PART-1

 Maharashtra University of Health Sciences, Nashik

**Inspection Committee Report for Academic Year 2025 - 2026**

**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** | **:** | **23/06/1946** |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College / Institute** | **:** |  Byramjee Jeejeebhoy Government Medical College & Sassoon General Hospital Pune |
| a | Name of Society / Trust | : |  Byramjee Jeejeebhoy Government Medical College & Sassoon General Hospital Pune |
| b | Address | : |  Sassoon Hospital Campus, Jayprakash Narayan Road, Near Pune Railway Station, Pune -411001 |
| c | Email Address | : |  deanbjmcpune@gmail.com |
| d | Fax No.(s) | : |  020-26126868 |
| e | Telephone No.(s) | : |  020- 26126010/ 020-26128000 (301) |
| f | Website | : |  www.bjgmcpune.org |
| g | College Code | : |  1202 |
| h | Status | : | Government / ~~Corporation / Private~~ |
| i | Letter of permission by MedicalCouncil of India (UG) | : | Letter No.Dated Intake: **250** |
| j | Stage of Renewal | : |   |
| k | **Details of the Dean/Principal** | : |   |
| **2** | **Name of the Dean/ Principal** | : |  Dr Eknath Deosing Pawar |
| a | Nature of Appointment | : | **Permanent** / ~~Temporary / Officiating~~ |
| b | Mobile No. | : |  855199677 |
| c | Office Landline | : |  020- 2612301 |
| d | E-mail Address | : |  deanbjmcpune@gmail.com |

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 the 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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? **YES**

