Part-I

Maharashtra University of Health Sciences, Nashik

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

 **Faculty of Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliatedUG/PG/Fellowship/CertificateCourse/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** | **:** | B.J Govt Medical College  |
| a | Name of Society/Trust | : |  |
| b | Address | : | Jayprakash narayan road ,near Pune Railway Staion  |
| c | Email Address | : | deanbjgmcpune@gmail.com |
| d | Fax No.(s) | : |  |
| e | Telephone No.(s) | : | 020-26108000 |
| f | Website | : |  |
| g | College Code | : |  |
| h | Status | : | Government |
| i | Letter of permission by MedicalCouncil of India(UG) | : | LetterNo.Dated Intake: |
| j | Stage of Renewal | : |  |
| k | **Details of the Dean/Principal** | : |  |
| **2** | **Name of the Dean/Principal** | : | Dr.Eknath Pawar |
| a | Nature of Appointment | : | Permanent |
| b | Mobile No. | : |  |
| c | Office Landline | : | 020-26102301 |
| d | E-mail Address | : | deanbjgmcpune@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 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **LIC to visit all departments and physically verify the availability of teaching staffand 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. Whetherthelectures,Practicals,ClinicalSessionsetc.areconductedasperthe master time table?

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

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

1. **Ongoing Research Activities in the college including PG thesis** (LIC to submit all records and the relevant details of all ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc.
2. **MUHS Faculty Evaluation Status:**

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

1. **Status of NAACA ccreditation :Accredited Yes/No/Not Applicable**

If Yes,Grade &Date of last Inspection:

If No, what is current status/progress of work

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Particularstobeverified** | **Details on****CollegeWebsite** | **Adequate/****Inadequate** |
| 1 | **Hostelfacility:**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 | CanteenFacility[**Note**:VerifyCanteenFacilityismonitoredasperMUHSCircularNo.18/2019dated19/03/2019]. | Yes/No |  |
| 8 | Warden/ Rector | Yes/No |  |
| 9 | Hygiene | Yes/No |  |
| 10 | VendingMachine | Yes/No |  |
| 11 | Toilets/WashroomFacilities(Cleanness& Hygienemaintain) | Yes/No |  |
| 12 | HousekeepingatHostel | Yes/No |  |
| 13 | DrinkingWaterFacilities | Yes/No |  |
| 14 | SecurityServices | Yes/No |  |

1. **FeesDetails:**

|  |  |
| --- | --- |
| **Sr.****No.** | **Continuation/ExtensionofAffiliationFeesDetails:** |
| Course(s) | Paid/Notpaid | Amount | Outstanding(ifany) | ReasonsofNon-payment |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **AnyOtherFeesDetails:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | TypeofFee | Paid/Notpaid | Amount | Outstanding(ifany) | ReasonsofNon-payment |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Dateofcollegedatauploadedonwebportal(**[**http://aishe.gov.in)**](http://aishe.gov.in/)**regarding“All IndiaSurvey on Higher Education (AISHE)”. Yes/No**

