Part-I Maharashtra University of Health Sciences, Nashik

**InspectionCommitteeReportforAcademicYear202....-202…...**

**FacultyCommunity Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliatedUG/PG/Fellowship/CertificateCourse/Ph.D.Colleges/Institutes&Hospitals)**

|  |  |  |
| --- | --- | --- |
| **DateofEstablishmentofCollege** | **:** | **…../…/………..** |

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

|  |  |
| --- | --- |
| **Name&DesignationofInspectors:** | **Signature** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

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| --- | --- | --- | --- |
| **1** | **NameoftheCollege/Institute** | **:** |  |
| a | NameofSociety/Trust | : |  |
| b | Address | : |  |
| c | EmailAddress | : |  |
| d | FaxNo.(s) | : |  |
| e | TelephoneNo.(s) | : |  |
| f | Website | : |  |
| g | CollegeCode | : |  |
| h | Status | : | Government/Corporation/Private |
| i | LetterofpermissionbyMedicalCouncilofIndia(UG) | : | LetterNo.Dated Intake: |
| j | StageofRenewal | : |  |
| k | **DetailsoftheDean/Principal** | : |  |
| **2** | **NameoftheDean/Principal** | : |  |
| a | NatureofAppointment | : | Permanent/Temporary/Officiating |
| b | MobileNo. | : |  |
| c | Office Landline | : |  |
| d | E-mailAddress | : |  |

1. **DetailsoftheCollegeareavailableontheCollegeWebsite,intheprescribedformat(PartII)?**

Yes/No

1. **Whethertheinformationiscompleteinallrespect.** Yes/No
2. **If incomplete information, please write the pointsfromprescribedformat (part II)regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **PointsNumberinprescribedformat** | **Particularsofthepoint** | **ObservationsoftheLIC** |
|  |  |  |  |
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1. **LIC to randomly choose the 10 points ofconcern,whichwillhelpimprovethe quality of medical education and student's life on the campus.**

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| **Sr. No.** | **PointsNumberinprescribedformat** | **Particularsofthepoint** | **ObservationsoftheLIC** |
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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. **CurricularActivitiesintheCollege-**
	1. WhetherMasterTimeTable isavailable. Yes/No
	2. Whetherthelectures, Practicals, Clinical Sessions etc. are conducted as per the mastertime table?

(LIC torandomly chooseat least 10 dates overpast 03 months’ lectures, Practicals, clinical sessions,PGactivities,(ifPG 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 thesedepartments. (Pleasementionthefindings inbelow)andattached 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 CommitteeApproval, status of data collection, data analysis etc.
2. **MUHSFacultyEvaluationStatus:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Evaluation carriedoutatCollege level** | **TotalNo.ofTeachers** | **Totalevaluationcarried out** | **Remainingpending with reasons** |
|  |  |  |  |
|  |  |  |  |

1. **StatusofNAACAccreditation:Accredited Yes/No/NotApplicable**

If Yes,Grade&DateoflastInspection:

IfNo,whatiscurrentstatus/progressofwork

1. **Status of Online Boarding:**
2. **Services forpersonwithDisability:**
3. **AvailabilityofFreeship/ScholarshipforcategoryStudents:**
4. **StudentsFeedback**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | **Approved Teaching Staff &TotalTeachingStaff (Approved +Not approved) InformationasperMSR**1. Hard copy & soft copyof this Annexure must be submitted to the University.
2. The information must be made available on the College website.
 | Yes/No |  |
| **ANNEXURE-II** | **LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents)**1. Hard copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website
 | Yes/No |  |
| **ANNEXURE-III** | **In take Capacity/ Seat Matrix**1. Hard copy &soft copyof this Annexure must be submitted to the University.
2. The information must be made available on the College website.
 | 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:…………………**

## ShortReport

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. NumberofTeachingStaffpresent:…………………..
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…BJ GOVERNMENT MEDICAL COLLEGE**