(LIC to randomly choose at least 10 dates over the past 03 months’ lectures, Practicals, clinical sessions, PG activities, (if PG course available) etc. from the master timetable and physically verify the conduction of these sessions) and attach 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 Committee Approval, status of data collection, data analysis etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No** | **Researcher** | **Research Title (Non Dissertation)** | **Ethical Committee Approval** | **Data Collection** |
| 1 | Dr Aarti Kinikar | ICMR & CDC Funded Evaluation of Disease Burden of RSV infection by SARI Surveillance with NIV | YES | ON GOING |
| 2 | Dr Aarti Kinikar | ICMR funded project of 4 states MP, Uttarakhand, Maharashtra and Himachal Pradesh -Implementation of Standard Treatment Workflows (STWs)for Pediatrics to Improve the Adherence to the guidelines in the setting of a District Hospital under DRP program of NMC 2021.  | YES | ON GOING |
| 3 | Dr Aarti Kinikar | Phoenix study - HHC of MDR patients. Randomised to either INH or DLM arm. | YES | ON GOING |
| 4 | Dr Aarti Kinikar | Impact 2026 - PK of anti-TB and ART. Babies born to mothers with HIV and TB. Observational | YES | ON GOING |
| 5 | Dr Aarti Kinikar | Pharmacokinetics, Safety, and Tolerability of Delamanid in Combination with Optimized Multidrug Background Regimen DBR) for MultidrugResistant Tuberculosis (MDR-TB) in Children with MDR-TB with and without HIV. | YES | ON GOING |
| 6 | Dr Aarti Kinikar | Antepartum weight changes and pregnancy outcomes IMPAACT 2010 | YES | ON GOING |
| 7 | Dr Aarti Kinikar | CATALYST; IMPAACT 2005, 2034. | YES | ON GOING |
| 8 | Dr Aarti Kinikar | RePORT India TB Phase II, RICC Pediatric transcriptomics, Pediatric TB T Cell and Cytokines study, COMBO proteomic and metabolomics | YES | ON GOING |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No** | **Research Title (Dissertation)** | **Student Name** | **Ethical Committee Approval** | **Data Collection** |
| 1 | Dermatological manifestation of childhood systemic illness | Divee dilip singh | YES | ON GOING |
| 2 | Clinical utility of complete blood count with histogram in childhood anemia | Sukhada dani | YES | ON GOING |
| 3 | Diagnostic and treatment initiation delays in childhood malignancy prospective study | Bollaram Shravya | YES | ON GOING |
| 4 | Profile of drug adverse events among children with drug resistant tuberculosis | Shreya Joshi | YES | ON GOING |
| 5 | Clinical profile and outcome of pediatric patients on tuberculosis preventive therapy | Mehvesh malik | YES | ON GOING |
| 6 | To study effectiveness of amylase rich food in children with diarrhea | Sonali bhagat | YES | ON GOING |
| 7 | Comparative study of efficacy between Paladai and katori spoon feeding in very low birth weight neonates | Anjali M | YES | ON GOING |
| 8 | Predictors of outcome in pediatric intensive care unit using PIM 3 and pSOFA scoring system in tertiary healthcare centre | Neha Thakur | YES | ON GOING |
| 9 | Assessing severity of respiratory tract infection in children admitted in tertiary care center using pediatric respiratory severity score | Pankaj kumavat | YES | ON GOING |
| 10 | Clinical profile and short term outcome of Rh positive newborn born to Rh negative mothers | Akib sohail ghori | YES | ON GOING |
| 11 | Clinical and lab profile in children with acute febrile illness in tertiary care hospital | Gokul bawaskar | YES | ON GOING |
| 12 | Time taken to initiate TB ,MDR TB, XDR TB treatment in children - challenges and solutions. | Archana Pawar | YES | ON GOING |
| 13 | Correlation of junk food consumption and anthropometric indices among children aged 1-6yrs visiting a tertiary care teaching hospital | Kishori Supekar | YES | ON GOING |
| 14 | Profile of Renal replacement therapy of infants and children at tertiary care center and short outcome | Afridh Nabeel | YES | ON GOING |
| 15 | Out of pocket Expenditure (OPE), Indirect cost from suspected TB, MDR TB, and XDR TB diagnosis till initiation of drug therapy | Suhas L | YES | ON GOING |
| 16 | To study the risk factors, clinical profile and outcomes of Meningoencephalitis in children belonging to one month age to 12 years of age | Yashica Arora | YES | ON GOING |
| 17 | To study risk factors and most common types of opportunistic infections in children living with HIV and visiting ART centres. | Shrinivas | YES | ON GOING |
| 18 | To study the clinical profile and short term outcome of patients <1year of age visiting casualty who require admission to the Paediatric Intensive care unit | Vidushi Srivastava | YES | ON GOING |
| 19 | To study Etiology clinicohematological profile and outcome of patients of pancytopenia | Sejal Asawa | YES | ON GOING |
| 20 | Clinical Evaluation and Nutritional Assessment Outcomes in the Pediatric Intensive Care Unit: A Cross-Sectional Study on Enhancing Pediatric Critical Care Nutrition | Prashanth Asodi | YES | ON GOING |
| 21 | Growth pattern in thalassemia and their correlation with Serum Ferritin levels | Pranjali Gawande | YES | ON GOING |
| 22 | Clinic epidemiological profile of suspected zoonotic infections in 1 month to 12 years old children at tertiary care center- a cross sectional study | Aishwarya Pawar | YES | ON GOING |
| 23 | Prevalence Of Screen Time In Children Aged 1-3 Yrs And Its Neurodevelopmental Effects On Them. | Mayuri Pandit | YES | ON GOING |

1. **Faculty Evaluation Status: NA**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 a 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 MUHSCircular 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 & Hygienemaintain) | 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 + Not approved) 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.

|  |  |
| --- | --- |
| **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:** Byramjee Jeejeebhoy Government Medical College & Sassoon General Hospital Pune

 **Intake Capacity: 250 Recognized/Permitted ……… 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 |  01 |  04 |  07 |  01 |  04 |  07 |  00 |  00 |  00 | No Deficiency |
| Skin & VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| 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- I-B**

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

**Name of College/Institute:** Byramjee Jeejeebhoy Government Medical College & Sassoon General Hospital Pune

**Intake Capacity: 250 Recognized/Permitted ………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 |  01 |  04 |  07 |  01 |  04 |  07 |  00 |  00 |  00 | No Deficiency |
| Skin & VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| 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:** Byramjee Jeejeebhoy Government Medical College &

