



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (भ्यासकशास्त्र), पीएच.डी., डी.एससी.

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

Registrar

जा.क्र.: मआवि/विवि/फेलो-प्रमा/५७०/२०२१

ई-मेलद्वारे

दि.: ०७/०९/२०२१

परिपत्रक

शैक्षणिक वर्ष २०२२-२३ साठी फेलोशिप / प्रमापणत्र अभ्यासक्रमासाठी संलग्निकरणाच्या नुतनीकरणाचे प्रस्ताव व विहित शुल्क विद्यापीठास सादर करण्याबाबतची सूचना

अत्यंत महत्वाचे / कालमर्यादित

प्रति,

मा. अधिष्ठाता/ प्राचार्य/ संचालक/ समन्वयक,

फेलोशिप / प्रमापणत्र अभ्यासक्रम राबविणारे

सर्व संलग्नित प्रशिक्षण केंद्र / महाविद्यालये,

सर्व विद्याशाखा,

मआवि, नाशिक.

विषय :- शैक्षणिक वर्ष २०२२-२०२३ करिता फेलोशिप / प्रमापणत्र अभ्यासक्रमासाठी संलग्निकरणाच्या नुतनीकरणाचे प्रस्ताव व विहित शुल्क विद्यापीठास विहित मुदतीत सादर करणेबाबत...

संदर्भ :- विद्यापीठ निदेश क्र.०५/२०१७ (सुधारित)

महोदय / महोदया,

उपरोक्त विषय व संदर्भास अनुसरून आपणास कळविण्यात येते की, महाविद्यालये / प्रशिक्षण केंद्र / रुग्णालये / खाजगी संस्था यांना म.आ.वि.वि. अधिनियम १९९८ नुसार विद्यापीठाशी संलग्नित प्रशिक्षण केंद्र यांना अभ्यासक्रमांचे संलग्निकरण चालू ठेवणेकरिता संलग्निकरण समाप्तीच्या अगोदर विद्यापीठाने विहित केलेल्या नमुन्यामध्ये व शुल्कासह प्रस्ताव/अर्ज विद्यापीठास सादर करणे अनिवार्य आहे. सदर अर्जाचा विहित नमुना सोबत जोडलेला आहे. (प्रत संलग्न)

त्याअनुषंगाने, अशा सर्व विद्यापीठ संलग्नित प्रशिक्षण केंद्र / महाविद्यालये / रुग्णालये / खाजगी संस्था यांना सूचित करण्यात येते की, शैक्षणिक वर्ष २०२२-२३ करिता विद्यापीठाने विहित केलेल्या नमुन्यामध्ये व शुल्कासह संलग्निकरणाच्या नुतनीकरणाचे प्रस्ताव/ अर्ज विद्यापीठास सादर सुचनेच्या दिनांकापासून ते ३०/१०/२०२१ रोजी पावेतो न चुकता विद्यापीठास सादर करावेत.

तथापी, विद्यापीठास ज्या प्रशिक्षण केंद्र / महाविद्यालये / रुग्णालये / खाजगी संस्था यांच्या संलग्निकरणाच्या नुतनीकरणाचे प्रस्ताव विहित मुदतीत विद्यापीठास प्राप्त होणार नाही अशा प्रशिक्षण केंद्रांचे प्रस्ताव संबंधित आवश्यक प्राधिकरणाच्या मंजूरीकरिता सादर करता येणार नाहीत. त्यामुळे, संबंधित प्रशिक्षण केंद्र/महाविद्यालयास विद्यार्थी प्रवेशाकरिता आवश्यक संलग्निकरणाचे/मान्यतेचे नुतनीकरण प्रदान करण्यात येणार नाही. पर्यायाने संबंधित शैक्षणिक वर्षामध्ये प्रशिक्षण केंद्र / महाविद्यालयाचे विद्यार्थी प्रवेश व पात्रता मान्य केली जाणार नाही.

विद्यापीठ संलग्नित प्रशिक्षण केंद्रामार्फत दिनांक ३०/१०/२०२१ रोजीनंतर प्राप्त होणाऱ्या संलग्निकरणाच्या नुतनीकरणाचे विहित शुल्क व प्रस्ताव/ अर्ज विचारात घेतले जाणार नाहीत. तसेच विना संलग्निकरणाच्या प्रस्तावा अभावी उद्भवणाऱ्या भविष्यातील बाबीसाठी संबंधित प्रशिक्षण केंद्र / महाविद्यालय / व्यवस्थापन सर्वस्वी जबाबदार राहिल. याची सर्व संबंधितांनी प्रकर्षाने नोंद घ्यावी.

