Part-I Maharashtra University of Health Sciences, Nashik

**Inspection Committee Report for Post Graduate Institute (Institutes running exclusive PG Course) for Academic Year 2025 - 2026**

**Faculty of Medicine**

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

|  |  |  |
| --- | --- | --- |
| **Date of Establishment of College** | **:** |  **23/06/1946** |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College / Institute** | **:** | Byramjee Jeejeebhoy Government Medical College , Pune |
| a | Name of Society / Trust | : | Byramjee Jeejeebhoy Government Medical College , Pune |
| b | Address | : | Sassoon Hospital Campus,J.P.Narayan Road Near PuneRailway Station,Pune 411001 |
| c | Email Address | : | deanbjgmcpune@gmail.com |
| d | Fax No.(s) | : | 020 - 26126868 |
| e | Telephone No.(s) | : | 020-26126010/26128000 |
| f | Website | : | www.bjgmcpune.org |
| g | College Code | : | 1202 |
| h | Status | : | Government ~~/ Corporation / Private~~ |
| i | Stage of Renewal | : |  |
| j | **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. | : | 8551996777 |
| c | Office Landline | : | 020-26126010/26128000 |
| d | E-mail Address | : | deanbjgmcpune@gmail.com |

1. **PG Intake Capacity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Course** | **Subject** | **No. of Recognized Seats** | **No. of Permitted Seats** | **Total Intake Capacity** |
| 1 | DM SUPERSPECIALITY | NEONATOLOGY | -- | 02 | 02 |

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

**Yes**/No**Whether the information is complete in all respect. Yes**~~/No~~

1. **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-**
	1. 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 | **NEONATOLOGY** | Seminar | 2 per month |  |
| Journal Club | 2 per month |  |
| Tutorials | 2 per month |  |
| Case Presentation | 2 per month |  |
| Any other |  Theis Review - 2 per month Guest Lecture - 01 per month |  |

1. **Ongoing Research Activities in the college excluding PG thesis** (LIC to verify the relevant details of any one of ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc., and give the remarks below).
2. **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:**
2. **Services for Person with Disability:**
3. **Availability of Freeship/ Scholarship for category Students:**

## 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 |  |  |  |  |  |

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**

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

**ANNEXURE- I**

**Name of College/Institute :- Byramjee JeejeebhoyGovernment Medical College ,Pune Name of the Department: Neonatology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved****Designation** | **Signature** |
|  1 | Kadam Sandeep Sharad | Professor | Professor  |  |
| 2 | Parikh Tushar Bharatlal | Associate Professor | Associate Professor |  |
| 3 | Pandya Dhyey Jayeshbhai | Assistant Professor | Assistant Professor |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Superspeciality PG Intake Capacity= 02**

**Whether Teachers Students ratio is fulfilled Yes/~~No~~**

**Summary –**

**Approved Staff Approved + Non Approved Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required** | **Available** | **Deficiency** |
| 1 | Professor | 1 | 1**\*** | 0 |
| 2 | AssociateProfessor | 1 | 1**\*** | 0 |
| 3 | Assistant Professor | 1 | 1 | 0 |
| 4 | SeniorResident | 01 | 0 | 01 |
| 5 | Junior Resident | 02 | 02 | 00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required** | **Available** | **Deficiency** |
| 1 | Professor | 1 | 1 | 0 |
| 2 | AssociateProfessor | 1 | 1 | 0 |
| 3 | Assistant Professor | 1 | 1 | 0 |
| 4 | SeniorResident | 01 | 0 | 01 |
| 5 | Junior Resident | 02 | 02 | 00 |

 **\* MUHS approval for PG Teacher Recognition sent for Professor & Associate Professor**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE- II**

**Intake capacity/ Seat Matrix**

**Name of College/Institute: Byramjee Jeejeebhoy 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** |
| DM Neonatology | 2 | - | - | 2 | - | - | 2 | - |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**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: 01 /02 /2025**

**Name of the Dept. : Neonatology Subject:Neonatology Whether :- SuperSpecialty**

**Name of College : Byramjee JeeJeebhoy Medical College ,Pune College Code : 1202 Intake Capacity: 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 ein years of PG** | **Type of Appoint ment****Temp./ Regular/ Contractual** | **University Approval Status (Yes/No)** | **Temporary Approval** | **Details of PG Recognition** | **MET****Works hop attende d in last****5 years** | **Photo graph with Signat ure** |
| **UG(Yrs.)** |
| **Asst. Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **from** | **To** | **Temp/ Regular** | **Letter****No.& date** |  |  |
| 1 | Neonatology | Kadam Sandeep Sharad | Professor & Head | 9850609628 | drsandeepkadam@gmail.com | 09/12/1971 ,53 years | NO | 1/1/2016 | 4yrs | 3yrs | 2yrs | 9yrs | 9yrs |  Contractual | Sent for approval | NA |  |  |  | NO |  |
| 2 | Neonatology | Parikh Tushar Bharatlal | Associate Professor | 9960708499 | drtusharparikh@gmail.com | 20/06/1975 ,49 years | NO | 1/1/2019 | 3 yrs | 2yrs | NA | 5yrs | 5yrs |  Contractual | Sent for approval | NA |  |  |  | NO |  |
| 3 | Neonatology | Pandya DhyeyJayeshbahi | Assistant Professor | 9428009898 | dhyeypandyadhyey@gmail.com | 04/11/1989 | NO | 07/10/2024 | 3 mths | NA | NA |  | 3 mths | Contractual | Approved | 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**