**IntakeCapacity:……250……Recognized/Permitted…Permitted……Ifpermitted,Stageofrenewal:…………..**

### 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 | 1 | 3 | 6 | 2 | 5 | 6+1(lecturer cum statistician) | 0 | 0 | 0 |  |
| Gen.Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin&VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** | 1 | 3 | 6 | 2 | 5 | 7 | 0 | 0 | 0 |  |

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

**Deficiencyinfaculty%=**(Totaldeficiencyofapprovedfaculty)\*100/(TotalRequiredfaculty)Available approved faculty % = **100 – Deficiency % = 0%**

(FacultyincludesProfessors,AssociateProfessorsandAssistantProfessors)

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-I-B**

### MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK

**NameofCollege/Institute…BJ GOVERNMENT MEDICAL COLLEGE ………………………………………………………………**

**IntakeCapacity: ………… Recognized/Permitted………If permitted, Stage ofrenewal:…………..**

### 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 | 1 | 3 | 6 | 2 | 5 | 6+2 (lecturer cum statistician) | 0 | 0 | 0 |  |
| Gen.Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin&VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anesthesia |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** | 1 | 3 | 6 | 2 | 5 | 8 | 0 | 0 | 0 |  |

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

**Deficiencyinfaculty%=**(Totaldeficiencyofapprovedfaculty)\*100/(TotalRequiredfaculty)Available approved faculty % = **100 – Deficiency % = 0%**

(FacultyincludesProfessors,AssociateProfessorsandAssistantProfessors)

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-II**

**NameofCollege/Institute……BJ GOVERNMENT MEDICAL COLLEGE, PUNE**

**Name of the Department: Community Medicine**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **NameoftheTeacher** | **Designation** | **MUHSApproved****Designation** | **Signature** |
| 1 | Dr. MuralidharP.Tambe | Professor | Professor |  |
| 2 | Dr. Jagannath V. Dixit | Professor | Professor |  |
| 3 | Dr.YallapaU.Jadhav | Associate Professor | Associate Professor |  |
| 4 | Dr. MalangoriA.Parande | Associate Professor | Associate Professor |  |
| 5 | Dr.VarsharaniKendre | Associate Professor | Associate Professor |  |
| 6 | Dr.MangeshNanaware | Associate Professor | Associate Professor |  |
| 7 | Dr. MamtaShewte | Associate Professor | Associate Professor |  |
| 8 | Dr.AtulJagtap | Assistant Professor | Assistant Professor |  |
| 9 | Dr. NandkumarSalunkhe | Assistant Professor | Assistant Professor |  |
| 10 | Dr. Poonam Sancheti | Assistant Professor | Assistant Professor |  |
| 11 | Dr. BharatbhushanTelang | Assistant Professor | Assistant Professor |  |
| 12 | Dr. PramodKharade | Assistant Professor | Assistant Professor |  |
| 13 | Dr. RupaliBaviskar | Assistant Professor | Assistant Professor |  |
| 14 | Mrs. Pradip S. Borle | Statistician cum Asst. Professor | Statistician cum Asst. Professor |  |
| 15  | Mrs. Shweta Morde | Statistician cum Asst. Professor | Statistician cum Asst. Professor |  |

**Summary–**

**ApprovedStaff- Approved+NonApprovedStaff -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 2 | 0 |
| 2 | Associate Professor | 3 | 5 | 0 |
| 3 | AssistantProfessor | 6 | 6+2(lecturer cum statistician) | 0 |
| 4 | Senior Resident | 4 | 2 | 2 |
| 5 | Tutor | 5 | 0 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 2 | 0 |
| 2 | Associate Professor | 3 | 5 | 0 |
| 3 | AssistantProfessor | 6 | 6+1(lecturer cum statistician) | 0 |
| 4 | Senior Resident | 4 | 2 | 2 |
| 5 | Tutor | 5 | 0 | 5 |

