Yes | 7 | **UniversityApprox at (UG)** |
| 4 | 10 | 8 | **PG**  **Teaching Experience (in Years) after** |
| Yes | Yes | 9 | **PG**  **Teacher Recopnil ion Yes/No** |
| MUHS/PG/E1/1101/180/17 | MUHS/PG/E1/1202/294/15 | 10 | **(Recognition Letter Date issued by University)** |
| 7 | 15 | 11 | **No. of PG Students Guided last 5 year** |
| 07-07-1975 | 03-05-1983 | 12 | **Date of Birth** |
| nmthorat@gmail.com | abhivantniteen@gmail.com | 13 | **E-**  **mall ID** |
| 9028847284 | 9323931441 | 14 | **MobileNo.** |
| 269344503507 | 340670392267 | 15 | **AadharCard No** |
| No | No | 16 | **If Debar red (Yes/No)** |
|  |  | 17 | **Sign.. of Teacher** |

**ANNEXURE-VII-C**

**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** | **:** |  |

### Name(s) of the Fellowship/Certificate Course(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Fellowship/ Certificate Course** | **Course Started from the Academic**  **Year** | **Intake Capacity Sanctioned by**  **the University** | **Name of Mentor and Contact Details** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(Attach separate List if necessary)**

### 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) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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:- ………………………………………………………………

This to Certify that Dr has

worked in the Department of ...................................................... Training Centre as per following details

1. **General Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** | |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/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 |  |

**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**: . . . . . . . . . . . . . . …………... . . . . . . . . . . . . . .

#### Name & Address of the College/Research Centre: -

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

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

**Name of Head of the Department: -** …………………………………………………..

**Designation:** ……………………………………………………………………………..

#### 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 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

#### 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:……………………………...

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

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

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

#### 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**

#### Details of Central Animal House:

* 1. Available Area in sq. ft: . . . . . . . . . . . . . .
  2. Functioning Central Animal House? **Yes / No**

1. **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**
2. **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**

#### 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…………………

#### Is Plagiarism detection software facility available? Yes / No

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

#### Is attendance of the Ph.D. Scholar maintained properly? Yes / No

1. **Whether Research Centre is registered under MPCB provisions? Yes / No**

#### Whether BMW facility is available? Yes / No

1. **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 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### Date: Signature, Name and stamp of

**Dean/Principal/Director**

**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: Signature, Name and stamp of

**Dean/Principal/Director**

**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: Signature, Name and stamp of**

### Dean/Principal/Director

**ANNEXURE-X**

**DECLARATION**

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

I, the Dean / Director/ Principal of the College / Institute

solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. The said information is provided to me 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 my 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.

I am 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 me 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 me on …….. day of ……. 20…… at………….

**Date :** …………………….

**Place :** ……………………

Signature of Name Dean/Principal of the Signatory-

(with Seal of the College / Institute)