 Sassoon General Hospital Pune

**Name of the Department: PAEDIATRICS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved****Designation** | **Signature** |
|  |  Dr Aarti Avinash Kinikar |  Professor & Head |  Approved |  |
|  |  Dr Uday Chandrapalsing Rajput |  Associate Professor |  Approved |  |
|  |  Dr Shalaka Patil |  Associate Professor |  Approved |  |
|  |  Dr Rahul Madhav Dawre |  Associate Professor |  Approved |  |
|  |  Dr Pragathi Kamath |  Associate Professor |  Approved |  |
|  |  Dr Isha Deshmukh |  Assistant Professor |  Approved |  |
|  |  Dr Kanchan Sakharkar |  Assistant Professor |  Approved |  |
|  |  Dr Sameer Pawar |  Assistant Professor |  Approved |  |
|  |  Dr Sangeeta Chivale |  Assistant Professor |  Approved |  |
|  |  Dr Suvidha Sardar |  Assistant Professor |  Approved |  |
|  |  Dr Abhinav Kachare |  Assistant Professor |  Approved |  |
|  |  Dr Harshali Vankar |  Assistant Professor |  Approved |  |

**Summary –**

**Approved Staff=12 Approved + Non Approved Staff=12**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 04 | 04 | 00 |
| 3 | AssistantProfessor | 07 | 07 | 00 |
| 4 | Senior Resident | 04 | 01 | 03 |
| 5 | JuniorResident | 08 | 35 | 00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 04 | 04 | 00 |
| 3 | AssistantProfessor | 07 | 07 | 00 |
| 4 | Senior Resident | 04 | 01 | 03 |
| 5 | JuniorResident | 08 | 35 | 00 |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-III**

**Intake capacity/ Seat Matrix**

**Name of College/Institute:** Byramjee Jeejeebhoy Government Medical College &

 Sassoon General Hospital 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 | NotApplicable |   |  | Not Applicable | Not Applicable |
| **PG Degree / Diploma & SuperSpecialty** |
|  Paediatrics ( MD) |  12 |  NA |  12 |  NA |  NA |  NA |  12 |  NA |
|  Neonatology (DM) |  2 |  NA |  -- |  02 | NA  |  NA |  2  |  NA |
|   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**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: 01/02/2025**