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**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 orDownloading and Printing of online transmission of Question Paper process. |  |
| 5 | Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverterfacility, 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 chartsand key board tray. |  |
| ad76\**2**Desktop\20.04. | 202W0 \Mierdiicnal-gLIC FoarmnatdwithNAnneexutrwes (oI torXkIII)ifnorgA.Y.2(0w22-i23th Raw )PPagoe **9**wof **1**e**0** r Supply and UPS) and one Printer per DEC |  |
| **3** | Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x7 security. |  |
| **4** | Collapsible gate for the main entrance with Name board and locking facility. |  |
| **5** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed,by an another Class ‘A’ ISP to ensure uninterrupted downloading facility, with 2(two) static IP’s. |  |
| **6** | Appointment of one Professor as a **Examination Co-ordinator** to Co-ordinate this Online process. |  |
| **7** | Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience |  |

**Data Verified by the Committee members:**

Name of the College :

Phone/Mobile No. : Name of the Subject :

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

**ANNEXURE-IV-B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **College Name** | **Subject** | **Full name of the Teacher (First/Middl e/Last)** | **Design ation** | **Date of Joining** | **UG****Qualifica tion & year of Passing** | **PG****Qualificati on & Year of Passing** | **Teachin g Experien ce after PG****passing** | **MUHS****Approval (Yes/No)** | **If Yes MUHS Approval Letter & Date** | **Adhar No.** | **Pan No.** | **Date of Birth (Age in years** | **Latest Email Addre ss** | **Contac t No. (Mob.)** | **Debarred Yes/No** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**ANNEXURE-IV-C**

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

Name of the College : Phone/Mobile No. : Name of the Subject :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Teacher (Last Name First Name Middle Name)** | **Designation** | **Subject/ Speciality** | **Type of Appoint ment (Regular/ Temp. / Honorary** | **Qualification** | **University Approx at (UG)** | **PG****Teaching Experienc e (in Years) after****PGM** | **PG****Teacher Recopnil ion Yes/No** | **(Recognition Letter Date issued by University)** | **No. of PG****Students Guided last 5 year** | **Date of Birth** | **E-****mall ID** | **Mobile No.** | **Aadhar Card No** | **If Debar red (Yes/N o)** | **Sign.. of Teache r** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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/Certifica teCourse** | **Course Started from the****Academic Year** | **Intake Capacity Sanctioned by****the University** | **Name of Mentor and Contact Details** |
| 01 | Neonatal Intensive Care | 2018 | 2 | Dr Aarti Avinash KinikarMobile no- 9850039063Email ID -aarti.kinikar63@gmail.com1. Dr Rahul Madhav Dawre

Mobile No- 9158000645Email ID- dawre2000@gmail.com |
| 02 |  |  |  |  |
| 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. 2018– 2019 | Neonatal intensive Care | 2 | 0 |
| 2 | A.Y. 2019 – 2020 | Neonatal intensive Care | 2 | 0 |
| 3 | A.Y. 2021 – 2022 | Neonatal intensive Care | 2 | 1 |
| 4 | A.Y. 2023 – 2024 | Neonatal intensive Care | 2 | 2 |
| 5 | A.Y. 2024 – 2025 | Neonatal intensive Care | 2 | 0 |

**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:- Fellowship Certificate Course in Neonatal Intensive Care

This to Certify that Dr Aarti Avinash Kinikar has worked in the Department of Paediatrics Training Centre as per following details

1. **General Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** |
| Professor | 01/09/2015 | 26/11/2015 | 1months | 26 days |
| Professor | 27/11/2015 | 08/06/2017 | 1 years | 7 months |
| Professor | 09/06/2017 | Till Date | 7 years | 4 months |

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

**:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** |
| Associate Professor | 15/10/2003 | 31/08/2015 | 11years 10 months |  |
| Professor | 01/09/2015 | Till date | 8 years |  |

(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- 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:- Fellowship Certificate Course in Neonatal Intensive Care

This to Certify that Dr Rahul Madhav Dawre has worked in the Department of Paediatrics Training Centre as per following details

1. **General Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** |
| Assistant Professor  | 12/02/2013 | 14/09/2014 | 1 years | 7 months |
| Assistant Professor  | 24/04/2015 | 28/11/2017 | 3 years | 7 months |
| Assistant Professor  | 04/07/2023 | 30/01/2024 | 6 months |  |
| Associate Professor  | 29/11/2017 | 30/06/2023 | 5 years  | 7 months |
| Associate Professor  | 01/02/2024 | Till Date | 1 years |  |

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

**:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** |
| Associate Professor | 29/11/2017 | 30/06/2023 | 5years | 7 month |
| Associate Professor  | 01/02/2024 | Till Date | 1 years |  |

(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-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**
	2. ) Adequate number of Books / Journals are available ? **Yes / No**
	3. Any other specific thing available at the Department:……………………………...

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

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

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

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

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

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

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

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

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

**DECLARATION BY LIC**

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

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

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

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

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

**ANNEXURE-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**