**DateofUploading: ……/…../……..**

1. **SummaryandotherobservationofLIC:(Ifrequiredseparatesheettobeattached).**

### MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK

|  |  |  |  |
| --- | --- | --- | --- |
| **No. of Annexures** | **Particulars** | **Verifiedby Committee** | **Remark** |
| **ANNEXURE-I- A& I-B** | **ApprovedTeachingStaff&TotalTeachingStaff (Approved+Notapproved)InformationasperMSR**1. Hardcopy&softcopyof thisAnnexuremustbesubmittedtothe University.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |  |
| **ANNEXURE-II** | **LIC to visit all departments and physically verify the availability of teaching staff and residents in thedepartment (Please attach the attendance sheet dulysigned by teachers and residents)**1. HardcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite
 | Yes/No |  |
| **ANNEXURE-III** | **IntakeCapacity/ SeatMatrix**1. Hardcopy&softcopyof thisAnnexuremustbesubmittedtothe University.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |  |
| **ANNEXURE-IV** | **TotalSubject-wiseTeacherStaffList(Approved+Not approved)**1. Hardcopy&softcopyof thisAnnexuremustbesubmittedtothe University.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |  |
| **ANNEXURE-V** | **TotalAncillaryStaffInformation**TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |  |
| **ANNEXURE-VI** | **TotalNon-TeachingStaffInformation**TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |  |
| **ANNEXURE-VII** | **ExaminationRelatedInformation**Hard copy& softcopyofthisAnnexure mustbesubmittedtothe University).TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |  |
| **ANNEXURE-VIII** | **FormforFellowship/CertificateCourse(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** | **Formfor 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-X** | **DeclarationbytheDean/PrincipaloftheCollege /Institute**OriginalcopyofthisAnnexuremustbesubmittedtotheUniversity. | Yes/No |  |

**InformationtobeprovidedbytheCollegeforverificationofLocalInquiryCommittee LIST OF ANNEXURE FOR LIC**

**IMPORTANTINSTRUCTIONS&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 ofthe 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 itwill be kept ready for verification ofLocal Inquiry Committee (LIC). Our college is fully awarethat 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 websitefora periodof 05 yearsfromtime to time. In case if anyinformation (Annexurewise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

**Date:**……………………. SignatureofDean/Principal

**Place:** …………………… NameoftheSignatory-(withSealof theCollege/Institute)

### DECLARATIONBYLIC

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

|  |  |
| --- | --- |
| **NameofInspectors** | **SignatureofInspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**Date:…………………**

## Short Report

To,

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

**Sub:-**ShortReportofLocalInquiryCommitteeforContinuationofAffiliationfor 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. NumberofIPDpatientsonBed:………………………

(PhotocopyofAttendanceofTeacherandIPDatthetime11:00a.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

**MaharashtraUniversityofHealthSciences,Nashik**

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

**IntakeCapacity:06 Recognized/Permitted………If permitted,Stage of renewal:…………..**

### APPROVEDTEACHINGSTAFF 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 |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine |  |  |  |  |  |  |  |  |  |  |
| CommunityMedicine |  |  |  |  |  |  |  |  |  |  |
| Gen.Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin&VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology | 01 | 02 | 03 | 01 | 02 | 01 | 00 | 00 | 02 |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst.& Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

* RequirementistobecalculatedasperMCI/NMCnormsasthecasemaybe,andconsideringthestageofrenewal.
* StaffrequirementshouldalsoincluderequirementforanyrunningPGcourseintheinstitute.
* Extrateacheronhigherpostcancompensatedeficiencyofteacheronlowerpostinsamedepartment.
* 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**

### MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK

**Name of College/Institute…………………………………………………………………**

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

### TOTAL(APPROVED+NOTAPPROVED)TEACHINGSTAFFAVAILABLE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine |  |  |  |  |  |  |  |  |  |  |
| CommunityMedicine |  |  |  |  |  |  |  |  |  |  |
| Gen.Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin&VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology | 01 | 02 | 03 | 01 | 02 | 01 | 00 | 00 | 02 |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst.& Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

* .RequirementistobecalculatedasperMCI/NMCnormsasthecasemaybe,andconsideringthestageofrenewal.
* StaffrequirementshouldalsoincluderequirementforanyrunningPGcourseintheinstitute.
* Extrateacheronhigherpostcancompensatedeficiencyofteacheronlowerpostinsamedepartment.
* Deficiency of SR cannot be compensated by extra teacher.