**Name of the Dept.: PAEDIATRICS Subject: PAEDIATRICS Whether UG+PG+SuperSpecialty**

 **Name of the College : BJGMC, Pune College Code : 1202 Intake Capacity**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Subject | Name of Teacher | Designation | Mobile Number | E-mail Id | Date of Birth | Whether belongs to reserved category ( If Yes Specify Category) | Date of appointment at College | Teaching Experience | Total teaching Experience in Years of PG | Type of appointment Temp/Regular/ Contractual | University Approval Status ( Yes/No) | Temprory Approval  | Details of PG Recognition | MET Workshop Attended in last 5 Years | Photo with sign |
| UG ( Years) | From  | To | Temp/ Regular | Letter No. & Date |  |  |
| Assistant Professor | Associate Professor | Professor | Total |  |  |  |  |  |  |  |  |  |
| 1 | Paediatrics | Dr Aarti Avinash Kinikar | Professor & Head | 9850039063 | aarti.kinikar63@gmail.com | 06-06-1963 | Open | 09-06-2017 | 12 Years 7 Months | 11 Years 11 Months | 9 Years 5Months | 33 Years 11 Months | 33 Years 11 Months | Regular | YES | NA | NA | Regular | No.MUHS/PG/E-1/1202/4038/2018 Dated- 13/11/2018 | YES |  |
| 2 | Paediatrics | Dr Uday Chandrapalsing Rajput | Associate Professor | 9970419247 | drudayrajput@gmail.com | 23-12-1979 | Open | 15-07-2023 | 5 Years 8 Months | 9 Years 4 Months | NA | 15 Years | 15 Years | Regular | YES | NA | NA | Regular | No.MUHS/PG/E-1/1202/576/16 Dated- 24/2/20216 | YES |  |
| 3 | Paediatrics | Dr Shalaka Prabhakar Patil | Associate Professor | 7738085484 | healthforall2020@gmail.com | 01-02-1972 | Open | 28-10-2022 | 13 Year 8 Months | 5 Years 6 Months | NA | 19 Years 2 Months | 19 Years 2 Months | Regular | YES | NA  | NA | Regular | No. MUHS/PG/E-1/1/102102/1042/2023 Dated-19/4/2023 | NO |  |
| 4 | Paediatrics | Dr Rahul Madhav Dawre | Associate Professor | 9158000645 | dawre2000@gmail.com | 24-08-1984 | ST | 01-02-2024 | 4 Years 8 Months | 6 Years 7 Months | NA | 11 Years 3 Months | 11 Years 3 Months | Regular | YES | NA  | NA | Regular | No.MUHS/PG/E-1/102102/997/2024 Dated- 23/4/2024 | NO |  |
| 5 | Paediatrics | Dr Kamath Pragathi Anant | Associate Professor | 9673351859 | pragathiakamath@gmail.com | 13.08.1985 | Open | 20.06.2018 | 8 Years 7 Months | 2 Years 7 Months  | NA | 11 Years 2 Months | 11 Years 2 Months | Regular | Yes | NA | NA | Regular | MUHS/PG/E-1/1202/598/2021 dtd 02.03.2021  | YES |  |
| 6 | Paediatrics | Dr Isha Sanjay Deshmukh | Assistant Professor | 9096765296 | isha.deshmukh8@gmail.com | 20.02.1983 | Open | 20.06.2018 | 8Years 1 Month | NA | NA | 8Years 1 Month | 8Years 1 Month | Regular | Yes | NA | NA | Regular | MUHS/PG/E-1/1202/598/2021 dtd 02.03.2021  | YES |  |
| 7 | Paediatrics | Dr Kanchan Sakharkar | Assistant Professor | 9823312155 | kanchan\_crt@rediffmail.com | 11-02-1987 | ST | 21-08-2023 | 4 Years 3 Months | NA | NA | 4 Years 3 Months | 4 Years 3 Months | Regular | YES | NA | NA | NA | NA | YES |  |
| 8 | Paediatrics | Dr Pawar Sameer  | Assistant Professor | 9764126996 | sam.pawar9504@gmail.com | 23.03.1987 | Open | 31-07-2018 | 5 Years 6 Months | NA | NA | 5 Years 6 Months | 5 Years 6 Months | Contractural | YES | NA  | NA | NA | NA | NO |  |
| 9 | Paediatrics | Dr Chivale Sangeeta  | Assistant Professor | 9689625353 | sangeetadchivale@gmail.com  | 16.01.1990 | Open | 19.08.2022 | 2 Year 5 Months | NA | NA | 2 Year 5 Months | 2 Year 5 Months | Contractural | YES | NA | NA | NA | NA | NO |  |
| 10 | Paediatrics | Dr Suvidha Sardar | Assistant Professor | 8551867785 | suvidhasardar@gmail.com | 07-08-1993 | SC | 29-10-2022 | 1 Years 2 months | NA  | NA | 1 Years 2 months | 1 Years 2 months | Contractural | YES | NA | NA | NA | NA | NO |  |
| 11 | Paediatrics | Dr Abhinav Kachare | Assistant Professor | 9096056713 | abhinavkachare2@gmail.com | 15-08-1991 | NT-2 | 12-10-2023 | 2 Months | NA | NA | 2 Months | 2 Months | Contractural | YES | NA | NA | NA | NA | NO |  |
| 12 | Paediatrics | Dr Harshali Vankar | Assistant Professor | 8779304834 | harshalivankar@gmail.com  | 03.10.1991 | SC | 04-12-2024 | 2 Months | NA | NA | 2 Months | 2 Months | Contractural | YES | NA | 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: ……………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Post** | **Required** | **EXT.** | **DEF.** |
| Central Record Section | Medical Record Officer StatisticianCoding Clerks Recording Clerks DrafteriesPeonSteno-Typist |  |  |  |
| Central Animal House | Veterinary Officer Animal AttendantTechnicians for Animal Operation Room Sweepers |  |  |  |
| Central Library | Librarian with Degree in Lib. Sci. Deputy LibrarianDocumentalist Cataloguer Library Assistant DafteriesPeons |  |  |  |
| Central Photographic cum Audio Visual Unit | Photographer Artist ModelleorDark Room assistant Audio Visual TechnicianStorekeeper 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**:**StenographerComputer OperatorTech. in Audio Visual Photograph & Artist |  |  |  |
| Central Sterilization Services Dept. | Matron Staff NurseTechnical Asst. Technician Ward Boy Sweeper |  |  |  |
| Laundry | Supervisor Dhobi/Washerman/womanPacker |  |  |  |
| Blood Bank | Professor/Reader Lecturer TechnicianLab Attendants Storekeepers Record Clerk |  |  |  |
| Central Casualty Service | Casualty Medical Officers Operation Theatre staff Stretcher bearers Recept. cum ClerkWard BoysNursing and Para Medical staff Clinical staff for casualty beds |  |  |  |
| Central Workshop | Superintendent who shall be qualified EngineerSenior Technician Junior Technicians CarpenterBlack Smith Attendants |  |  |  |