**DataVerifiedbythe Committee members:**

**Member Member Member Chairman**

**ANNEXURE-III**

**Intake capacity/SeatMatrix**

**NameofCollege/Institute:…BJ GOVERNMENT MEDICAL COLLEGE**

|  |  |  |  |
| --- | --- | --- | --- |
| **UG Degree/PG Degree/Diploma Courses/Super Specialty** | **Intakeasper Council** | **StatusofCouncil** | **Max. Seats Permitted****by MUHS****as****per Teacher:****Student Ratio** |
| **Degree** | **Diploma** |
| **Degree** | **Diploma** | **Recognized** | **Permitted** | **Recognized** | **Permitted** | **Degree** | **Diploma** |
| **UGDegree** |
| **MBBS** |  | NotApplicable |  |  | NotApplicable | NotApplicable |
| **PGDegree/Diploma&Super-Specialty** |
|  |  |  |  |  |  |  |  |  |
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**AnyOther,PleaseSpecify:**…………………………………………………….

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK**

**DETAIL INFORMATION OF SUBJECT WISE TEACHING STAFF (Approved+Not-Approved)**

**UG Degree/PG Degree/Super Specialty)AS ON: / /2025 ANNEXURE IV**

**Nameof the Dept.: Community Medicine Subject: Community Medicine Whether UG…. /UG+PG..… /UG+PG+Super Specialty…….Name of the College: B. J. Government Medical College, Pune College Code:……Intake Capacity:……………….**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Subject** | **Name of the Teacher** | **Designation**  | **Mob. No.** | **E-mail ID** | **Date of Birth** | **Whether belongs to Reserved Category (if Yes, specify category)** | **Date of appointment at College** | **Teaching Experience UG(Yrs.)** | **Total Teaching Experience in years of PG** | **Type of Appointment** | **University Approval Status (Yes/ No)** | **Temporary Approval** | **Details of PG Recognition** **(Yes/No)** | **MET****Workshop**  | **Photograph with Signature** |
| **Asst. Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **Temp./Regular/Contractual** | **From** | **To** | **Temp/Regular** | **Letter No. &date** |  |  |
| 1 | Community Medicine | Dr. Murlidhar Parshuram Tambe | Professor & HOD | 9423007898 | muralidhartambe@rediffmail.com | 01-06-1963 | SBC | 01.09.1991 | 9 years 10 month | 8years 8month  | 13 years 11 months | 33 years 4 months | 33 years 4 months | Regular | Yes | -- | -- | Regular | MUHS/E-1/UG&PG/1202/755-17/07, dt. 24-2-2007 | Yes |  |
| 2 | Community Medicine | Dr. Jagannath Vinayak Dixit | Professor  | 9922994777 | drjvdixit@gmail.com | 25-01-1964 | No | 16.04.1993 | 8 years 10 months  | 22 years 8 months  | 1years 3month | 33 yrs 9 month  | 25 yrs 8 month | Regular | Yes | -- | -- | Regular | MUHS/E-1/PG/1401/1755-40/2007 | Yes |  |
| 3 | Community Medicine | Dr. Yallapa Uddhavrao Jadhav | Associate Professor | 8975478477 | dryallapajadhav@gmail.com | 02-06-1974 | VJ | 12.04.2005 | 8yrs 4 months | 11yrs 5 months | -- | 19yrs 9 month | 12yrs 6 month | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/1406/ 948/2012 Dt. 07-05-12 | Yes |  |
| 4 | Community Medicine | Dr. Malangori Abdulgani Parande | Associate Professor | 9850131337 | drparandemalan@rediffmail.com  | 17-06-1977 | OBC | 05.04.2004 | 11years 6months | 9years 6months | -- | 21 years | 11years | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/ 1202 /448/14 dt. 17-02-14 | Yes |  |
| 5 | Community Medicine | Dr. Varsharani V. Kendre | Associate Professor | 9423330670 | mundevarsharani@gmail.com | 05-07-1976 | NT-D | 01.11.2006 | 12 yrs 1 months | 6 yrs 2 months | -- | 18 yrs 3 month  | 12yrs 6 month | Regular | Yes | -- | -- | Regular | MUHS/PGE-1/1406/76/2013 dt. 05-01-13 | Yes  |  |
| 6 | Community Medicine | Dr. Mangesh Balu Nanaware | Associate Professor | 9890251133 | dr.mangeshnanaware@gmail.com | 29-03-78 | OBC | 10.11.2004 | 11 years  | 9 Year | -- | 20 Years | 9years | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/1202/1577/22 dt 13-06-22 | Yes |  |
| 7 | Community Medicine | Dr.Mamta K Shewte | Assistant Professor | 9881070422 | mamtashewte2@gmail.com  | 14-07-80 | SC | 01.01.2013 | 12 yrs | -- | -- | 12 yrs | 6 yrs | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/1202/ 924/2019 dated 25-02-19 | Yes |  |
| 8 | Community Medicine |

