**Part-I Maharashtra University of Health Sciences, Nashik**

**Inspection Committee Report for Post Graduate Institute**

**(Institutes running exclusive PG Course) for Academic Year 202.... - 202…... Faculty of Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliated PG**

**Colleges/Institutes/Fellowship/Certificate Course/Ph.D. Colleges & Hospitals)**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | Stage of Renewal | : |  |
| j | **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. PG Intake Capacity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Course** | **Subject** | **No. of Recognized Seats** | **No. of Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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.** | **Subject** | **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 student’s life on the campus.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Subject** | **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- “I‟.**
2. **Curricular Activities in the College-**

a. Whether the PG activities are conducted regularly? Yes/No

(LIC to verify the record of PG activities and submit the report in below format)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Subject** | **PG Activity** | **Frequency of conduction as per the available records** | **Remark** |
| 1 |  | Seminar |  |  |
| Journal Club |  |  |
| Tutorials |  |  |
| Case Presentation |  |  |
| Any other |  |  |
| 2 |  | Seminar |  |  |
| Journal Club |  |  |
| Tutorials |  |  |
| Case Presentation |  |  |
| Any other |  |  |

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). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **MUHS Faculty Evaluation Status:**

**(Refer University Circular No.99/2022 (MUHS/Acad/EO/UG & PG/3869/2022 dtd.21/10/2022))**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Services for Person with Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Availability of Freeship/ Scholarship for category Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# 14.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 |  |
| **Sr. No.** | **Particulars to be verified** | **Details on College Website** | **Adequate/ Inadequate** |
| 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 |  |  |  |  |  |

1. **Any Other Fees Details:**

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

## 17. 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 : ……/…../……..**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**Information to be provided by the College for verification of Local Inquiry Committee**

**LIST OF ANNEXURE FOR LIC**

|  |  |  |
| --- | --- | --- |
| **No. of Annexures** | **Particulars** | **Verified by Committee** |
| **ANNEXURE- I** | **LIC to physically verify the availability of teaching staff and residents in the assigned department/departments (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- II** | **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- III** | **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- IV** | **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- V** | **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- VI** | **Form for Ph.DCourses**  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- VII** | **Declaration by the Dean / Principal of the College / Institute**  Original copy of this Annexure must be submitted to the University. | Yes/No |

**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/Institute 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)

1. …………………………………………

(Name &Sign of LIC Member)

1. …………………………………………

(Name & Sign of LIC Member)

1. …………………………………………

(Name & Sign of LIC Chairman)

## ANNEXURE- I

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

**Name of the Department: Neurosurgery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **Signature** |
| 1 | DR. JAYKUMAR D. GUNJKAR | ASSOCIATE PROFESSOR  AND HOD | ASSOCIATE PROFESSOE |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**Total PG Intake Capacity= 2**

**Whether Teachers Students ratio is fulfilled Yes**

**Summary –**

**Approved Staff Approved + Non Approved Staff**

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

**Data Verified by the Committee members:**

**Member Member** **Member** **Chairman**

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## ANNEXURE- II

**Intake capacity/ Seat Matrix**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PG Degree /**  **PG 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** |
| MCH Neurosurgery | 2 | - | 2 | - | - | - | 1:2 | - |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

**Data Verified by the Committee members:**

**Member Member** **Member** **Chairman**

C:\Users\acad76\Desktop\20.04.2020 \Medical-LIC Format with Annexures (I to XIII) for A.Y.2022-23 )Page **9** of **10**

**ANNEXURE-III 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. : NEUROSURGERY Subject: NEUROSURGERY Whether SuperSpecialty… Name of the College :B. J. GMC AND SASSOON HOSPITAL, PUNE College Code : 1202 Intake Capacity: 2 RESIDENTS PER YEAR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Subject** | **Name of Teacher** | **Designation** | **Mob. No.** | **E-mail ID** | **DOB** | **Whether**  **belongs to**  **Reserved category**  **(if Yes, specify category)** | **Date of appoint ment at**  **College** | **Teaching Experience** | | | | **Total**  **Teaching**  **Experienc e in 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**  **Signature** |
| **UG (Yrs.)** | | | |
| **Asst.**  **Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **from** | **To** | **Temp/ Regular** | **Letter**  **No. & date** |  |  |
| 1 | M.Ch Neurosurgery | DR. JAYKUMAR D. GUNJKAR | ASSOCIATE PROFESSOR & HOD | 9767092120 | [drjaygunjkar@gmail.com](mailto:drjaygunjkar@gmail.com) | 01/06/1981 | YES | 06/07/2015 | 06/07/2015 TO 21/07/2021 | 21/07/2021 TO TILL DATE | - | 06/07/2015 TILL DATE | 06/07/2015 TO 31/01/2025 (9 yrs and 6 months) | Regular | Yes | 22/07/2021 | Appointment Order | **Regular** | MUHS /PG/E-1/102102/13/2022  DATE 03/01/2022 | Yes |  |
| 2 | M.Ch.Neurosurgery | DR. PRAVIN T.SURVASHE | ASSISTANT PROFESSOR | 7738120060 | pravinsurvashe97@gmail.com | 26/05/1984 | NO | 11/07/2022 | 02/05/2016 - 14/08/2017  11/07/2022 - 31/01/2025 | - | - | 3 YEAR 9 MONTHS | 3 YEAR 9 MONTHS | Regular | NO | NO | - | **-** | - | No |  |
| 3 | M.Ch.Neurosurgery | DR. ANAND KATKAR | SENIOR RESIDENT | 7798149999 | anandkatkar8@gmail.com | 30/12/1979 | NO | 23/07/2015 | 12/08/2014 TO 06/07/2015 (12 MONTHS) | - | - | (12 MONTHS) | 12/08/2014 TO TILL DATE | TEMPORARY | NO | NO | - | - | - | NO |  |
| 4 | M.Ch.Neurosurgery | DR. HARSHWARDHAN AGASHE | SENIOR RESIDENT | 9921611929 | hb.agashe@gmail.com | 01/12/1992 | NO | 11/03/2024 | - | - |  | - | - | TEMPORARY | NO | NO | - | - | - | NO |  |
| 5 | M.Ch.Neurosurgery | DR. KARANSINH PARVE PATIL | SENIOR RESIDENT | 9130417799 | drkaranparve@gmail.com | 12/07/1990 | NO | 11/03/2024 | - | - |  | - | - | TEMPORARY | 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.**