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### ANNEXURE-VI

**Name of the College / Institute :**Byramjee Jeejeebhoy Government Medical College Sassoon General Hospital 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 HallAttendant |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comm. Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Record Keeper cum Clerk cumComputer 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. TechnicianT. B. & Chest Diseases Health Visitor Psychiatric Social worker |  |  |  |
| Paediatrics |  00 |  01 |  00 |  00 |  01 |  00 |  00 |  00 |  00 |  00 |  01 |  00 |  00 |  01 |  00 | Child- Psychologist |  01 | 01 |  00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Health Educator |  00 |  01 |  00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Worker |  00 |  01 |  00 |
| 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PhysicistDark room Asst. |  |  |  |
| Anesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Medicine & Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physiotherapist Occupational Therapist Workshop WorkerClinical Psychologist MSWPublic Health Nurse Vocational Counsellor Multi – Rehabilitation WorkerSpeech 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 forwindows) |  |
| **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 Paperprocess. |  |
| **5** | Latest version Computer (Minimum 4) and Printer (Minimum 4) withInverter 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 uninterrupteddownloading 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 andScanners 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 uninterrupteddownloading 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 withComputer charts and key board tray. |  |
| **2** | Wiring and Networking (with Raw Power Supply and UPS) and onePrinter per DEC |  |
| **3** | Air conditioners, Bio metric system, CCTV installation, Rest roomsand 24 x 7 security. |  |
| **4** | Collapsible gate for the main entrance with Name board and lockingfacility. |  |
| **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 uninterrupteddownloading facility, with 2(two) static IP’s. |  |
| **6** | Appointment of one Professor as a **Examination Co-ordinator** toCo-ordinate this Online process. |  |
| **7** | Separate Evaluation Room for Evaluating the Answer Books underCCTV 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 Phone/Mobile No. : Name of the Subject :