|  |
| --- |
|  Dr. Atul A Jagtap |

 | Assistant Prof | 8087099055 | jagtapatul32@gmail.com | 19-05-1987 | OBC | 04-10-2016 | 8 years 6 months |  |  | 8 years 6 months | 4years 6months | Regular | Yes | - | - | Regular | MUHS/PG/E-1/53/1209/241/2024 Dt.30-01-2024 | Yes |  |
| 9 | Community Medicine | Dr. Nandkumar Salunke  | Assistant Prof | 9764570655 | Dr.nandusalunkhe1285@gmail.com | 10-05-84 | Open | 18/09/2015 | 9 yr 4 month | -- | -- | 9 yr 4 month | 1years 2 month | Regular | Yes | -- | -- | Regular | -- | Yes |  |
| 10 | Community Medicine | Dr. Poonam V. Sancheti | Assistant Prof | 9423283592 | Poonamsancheti1120@gmail.com | 20-11-1988 | Open  | 03-10-2016 | 8 years 3 months  | -- | -- | 8 years 3 months | 1 years 9 months | Regular  | Yes | 03-10-2016 | 05-10-2018 | Regular | MUHS/UG/E-1/53/1208/3876/2018 Dt.30-10-2018 |  Yes |  |
| 11 | Community Medicine | Dr. Bharathbhushan Telang | Assistant Prof | 8767283940 | Bhushanbtelang09@gmail.com | 18-04-86 | ST | 21-02-2023 | 8 yr 7month | -- | -- | 8 yr 7month | 9 months | Regular | Yes | 15-12-2020 | 14-12-2021 | Regular | MUHS/UG/E-1/1308/295/2021Dt.29-01-2021 | Yes |  |
| 12 | Community Medicine | Dr.Pramod Kharade | Assistant Prof | 7977492005 | kharade.pramod1811@gmail.com | 18-11-1986 | Open | 27-04-2023 | 1years 9months |  |  | 1years 9months |  | Regular | Yes | -- | -- | -- | -- | No |  |
| 13 | Community Medicine | Dr. Rupali Baviskar | Assistant Prof | 9146037099 | dr.rupali262@gmail.com | 26-02-90 | SC | 03-06-22 | 2years 8month  | -- | -- | 2years 8 month | - | Contractual | Yes | -- | -- | -- |  -- | No |  |
| 14 | Community Medicine | Mr. Pradip Sopan Borle | Statistician cum Assistant Professor | 9850781510 | borlepradip@gmail.com | 29-07-1967 | OBC | 20-08-2001 | 29 yrs 6 months | - | - | 29 yrs 6 months |  | Regular | Yes | -- | -- | Regular | MUHS/E-1/ 1206/ 2648/2004 Dated 04/06/2004 | -- |  |
| 15 | Community Medicine | Mrs. Shweta Navneet Morde | Statistician cum Assistant Professor | 9850658724 | snmorde@gmail.com | 24-09-1966 | Open | 21-12-1993 | 31years 1months |  |  | 31years 1months |  | Regular | Yes | -- | -- | Regular | Not Approved | -- |  |