**Deficiencyinfaculty%=**(Totaldeficiencyofapprovedfaculty)\*100/(TotalRequiredfaculty)Available approved faculty % = **100 – Deficiency % =**

(FacultyincludesProfessors,AssociateProfessorsandAssistantProfessors)

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-II**

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

**Name of the Department: E.N.T**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved****Designation** | **Signature** |
| 01 | Dr. Rahul Telang | Professor & Head | Professor & Head |  |
| 02 | Dr. Sanjaykumar Sonawale | Associate Professor | Associate Professor |  |
| 03 | Dr. Rahul Thakur | Associate Professor | Associate Professor |  |
| 04 | Dr.Pranit Khandagale | Assistant Professor | Assistant Professor |  |

**Summary–**

**Approved Staff Approved + Non Approved Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 02 | 02 | 00 |
| 3 | Assistant Professor | 03 | 02 | 01 |
| 4 | Senior Resident | 03 | 02 | 01 |
| 5 | JuniorResident |  | 22 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 02 | 02 | 00 |
| 3 | Assistant Professor | -- | -- | -- |
| 4 | Senior Resident | -- | -- | -- |
| 5 | Junior Resident | -- | -- | -- |
|  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-III**

**Intake capacity/Seat Matrix**

**Name of College/Institute: B.J Govt 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 | NotApplicable | 250 |  | Not Applicable | Not Applicable |
| **PG Degree/Diploma &Super Specialty** |
| E.N.T | 06 | -- | 06 | 06 | -- | -- | 06 | -- |

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

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IV**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK**

**DETAIL INFORMATION OF SUBJECTWISETEACHINGSTAFF(Approved+NotApproved)**

**UGDegree/PGDegree/SuperSpecialty)ASON:…../……./……….**

**Name of the Dept. :……………………………….. Subject:………….. Whether UG…. /UG+PG..… /UG+PG+SuperSpecialty……. Name of the College :……………………………………… College Code : …… Intake Capacity: ……………….**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Subject** | **Nameof Teacher** | **Designation** | **Mob.No.** | **E-mail ID** | **DOB** | **Whether belongsto Reserved category****(ifYes,specify category)** | **Dateof appoint mentat College** | **Teaching Experience** | **Total Teaching Experienc einyears of PG** | **Typeof Appoint ment****Temp./Regular/Contractual** | **University Approval Status (Yes/No)** | **Temporary Approval** | **DetailsofPG Recognition** | **MET****Workshopattend ed in last5****years** | **Photo graph withSignature** |
| **UG(Yrs.)** |
| **Asst. Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **From** | **To** | **Temp/Regular** | **LetterNo.&date** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note:TheCollegeshallsubmitonehardcopy&asoftcopy(inExcelFormat)ofthelistinPenDrivetotheLIC Committee.**

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

### ANNEXURE-V

**Ancillarystaff**

**NameoftheCollege/Institute:……………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Post** | **Required** | **EXT.** | **DEF.** |
| CentralRecordSection | MedicalRecordOfficer StatisticianCoding Clerks RecordingClerks DrafteriesPeonSteno-Typist |  |  |  |
| CentralAnimalHouse | VeterinaryOfficer AnimalAttendantTechniciansforAnimalOperationRoom Sweepers |  |  |  |
| CentralLibrary | LibrarianwithDegreeinLib.Sci. Deputy LibrarianDocumentalist Cataloguer LibraryAssistant DafteriesPeons |  |  |  |
| CentralPhotographiccum Audio Visual Unit | Photographer ArtistModelleorDark Room assistant AudioVisualTechnicianStorekeepercumClerk Attendant |  |  |  |
| MedicalEducationUnit | OfficerIncharge(Principal/Dean)Co-Ordinator(HeadofDeptt.nominatedbyPrincipal/ Dean)Facultycollegefacultyonparttimebasis. Supporting Staff**:**StenographerComputerOperatorTech.inAudioVisualPhotograph&Artist |  |  |  |
| CentralSterilizationServices Dept. | Matron StaffNurseTechnicalAsst. Technician Ward Boy Sweeper |  |  |  |
| Laundry | Supervisor Dhobi/Washerman/womanPacker |  |  |  |
| BloodBank | Professor/Reader Lecturer TechnicianLabAttendants Storekeepers Record Clerk |  |  |  |
| CentralCasualtyService | CasualtyMedicalOfficers Operation Theatre staff Stretcherbearers Recept. cum ClerkWardBoysNursingandParaMedicalstaff Clinical staff for casualty beds |  |  |  |
| Central Workshop | Superintendentwhoshallbequalified EngineerSenior Technician JuniorTechnicians CarpenterBlackSmith Attendants |  |  |  |