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

### Byramjee Jeejeebhoy Government Medical College, Pune

### Paediatrics ANNEXURE-VII-B

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. NO.  | College Name | Subject | Full Name of the Teacher ( First/ middle/last) | Designation  | Date of Joining  | UG Qualification and Year of Passing  | PG Qualification and Year of Passing  | Teaching Experience After PG Passing  | MUHS Approval ( Yes/NO) | If YES, MUHS approval Letter Number & Date | Adhar Number | PAN Number | Date of Birth ( Age in Years) | Latest Email Address | Contact Number ( Mobile) | Debarred ( Yes/No) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|  1 | B J Governement Medical College , Pune | Paediatrics | Aarti Avinash Kinikar | Professor & Head | 21-03-1991 | MBBS-1984 | MD -1988 | 33 Years 11 Months | Yes | No.MUHS/E-1/UG & PG/1202/7654/2007 Dated- 24/02/2007 | 308265398860 | AGOPK9662J | 06-06-1963 | aarti.kinikar63@gmail.com | 9850039063 | NO |
|  2 | B J Governement Medical College , Pune | Paediatrics | Uday Chandrapalsing Rajput | Associate Professor | 05-02-2010 | MBBS-2002 | MD- 2007 | 15 Years | Yes | No.MUHS/UG/E-1/53/1202/4186/2016 Dated- 21/05/2016 | 943582198819 | AKYPR6089G | 23-12-1979 | drudayrajput@gmail.com | 9970419247 | NO |
|  3 | B J Governement Medical College , Pune | Paediatrics | Shalaka Prabhakar Patil | Associate Professor | 03-09-1999 | MBBS-1996 | MD- 1999 | 19 Years 2 months | Yes |   | 798125155567 | AGOPP9711F | 01-02-1972 | healthforall2020@gmail.com | 7738085484 | NO |
|  4 | B J Governement Medical College , Pune | Paediatrics | Rahul Madhav Dawre | Associate Professor | 24-04-2015 | MBBS-2008 | MD- 2013 | 11 years 3 months | Yes | No.MUHS/UG/E-1/53/1202/2117/2018 Dated -29/5/2018 | 915061392822 | BHJPD0374B | 24-08-1984 | dawre2000@gmail.com | 9158000645 | NO |
|  5 | B J Governement Medical College , Pune | Paediatrics | Pragathi Anant Kamath | Associate Professor | 10-04-2015 | MBBS-2009 | MD- 2013 | 11 Years 2 months | Yes | No.MUHS/UG/E-1/53/1202/606/2021 Dated -2/3/2021 | 991420734517 | APCPP7271B | 13-08-1985 | pragathiakamath@gmail.com | 9673351859 | NO |
|  6 | B J Governement Medical College , Pune | Paediatrics | Isha Sanjay Deshmukh | Assistant Professor | 11-08-2011 | MBBS-2007 | MD-2011 | 8 Years 1 Month | Yes | No.MUHS/UG/E-1/53/1101/225/2020 Dated -07/12/2020 | 940074025551 | AWRPD9501E | 20-02-1983 | isha.deshmukh8@gmail.com | 9096765296 | NO |
|  7 | B J Governement Medical College , Pune | Paediatrics | Sameer Suryakant Pawar | Assistant Professor | 31-07-2018 | MBBS-2011 | MD-2018 | 5 Years 6 Months | Yes | No.MUHS/UG/E-1/53/1202/455/2020 Dated -17/2/2021 | 828469814454 | BMMPP3534R | 23-03-1987 | sam.pawar9504@gmail.com | 9764126996 | NO |
| 8 | B J Governement Medical College , Pune | Paediatrics | Kanchan Gangaram Sakharkar | Assistant Professor | 21/8/2023 | MBBS-2010 | MD-2017 | 4 Years 6 Months | Yes |  | 375729189717 | FMCPS6069A | 11-02-1987 | kanchan\_crt@rediffmail.com | 9823312155 | 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 : Byramjee Jeejeebhoy Government Medical College & Sassoon General Hospital, Pune

Phone/Mobile No. :