**Note:1)The College shall submit one hard copy& softcopy(in Excel Format)of the list from Academic Online Teacher Database(OTD).**

**2)Information of teachers not uploaded in Academic Online Teacher Database(OTD)will not be considered.**

Signature of Dean with Seal**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

### ANNEXURE-V

**Ancillarystaff**

**NameoftheCollege/Institute:…BJ GOVERNMENT MEDICAL COLLEGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Post** | **Required** | **EXT.** | **DEF.** |
| CentralRecordSection | MedicalRecordOfficer StatisticianCoding Clerks RecordingClerks DrafteriesPeonSteno-Typist | 1146121 | 0103120 | 1043001 |
| 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)Facultycollegefacultyonpart-timebasis. 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: BJ GOVERNMENT MEDICAL COLLEGE**

**TotalNon-TeachingStaff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **TechnicalAssistant/ Technician** | **Storekeeper/Record Keeper cum Clerk cum Computer****Operator** | **LaboratoryAttendant** | **Steno Typist cum ComputerOperator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DissectionHallAttendant |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comm.Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | RecordKeeper cumClerkcumComputer Operator | 1 | 1 | 0 |
| (a)RuralHealth Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO | 1 | 1 | 0 |
| MSW | 5 | 0 | 5 |
| PHN | 2 | 2 | 0 |
| HealthInspector/HealthAssist.(Male) | 2 | 3 | 0 |
| HealthEducator | 1 | 1 | 0 |
| Peon | 0 | 4 | 0 |
| VanDriver | 0 | 3 | 0 |
| (b)UrbanHealth Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO | 1 | 0 | 1 |
| MSW | 5 | 1 | 4 |
| PHN | 2 | 1 | 1 |
| HealthInspector | 2 | 0 | 2 |
| HealthEducator | 1 | 0 | 1 |
| VanDriver | 1 | 0 | 1 |
| Peon | 1 | 0 | 1 |
| RecordClerk | 1 | 0 | 1 |
| Medicine TB & ChestPsychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E.C.G.TechnicianT. B. & Chest Diseases Health VisitorPsychiatricSocial worker |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Child-Psychologist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | HealthEducator |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Worker |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **TechnicalAssistant/ Technician** | **Storekeeper/Record Keeper cum Clerk cumComputer Operator** | **LaboratoryAttendant** | **Steno Typist cum ComputerOperator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| ENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AudiometryTech. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SpeechTherapy |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Refractionist |  |  |  |
| Obst.&Gynaec. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Workers |  |  |  |
| Radiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DarkRoomAsst. |  |  |  |
| Radio-Therapy (optional) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PhysicistDarkroomAsst. |  |  |  |
| Anesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PhysicalMedicine & Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physiotherapist Occupational Therapist Workshop WorkerClinical Psychologist MSWPublicHealth Nurse Vocational Counsellor Multi – Rehabilitation WorkerSpeechTherapist |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DataVerifiedbytheCommitteemembers:**