**Data Verified by the Committee members:**

**Member Member** **Member** **Chairman**

C:\Users\acad76\Desktop\20.04.2020 \Medical-LIC Format with Annexures (I to XIII) for A.Y.2022-23 )Page **9** of **10**

## ANNEXURE-IV-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**Desktop\20.04 | .2020Wiring and Networking (with Raw Power Supply and UPS) and one Printer \Medical-LIC Format with Annexures (I to XIII) for A.Y.2022-23 )Page **9** of **10** 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 Coordinate this Online process. |  |
| **7** | Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience |  |

C:\Users\acad76

**Data Verified by the Committee members:**

**Member Member** **Member** **Chairman**

## ANNEXURE-IV-B

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

Name of the College : Phone/Mobile No. :

Name of the Subject :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**  **Experience 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**  **Address** | **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** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member** **Member** **Chairman**

## ANNEXURE-IV-C

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG/ SUPERSPECIALITY Course**

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

Name of the Subject : Neurosurgery

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **Emall**  **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. JAYKUMAR D. GUNJKAR | ASSOCIATE PROFESSOR & HOD | M.Ch.Neurosurgery | REGULAR | M.Ch.Neurosurgery | MUHS | 06/07/2015 TO 21/07/2021 | YES | MUHS /PG/E-1/102102/13/2022  DATE 03/01/2022 | 2 | 01/06/1981 | [drjaygunjkar@gmail.com](mailto:drjaygunjkar@gmail.com) | 9767092120 |  |  |  |

**Data Verified by the Committee members:**

**Member Member** **Member** **Chairman**

## ANNEXURE- V

**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/Certificate Course** | **Course**  **Started from the**  **Academic Year** | **Intake Capacity**  **Sanctioned by the**  **University** | **Name of**  **Mentor and**  **Contact**  **Details** |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |

**(Attach separate List if necessary)**

### 2.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. 20….. – 20…. |  |  |  |
| 2 | A.Y. 20….. – 20…. |  |  |  |
| 3 | A.Y. 20….. – 20…. |  |  |  |
| 4 | A.Y. 20….. – 20…. |  |  |  |
| 5 | A.Y. 20….. – 20…. |  |  |  |

## ANNEXURE- V-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 period Year/Months** | |
|  |  |  |  |  |
|  |  |  |  |  |

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-VI

**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: -**

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

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

**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** ii) ) Adequate number of Books / Journals are available ? **Yes / No** iii) 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**

1. **Details of Research Advisory Committee: *(Attach Annexure ‘’C”)*** 
   1. Date of Composition: . . . . . . . . . . . . . . . ii)Total number of Members: . . . . . . . . . . . . . . . iii)Number of meetings held in previous year: . . . . . . . . . . . . . . .

|  |  |  |  |
| --- | --- | --- | --- |
| iv)Whether records of proceedings are maintained properly? |  |  | **Yes / No** |
| **9. Is Doctoral Committee constituted in the lines of RAC?**   1. If Yes, Date of Composition: . . . . . . . . . . . . . . . 2. Total number of Members: . . . . . . . . . . . . . . . 3. Name of External Subject Expert………………… |  |  | **Yes / No** |
| **10. Is Plagiarism detection software facility available?** If Yes, Name of the Software………………………………………. |  |  | **Yes / No** |
| **11. Isattendance of the Ph.D. Scholar maintained properly?** |  |  | **Yes / No** |
| **12. Whether Research Centre is registered under MPCB provisions?** | |  | **Yes / No** |
| **13. Whether BMW facility is available?** | |  | **Yes / No** |

**14.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-VI-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- VI-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- VI-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- VII

**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**