Name of Subject : Paediatrics

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. NO.  | Name of Teacher ( Last Name/First Name/ Middle name ) | Designation  | Subject | Type of Appointment ( Regular/ Temprory/ Honorary) | Qualification | University Approval (UG)  | PG Teaching Experience ( In Years) after PG | PG Teacher Recognition (Yes/No) | Recognition Letter , date issued by university | Number of PG Students Guided in last 5 Years | Date of Birth | Email ID | Mobile Number | Adhar Card Number | If Debarred ( Yes/No) | Signature of Teacher |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Kinikar Aarti Avinash | Professor & Head | Paediatrics | Regular | MBBS, DCH, MD | Yes | 33 Years 11 Months | Yes | No.MUHS/PG/E-1/1202/4038/2018 Dated- 13/11/2018 | 15 | 06-06-1963 | aarti.kinikar63@gmail.com | 9850039063 | 308265398860 | NO |   |
| 2 | Rajput Uday Chandrapalsing  | Associate Professor | Paediatrics | Regular | MBBS, MD | Yes | 15 Years | Yes | No.MUHS/PG/E-1/1202/576/16 Dated- 24/2/20216 | 10 | 23-12-1979 | drudayrajput@gmail.com  | 9970419247 | 943582198819 | NO |   |
| 3 | Patil Shalaka Prabhakar | Associate Professor | Paediatrics | Regular | MBBS, DCH, MD | Yes | 19 Years 2 Months | Yes | No. MUHS/PG/E-1/1/102102/1042/2023 Dated-19/4/2023 |   | 01-02-1972 | healthforall2020@gmail.com  | 7738085484 | 798125155567 | NO |   |
| 4 | Dawre Rahul Madhav | Associate Professor | Paediatrics | Regular | MBBS, MD | Yes | 11 Years 3 Months | Yes | No.MUHS/PG/E-1/102102/997/2024 Dated- 23/4/2024 | 8 | 24-08-1984 | dawre2000@gmail.com  | 9158000645 | 915061392822 | NO |   |
| 5 | Kamath Pragathi Anant | Associate Professor | Paediatrics | Regular | MBBS, MD | Yes | 11 Years 2 Months | Yes | MUHS/PG/E-1/1202/598/2021 dtd 02.03.2021  | 6 | 13.08.1985 | pragathiakamath@gmail.com  | 9673351859 | 991420734517 | NO |   |
| 6 | Deshmukh Isha Sanjay | Assistant Professor | Paediatrics | Regular | MBBS, MD | Yes | 8 Years 1 Month | Yes | MUHS/PG/E-1/1202/598/2021 dtd 02.03.2021  | 3 | 20.02.1983 | isha.deshmukh8@gmail.com  | 9096765296 | 940074025551 | NO |   |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE- VIII**

## FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025--2026.

(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) Pediatric Intensive Care &Neonatal Intensive Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| 01 |  PICU |  2018 |  02 |  Dr Uday Chandrapalsing Rajput – 9970419247Dr Pragathi Anant Kamath- 9673351859 |
| 02 |  NICU |  2018 |  02 |  Dr Aarti Avinah  Kinikar- 9850039063 Dr Rahul Madhav Dawre- 9158000645 |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |

**(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. 2020- 2021. |  MUHS – NICU certificate Course |  02 |  00 |
| 2 | A.Y. 2021- 2022. |  MUHS – NICU certificate Course |  02 |  01 |
| 3 | A.Y. 2022- 2023. |  MUHS – NICU certificate Course |  02 |  00 |
| 4 | A.Y. 2023- 2024. |  MUHS – NICU certificate Course |  02 |  02 |
| 5 | A.Y. 2024- 2025. |  MUHS – NICU certificate Course |  02 |  00 |
|  |  | PICU  |  |  |
| 1 | A.Y. 2020- 2021. |  MUHS – PICU certificate Course |  02 |  01 |
| 2 | A.Y. 2021- 2022. |  MUHS – PICU certificate Course |  02 |  00 |
| 3 | A.Y. 2022- 2023. |  MUHS – PICU certificate Course |  02 |  00 |
| 4 | A.Y. 2023- 2024. |  MUHS – PICU certificate Course |  02 |  00 |
| 5 | A.Y. 2024- 2025. |  MUHS – PICU certificate Course |  02 |  00 |

**ANNEXURE- VIII-A**

# Information to be submitted with respect to newly appointed mentors- Not Applicable

## 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……..- NOT APPLICABLE

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

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

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

1. **Name & Address of the College/Research Centre: -**

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

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

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

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

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 |  |  |  |  |  |  |  |
| 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. ate 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 |  |  |  |  |  |  |  |
| 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**