**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: Bj Govt.Medical college Pune

Phone/Mobile No. : 02026128000 NameoftheSubject: Community Medicine

**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****Qualification& year of Passing** | **PG****Qualification&Year ofPassing** | **TeachingExperience after PG****passing** | **MUHS****Approval (Yes/No)** | **IfYesMUHS Approval Letter &Date** | **Adhar No.** | **Pan No.** | **Dateof Birth (Agein 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** | BJ Govt. Medical College  |  Community Medicine | Dr. Murlidhar Parshuram Tambe | Professor & HOD | 01.09.1991 | MBBS 1987 | MD 1991 | 33 years 4 months | Yes | MUHS/E-1/UG&PG/1202/755-17/07, dt. 24-2-2007 | 539784300430 | AAKPT1056F | 01-06-1963(61 yrs) | muralidhartambe@rediffmail.com | 9423007898 |  No |
| **2** | BJ Govt. Medical College | Community Medicine | Dr. Jagannath Vinayak Dixit | Professor  | 16.04.1993 | MBBS 1986 | MD 1990 | 33 yrs 9 month  | Yes | MUHS/E-1/PG/1401/1755-40/2007 | 252627232520 | ABAPD6730B | 25-01-1964(61 yrs) | drjvdixit@gmail.com | 9922994777 | No |
| **3** | BJ Govt. Medical College  | Community Medicine | Dr. Yallapa Uddhavrao Jadhav | Associate Professor | 12.04.2005 | MBBS 1999 | MD 2004 | 19yrs 9 month | Yes | MUHS/PG/E-1/1406/ 948/2012 Dt. 07-05-12 | 819483195393 | AGIPJ8837G | 02-06-1974(51 yrs) | dryallapajadhav@gmail.com | 8975478477 | No |
| **4** | BJ Govt. Medical College  | Community Medicine | Dr. Malangori Abdulgani Parande | Associate Professor | 05.04.2004 | MBBS 1998 | MD 2003 | 21 years | Yes | MUHS/PG/E-1/ 1202 /448/14 dt. 17-02-14 | 715243421976 | AMFPP0254L | 17-06-1977(48yrs) | drparandemalan@rediffmail.com  | 9850131337 | No |
| **5** | BJ Govt. Medical College  | Community Medicine | Dr. Varsharani V. Kendre | Associate Professor | 01.11.2006 | MBBS 1999 | MD 2006 | 18 yrs 3 month  | Yes | MUHS/PGE-1/1406/76/2013 dt. 05-01-13 | 811666065626 | BAUPK3388N | 05-07-1976(49yrs) | mundevarsharani@gmail.com | 9423330670 | No |
| **6** | BJ Govt. Medical College  | Community Medicine | Dr. Mangesh Balu Nanaware | Associate Professor | 10.11.2004 | MBBS 2001 | MD 2004 | 20 Years | Yes | MUHS/PG/E-1/1202/1577/22 dt 13-06-22 | 895462163987 | AECPN4287J | 29-03-78(47yrs) | dr.mangeshnanaware@gmail.com | 9890251133 | No |
| **7** | BJ Govt. Medical College  | Community Medicine | Dr.Mamta K Shewte | Assistant Professor | 01.01.2013 | MBBS 2003 | DPH 2010 MD 2012 | 12 yrs | Yes | MUHS/PG/E-1/1202/ 924/2019 dated 25-02-19 | 906998847162 | CONPS6657C | 14-07-80(45yrs) | mamtashewte2@gmail.com  | 9881070422 | No |
| **8** | BJ Govt. Medical College  | Community Medicine | Dr. Atul A Jagtap | Assistant Professor | 04.10.2016 | MBBS 2010 |  MD 2016 | 8 years 6 months | Yes | MUHS/PG/E-1/53/1209/241/2024 Dt.30-01-2024 | 878637733589 | ALVPJ43928E | 19-05-8738yrs) | jagtapatul32@gmail.com | 8087099055 | No |
| **9** | BJ Govt. Medical College  | Community Medicine | Dr. Nandkumar Salunke  | Assistant Prof | 18.09.2015 | MBBS 2007 | MD 2015 | 9 yr 4 month | No | -- | 572794785148 | EHCPS7271A | 10-05-84(41yrs) | Dr.nandusalunkhe1285@gmail.com | 9764570655 | No |
| **10** | BJ Govt. Medical College  | Community Medicine | Dr. Poonam Vijay Sancheti | Assistant Prof | 03-10-2016 | MBBS 2009 | MD 2016 | 8 years 3 months  | Yes | MUHS/UG/E-1/53/1208/3876/2018 Dt.30-10-2018 | 477360599278 | DJRPS4558G | 20-11-1988(37yrs) | Poonamsancheti1120@gmail.com | 9423283592 | No |
| **11** | BJ Govt. Medical College  | Community Medicine | Dr. Bharathbhushan Telang | Assistant Prof | 21-02-2023 | MBBS 2008 | MD 2018 | 8 yr 7month | Yes | MUHS/UG/E-1/1308/295/2021Dt.29-01-2021 | 957302781308 | AJSPT3348K | 18-04-86(39yrs) | Bhushanbtelang09@gmail.com | 8767283940 | No |