C:\Users\acad76\Desktop\20.04.2020\Medical-LICFormatwithAnnexures(ItoXIII)forA.Y.2022-23 )Page**12**of**15**

### ANNEXURE-VI

**NameoftheCollege/Institute:……………………………………………………..………………….**

**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comm.Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Record Keeper cum Clerk cumComputer Operator |  |  |  |
| (a)RuralHealthCentre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector/Health Assist.(Male) |  |  |  |
| Health Educator |  |  |  |
| Peon |  |  |  |
| Van Driver |  |  |  |
| (b)UrbanHealthCentre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector |  |  |  |
| Health Educator |  |  |  |
| Van Driver |  |  |  |
| Peon |  |  |  |
| Record Clerk |  |  |  |
| Medicine TB & ChestPsychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E.C.G. TechnicianT. B. & Chest Diseases Health Visitor Psychiatric Social worker |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Child-Psychologist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Health Educator |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Worker |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Technical Assistant/ Technician** | **Storekeeper/Record Keeper cum Clerk cum Computer Operator** | **Laboratory Attendant** | **Steno Typist cum Computer Operator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| ENT | 01 | 00 | 01 | 01 | 01 | 00 | 01 | 00 | 01 | 01 | 00 | 01 | 01 | 01 | 00 | Audiometry Tech. | 01 | 01 | 00 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Speech Therapy | 01 | 00 | 01 |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Refractionist |  |  |  |
| Obst.&Gynaec. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Workers |  |  |  |
| Radiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dark RoomAsst. |  |  |  |
| Radio-Therapy (optional) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PhysicistDarkroom Asst. |  |  |  |
| Anesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PhysicalMedicine & Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physiotherapist Occupational Therapist Workshop WorkerClinical Psychologist MSWPublicHealth Nurse Vocational Counsellor Multi – Rehabilitation WorkerSpeechTherapist |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-VII-A**

### EXAMINATIONRELATEDINFORMATIONFORA.Y.20……-20……..

**ForOnlineTransmissionofQuestionPapers:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **InfrastructurefacilitiesatCollege** | **Yes/No** |
| **StrongRoom:** |
| **1** | ItmusthaveSingleDoorEntry/Exit(withSafetyDoor/Grillforwindows) |  |
| **2** | MinimumAreashallbe20x20sq.ft. |  |
| **3** | AdequateSteel Almirah/CupboardforstorageofAnswerBooks. |  |
| **4** | C.C.T.V.Camerawithrecordingfacilitythatcoversentireareaor DownloadingandPrintingofonlinetransmissionofQuestionPaperprocess. |  |
| **5** | LatestversionComputer(Minimum4)andPrinter(Minimum4)withInverterfacility,MSOffice,PDFReader,WinrarorWinzip. |  |
| **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 50mpbsspeed,byananotherClass‘A’ISPtoensure uninterrupteddownloadingfacility,with2(two)staticIP’s,InternetDongle. |  |
| **7** | AdequateNumberofPaperRimsforprintingQuestionPapers. |  |
| **8** | OnePhotocopyMachine,UPSBackup. |  |
| **ScanningRoom:** |  |
| **9** | SeparateScanningRoomforscanningAnswerBooksafterendof ExaminationSessionunderCCTVSurvellience.(LaptopsandScanners willbeprovidedbytheUniversityAppointed 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 50mpbsspeed,byananotherClass‘A’ISPtoensure uninterrupteddownloadingfacility,with2(two)staticIP’s,InternetDongle. |  |