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

### ANNEXURE-VII-C

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

NameoftheCollege: Bj Govt. Medical College Pune

 Phone/Mobile No. : 02026128000

NameoftheSubject: Community Medicine

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Teacher (Last****Name First****Name Middle Name)** | **Designation** | **Subject/ Speciality** | **Type of Appointment (Regular/ Temp. / Honorary** | **Qualification** | **University****Approximate****(UG)** | **PG****Teaching Experience (in Years) after****PGM** | **PG****Teacher Recopnilion Yes/No** | **(Recognition Letter Date issuedby University)** | **No.of PG****Students Guided last 5 year** | **Dateof Birth** | **E-****mallID** | **MobileNo.** | **AadharCardNo** | **IfDebar red (Yes/N o)** | **Sign..ofTeacher** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr. Tambe Murlidhar Parshuram  | Professor & HOD | Community Medicine | Regular | MD PSM | Yes | 33 years 4 months | Yes | MUHS/E-1/UG&PG/1202/755-17/07, dt. 24-2-2007 | 10 | 01-06-1963 | muralidhartambe@rediffmail.com | 9423007898 | 539784300430 |  No |  |
| 2 | Dr. Dixit Jagannath Vinayak  | Professor  | Community Medicine | Regular | MD PSM | Yes | 25 yrs 8 month | Yes | MUHS/E-1/PG/1401/1755-40/2007 | 06 | 25-01-1964 | drjvdixit@gmail.com | 9922994777 | 252627232520 | No |  |
| 3 | Dr. Jadhav Yallapa Uddhavrao  | Associate Professor | Community Medicine | Regular | MD PSM | Yes | 12yrs 6 month | Yes | MUHS/PG/E-1/1406/ 948/2012 Dt. 07-05-12 | 05 | 02-06-1974 | dryallapajadhav@gmail.com | 8975478477 | 819483195393 | No |  |
| 4 | Dr. Parande Malangori Abdulgani  | Associate Professor | Community Medicine | Regular | MD PSM | Yes | 11years | Yes | MUHS/PG/E-1/ 1202 /448/14 dt. 17-02-14 | 05 | 17-06-1977 | drparandemalan@rediffmail.com  | 9850131337 | 715243421976 | No |  |
| 5 | Dr. Kendre Varsharani V.  | Associate Professor | Community Medicine | Regular | MD PSM | Yes | 12yrs 6 month | Yes | MUHS/PGE-1/1406/76/2013 dt. 05-01-13 | 05 | 05-07-1976 | mundevarsharani@gmail.com | 9423330670 | 811666065626 | No |  |
| 6 | Dr. Nanaware Mangesh Balu  | Associate Professor | Community Medicine | Regular | MD PSM | Yes | 9years | Yes | MUHS/PG/E-1/1202/1577/22 dt 13-06-22 | 02 | 29-03-78 | dr.mangeshnanaware@gmail.com | 9890251133 | 895462163987 | No |  |
| 7 | Dr. Shewte Mamta K  | Assistant Professor | Community Medicine | Regular | MD PSM | Yes | 6 yrs | Yes | MUHS/PG/E-1/1202/ 924/2019 dated 25-02-19 | 02 | 14-07-80 | mamtashewte2@gmail.com  | 9881070422 | 906998847162 | No |  |

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-VIII**

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

(AsperprovisionsoftheMaharashtraUniversityofHealthSciencesAct,1998andUniversityRule/Guidelines)

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

1. **Name(s)of the Fellowship/CertificateCourse(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Fellowship/CertificateCourse** | **Course Started from the****Academic Year** | **IntakeCapacity Sanctioned by****the University** | **Name of Mentorand Contact Details** |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |

**(AttachseparateList Ifnecessary)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Academic Year** | **NameofFellowship/ Certificate Course** | **IntakeCapacity** | **No.ofStudents****Admitted**(Infigureonly) |
| 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-VIII-A**

# Informationto-besubmittedwithrespecttonewlyappointedmentors

## ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses Director/Mentor

Titleof the Courseappliedfor:-………………………………………………………………

ThistoCertifythatDr. has

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

1. **GeneralExperience**

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

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

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

(Itismandatoryto attach self-attestedPhotocopyof 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.DCOURSESFORA.Y.20……-20……..

**(Pleasesubmitseparatereportforeachsubject)**

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

**Faculty:**........................**Subject/Specialty**:**Community Medicine**

1. **Name&Address of the College/ResearchCentre:**

 **B.J.Govt.Medical College & Sassoon General Hospital, Pune.**

**Jayprakash Narayan Road, Near Railway Station, Pune 411 001**

**NameofHeadoftheDepartment:- Dr. Muralidhar P. Tambe**

**Designation: Professor & Head Of Department**

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 | Dr. Muralidhar P. Tambe | Professor & Head Of Department | 01-06-1963 |  31-05-2027 | 05 | Yes | MUHS/UDC(Ph.D)/Guide/82/2020 Date: 19/06/2020 |
| 2 | Dr. Jagannath V. Dixit | Professor | 25-01-1964 | 31-01-2028 | 06 | Yes | MUHS/UDC/Ph.D/81/2012 |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

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

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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:**

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

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**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****tilldate** | **Hascompletedsix days Research Methodology Workshop?****Yes/No** | **PhD****Recognition No.and Date** |
| 1 | Dr. Muralidhar P. Tambe | Professor & Head Of Department | 01-06-1963 | 30-06-2027 | 05 | Yes | MUHS/UDC(Ph.D)/Guide/82/2020 Date: 19/06/2020 |
| 2 | Dr. Jagannath V. Dixit | Professor | 25-01-1964 | 31-01-2028 | 06 | Yes | MUHS/UDC/Ph.D/81/2012 |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Date:**

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-IX-B**

# CollegeLetterHead

**DetailsofInstitutionalEthicalCommittee**

A)DetailsofInstitutionalEthicalCommittee

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **NameofEthicalCommitteeMember** | **Designation** |
| 1 | Dr. D.D Shetty | Chairperson |
| 2 | Dr Sangeeta Dabhade | Member Secretary |
| 3 | Dr. M.L. Pardeshi | Medical Scientist |
| 4 | Dr. Anuradha Patil | Social Scientist |
| 5 | Dr Nitish Nawsagare | Legal Expert |
| 6 | Mrs. Vidya Garkhedkar | Lay Person |
| 7 | Dr. Pradnya Bhalerao | Clinician |
| 8 | Dr. Padmasen Ranbagale | Clinician |
| 9 | Dr. Savita Kamble | Clinician |
| 10. | Dr. Nagnath Redewad | Clinician |
| 11. | Dr. Swati Kamble | Lay Person |

**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.

Wefurther herebydeclarethateveryinformationor 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.

Thisdeclarationisvoluntarilysignedbyuson……..dayof…….20……at………….

**Date:**…………………….

**Place:**……………………

**Member Member Member Chairman**