**ToSetUpDECforOnscreenEvaluationofAnswerBooks:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **InfrastructurefacilitiesatCollege** | **Yes/No** |
| **1** | Computers(20)withlatestlicensedOperatingSystemSoftware (OSS)withantivirusandfirewallstoprovidealllock,workstationwithComputerchartsandkeyboardtray. |  |
| **2** | WiringandNetworking(withRawPowerSupplyandUPS)andonePrinterperDEC |  |
| **3** | Airconditioners,Biometricsystem,CCTVinstallation,Restroomsand24x7 security. |  |
| **4** | Collapsiblegate forthemainentrancewithNameboardandlockingfacility. |  |
| **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 50mpbsspeed,byananotherClass‘A’ISPtoensure uninterrupteddownloadingfacility,with2(two)staticIP’s. |  |
| **6** | AppointmentofoneProfessorasa**ExaminationCo-ordinator**toCo-ordinatethisOnlineprocess. |  |
| **7** | SeparateEvaluationRoomforEvaluatingtheAnswerBooksunderCCTVSurvellience |  |

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

D:\TeacherApproval(MBBS)\2023\LICFormforA.Y.2023-24\InspectionFormatandShortReportwithallAnnexures Page**15**of**26**

NameoftheCollege: Phone/Mobile No. : NameoftheSubject: E.N.T

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

### ANNEXURE-VII-B

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **College Name** | **Subject** | **Full name of the Teacher (First/Middl e/Last)** | **Design ation** | **Dateof Joining** | **UG****Qualifica tion& year of Passing** | **PG****Qualificati on&Year ofPassing** | **Teachin g Experien ce after PG****passing** | **MUHS****Approval (Yes/No)** | **IfYesMUHS Approval Letter &Date** | **Adhar No.** | **Pan No.** | **Dateof Birth (Agein years** | **Latest Email Addre ss** | **Contac t No. (Mob.)** | **Debarred Yes/No** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |
| **1** | BJGMC,Pune | E.N.T | Dr. Rahul Ashokrao Telang | Professor. & Head | 04.04.05 | MBBS 1998  | MS (ENT) 2004 | 19y | Yes | No.MUHS/E-1/PG /1202/ 1787/10 | 7710 9387 6095 | AEEPT 2764A | 30/06/7748yr | drrahultelang@gmail.com | 9422215708 | **No** |
| **2** | BJGMC,Pune | E.N.T | Dr. SanjaykumarLaxmanrao Sonwale | Associate . Prof. | 1.01.98 | MBBS 1990 | MS (ENT) 1997 | 26y | Yes | No.MUHS/PG/1202/75518/2007 | 5409 3284 6596 | ACZP 51423 N | 30/05/6857yrs |  drsanjaysonawale@gmail.com  | 9270055575 9890012113 | **No** |
| **3** | BJGMC,Pune | E.N.T | Dr.Rahul Thakur | Associate . Prof. | 16.07.15 | MBBS 2008 | MS(ENT)2013 | 9yrs 6mnts | Yes | No.MUHS/PG/E-1/PG/102102/2588/2023 | 227791693031 | AJJPT5528J | 12/01/8639yrs | dr.rahul\_thakur@yahoo.com | 8149225157 | NO |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

### ANNEXURE-VII-C

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PGCourses)**

NameoftheCollege: Phone/Mobile No. : NameoftheSubject:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Teacher (LastName FirstName Middle Name)** | **Designation** | **Subject/ Speciality** | **Type of Appoint ment (Regular/ Temp. / Honorary** | **Qualification** | **UniversityApprox at(UG)** | **PG****Teaching Experienc e (in Years) after****PGM** | **PG****Teacher Recopnil ion Yes/No** | **(Recognition Letter Date issuedby University)** | **No.of PG****Students Guided last 5 year** | **Dateof Birth** | **E-****mallID** | **MobileNo.** | **Aadhar CardNo** | **IfDebar red (Yes/N o)** | **Sign.. ofTeache r** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr.Telang Rahul Ashokrao | Profesor & Head | M.S.E.N.T | Regular | M.S.E.N.T |  | 18yrs | Yes | No.MUHS/E-1/PG /1202/ 1787/10 | 13 | 30/06/77 | drrahultelang@gmail.com | 9422215708 | 7710 9387 6095 |  No |  |
| 2 | Dr.Sonawale SanjaykumarLaxmanrao | Associate Professor | M.S.E.N.T | Regular | M.S.E.N.T |  | 25yrs | Yes | No.MUHS/PG/1202/75518/2007 | 10 | 30/05/68 |  drsanjaysonawale@gmail.com  | 9270055575 9890012113 | 5409 3284 6596 | No |  |
| 3 | Dr.Thakur RahulTejendrasingh | Associate Professor | M.S.E.N.T | Regular | M.S.E.N.T |  | 9yrs6mths | Yes | No.MUHS/PG/E-1/PG/102102/2588/2023 | 02 | 12/01/86 | dr.rahul\_thakur@yahoo.com | 8149225157 | 227791693031 | No[ |  |

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-VIII**

## FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20……-20……..

(AsperprovisionsoftheMaharashtraUniversityofHealthSciencesAct,1998andUniversityRule/Guidelines)

|  |  |  |
| --- | --- | --- |
| **DateofInspection** | **:** |  |

1. **Name(s)oftheFellowship/CertificateCourse(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Fellowship/Certifica teCourse** | **Course Started from the****Academic Year** | **IntakeCapacity Sanctioned by****the University** | **Name of Mentorand Contact Details** |
| 01 | Hed & Neck Cancer Surgery | 2018 | 02 | **Dr.Rahul Telang ,****Professor & Head****9422215708****Dr.Sanjaykumar Saonawale****Asso.Professor****9890012113** |

**(AttachseparateListifnecessary)**

1. **Year-wisenumberofstudentsadmittedtoFellowship/Certificatecourseduringlast5 years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Academic Year** | **NameofFellowship/ Certificate Course** | **IntakeCapacity** | **No.ofStudents****Admitted**(Infigureonly) |
| 1 | A.Y. 2018 – 2019 | **Head & Neck Cancer Surgery** | **02** | **01** |
| 2 | A.Y. 2019 – 2020 | **Head & Neck Cancer Surgery** | **02** | **01** |
| 3 | A.Y. 2021 – 2022 | **Head & Neck Cancer Surgery** | **02** | **02** |
| 4 | A.Y. 2022– 2023 | **Head & Neck Cancer Surgery** | **02** | **00** |
| 5 | A.Y. 2023 – 2024 | **Head & Neck Cancer Surgery** | **02** | **00** |
| 6 | A.Y. 2024 – 2025 | **Head & Neck Cancer Surgery** | **02** | **00** |

**ANNEXURE-VIII-A**

# Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:-………………………………………………………………

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. **ActualexperienceinthesubjectofconcernedFellowship/CertificateCourse applied for :-**

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

(It is mandatory to attach self-attested Photocopyof theExperience Certificate ofeach Mentorin the Subjectof concerned Fellowship/Certificate Course)

Sign&Stamp Sign&Stamp

Headofthe Department Dean/Principal/HeadofInstitute

Date: / / Date: / /

|  |  |
| --- | --- |
| **NameofInspectors** | **SignatureofInspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**ANNEXURE-IX**

# FORPh.DCOURSE(S)FORA.Y.20……-20……..

**(Pleasesubmitseparatereportforeachsubject)**

|  |  |  |
| --- | --- | --- |
| **DateofInspection** | **:** |  |

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

1. **Name&AddressoftheCollege/ResearchCentre:-**

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

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

**NameofHeadoftheDepartment:-**…………………………………………………..

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

1. **Department/SubjectwisedetailsofavailablePhDGuides:**-

***(AttachAnnexure‘’A”)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Ph.D.Guide** | **Designation** | **Dateof Birth** | **Date of Retirement** | **TotalNo.of PhD Scholars Registered****tilldate** | **Hascompletedsix days Research Methodology Workshop?****Yes/No** | **PhD****Recognition No.and Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

1. **DetailsofavailableinfrastructureforResearch:**
	1. AdequatenumberofComputerswithInternetfacilityisavailable? **Yes/No**
	2. )AdequatenumberofBooks/Journalsareavailable ? **Yes/No**
	3. AnyotherspecificthingavailableattheDepartment:……………………………...

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

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

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

1. **DetailsofCentralResearchLaboratory:**
	1. AvailableArea(insq.ft):..............
	2. IsDrugs/Medicines/Chemicalsetc.areavailableforresearch? **Yes/No**
	3. IsAdequatenumberofInstrumentsareavailable? **Yes/No**
	4. IsRecordsofStockbookavailable? **Yes/No**
2. **DetailsofCentralAnimalHouse:**
	1. AvailableAreainsq.ft:..............
	2. FunctioningCentralAnimalHouse? **Yes/No**
3. **DetailsofInstitutionalEthicalCommittee:*(AttachAnnexure‘’B”)***
	1. DateofComposition:...............
	2. TotalNumberofMembers:...............
	3. Numberofmeetingsheldinpreviousyear:...............
	4. WhetherRecordsof proceedingsaremaintainedproperly? **Yes/No**
	5. IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?**Yes/No**
4. **DetailsofResearchAdvisoryCommittee:*(AttachAnnexure‘’C”)***
	1. DateofComposition:...............
	2. TotalnumberofMembers:...............
	3. Numberofmeetingsheldinpreviousyear:...............
	4. Whetherrecordsof proceedingsaremaintainedproperly? **Yes/No**
5. **IsDoctoralCommitteeconstitutedinthelinesofRAC? Yes/No**
	1. IfYes,DateofComposition:..... ..........
	2. TotalnumberofMembers:...............
	3. NameofExternalSubjectExpert…………………
6. **IsPlagiarismdetectionsoftwarefacilityavailable? Yes/No**

IfYes,NameoftheSoftware……………………………………….

1. **IsattendanceofthePh.D.Scholarmaintainedproperly? Yes/No**
2. **WhetherResearchCentreisregisteredunderMPCBprovisions? Yes/No**
3. **WhetherBMWfacilityisavailable? Yes/No**
4. **AnyotherimportantthingrelatedtoResearch/Department/Facilities,which will be helpful to carry out good quality research under this department:**

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

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

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

**DECLARATIONBYLIC**

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 asfollows: -

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

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

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

|  |  |
| --- | --- |
| **NameofInspectors** | **Sign.ofInspectorswithDate** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4 | Member |  |

**ANNEXURE-IX-A**

# CollegeLetterHead

**ListofPh.D.GuidesAvailableatPh.D.ResearchCentre**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Ph.D.Guide** | **Designation** | **Dateof Birth** | **Date of Retirement** | **TotalNo.of PhD Scholars Registered till date** | **Hascompleted six days Research Methodology Workshop?****Yes/No** | **PhD****Recognition No.and Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Date:**

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-IX-B**

# CollegeLetterHead

**DetailsofInstitutionalEthicalCommittee**

A)DetailsofInstitutionalEthicalCommittee

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **NameofEthicalCommitteeMember** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-IX-C**

# CollegeLetterHead

**DetailsofResearchAdvisory/DoctoralCommittee**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **NameofResearchAdvisory/Doctoral Committee/Subject expert Member** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-X**

## DECLARATION

**(TobepreparedonaStampPaper Rs.100)**

We, Local inquiry Committee of the ……………………………............. College / Institute solemnlystatesonaffirmation,thattheinformationprovidedby usinInspectionFormatas well as uploaded on CollegeWebsitealongwith all Annexuresis true and correct tothe best ofour knowledge. The saidinformationis provided to us by the concerned teachers and duly verified byme.Itisfurthersubmittedtheteachersinformationattachedinrespective**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 contentsinthisInspectionFormatis 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 uson……..dayof…….20……at………….

**Date:** …………………….

**Place:**……………………

**Member Member Member Chairman**