स्वा/-

कुलसचिव



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्हासरुळ, नाशिक ४२२००४ Dindori Road, Mhasrul, Nashik 422004

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MUHS

Application for Recognition of Institute/College / OR for Starting / OR Continuation of Affiliation for Fellowship/Certificate Course(s)

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

To,

**The Registrar,
Maharashtra University of Health Sciences,
Vani - Dindori Road, Mhasrul,
Nashik 422 004**

Sir,

I am/We are herewith submitting the application with a request under section 64 (3) of the Maharashtra University of Health Sciences Act, 1998, for Recognition of my/our Institute for starting *Fellowship/Certificate Course in, Head & Neck Oncology with an Intake Capacity of 2 students, from the academic year 2022 - 23

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever not applicable)
Grant of Permission/ Recognition/ Increase of seats
/Renewal of Affiliation/recognition/Compliance Verification
- **Date of last inspection of the department:** 30/1/2021
(Write Not Applicable for first inspection)
- **Purpose of Last Inspection:** Grant of Permission / Recognition of Institute
- **Result of last Inspection:** Approved
(Copy of University Letter to be attached)
- **Fellowship/Certificate Course Co-ordinator Details:**
Name: Dr. Padmaja Poakush Gamed
Mobile/Telephone no.: 9422226816
e-mail id: gamedhospital@

PART - I
(INSTITUTIONAL INFORMATION)

1. **Particulars of Director / Dean / Principal:** (Who so ever is Head of Training Centre)

Name: Dr. PRAKASH GARUD Age: 70 yrs (Date of Birth) 1st Aug 1952

PG Degree	Subject	Year	Institution	University
Recognized/ Not Recognized	<u>GENERAL SURGERY</u>	<u>1982</u>	<u>GRANT MEDICAL COLLEGE, MUMBAI</u>	<u>MUMBAI</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader			<u>Till</u>	
Professor	<u>PDVVP MEDICAL COLLEGE</u>	<u>03/08/2004</u>	<u>Date</u>	<u>18 yrs</u>
Any Other			<u>Grand Total</u>	

2. **Management/Society/Inst. Information :**

01	i) Name of the Society/Institution/ College/University Department:	<u>YOGESH RURAL CANCER RESEARCH & RELIEF SOCIETY</u>
	ii) Postal Address, with PIN:	<u>SAVEDI ROAD, AHMEDNAGAR</u>
	iii) Contact Details:	Mob: _____ Tele: _____
	iv) E-mail ID:	<u>garudhospital@gmail.com</u>
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950:.....
		ii) Society's Registration Act.1860:..... <u>F.11970/378HG</u>
		iii) Year of establishment: <u>1991</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Mark as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	<u>GARUD HOSPITAL & AHMEDNAGAR CANCER CENTER.</u>
		i) Name of the Hospital
		ii) Nursing Home Registration No.
		iii) Establishment Year
04	i) Name of the College/Institute where course is to be conducted:	<u>GARUD HOSPITAL & AHMEDNAGAR CANCER CENTER</u>
		ii) Postal Address, with PIN:
	iii) Contact Details:	Mob: <u>9822040375</u> Tele: _____
		iv) E-mail ID:
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s)
		Approved Intake Capacity..... Affiliated Since..... (if necessary Attach separate List)
vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s)	
	Required Intake Capacity..... (if necessary Attach separate List)	
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes/No.
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No- Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 2022.-2023Rs .. <u>10,00,000/-</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No..... dated .. <u>30/3/2020</u> Copy of Management Resolution attached? *Yes/No- Mark as Appendix 'D'

Other Information:	
a) Land:	*Yes/No. If yes, then Area: <u>10,000 Sq Feet</u>
i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No- Mark as Appendix 'E'
ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: <u>AE. 440.29</u> dated <u>03.03.2007</u> at (Place): <u>AHMEDNAGAR....</u> Copy of LandRegistration Certificate attached? *Yes/No.- Mark as Appendix 'F'
09 iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs /mortgaged for Rs..... Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G'
b) Building:	<u>20,000</u> sq. ft.*
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No - Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 215
- Books pertaining to concerned Fellowship subject: 6
- Purchase of latest editions of concerned books in last 3 years: - 15

Journals:

Journals	Total	concerned Fellowship subject
Indian	<u>Indian Journal of Cancer</u>	<u>Head & Neck Oncology</u>
Foreign		

- Year / Month up to which latest Indian Journals available: Since April 2020
- Year / Month up to which latest Foreign Journals available: ✓
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 10 AM to 6 PM
- Reading facility out of routine library hours: available / not available
(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

✓ Available / Not available

Play grounds Gymnasium

5. Hostel Accommodation : YES

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms			<u>1</u>	<u>1</u>		
No. of Students			<u>1</u>	<u>1</u>		
Status of Cleanliness			<u>GOOD</u>	<u>GOOD</u>		

6. Residential accommodation for Staff / Paramedical staff: ✓ Available /Not Available

7. Ethical Committee (Constitution) : ✓ YES/NO

8. Medical Education Unit (Constitution) : ✓ YES/NO (Specify number of meetings held annually & minutes thereof)

9. Any other faculty specific information required :(such as Herbal garden / Panchakarma Unit /Pharmacy / Dental Chairs and Units/as per the requirement) Attached details

PART - II

(HOSPITAL INFORMATION)

1. Name of the Hospital: GARUD HOSPITAL & AHMEDNAGAR
CANCER CENTER

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	3	OPD	3
IPD (Total No. of Patients admitted)	19	IPD (Total No. of Patients admitted)	19

3. Hospital Beds Distribution & No of O.T. :

In the entire hospital	
No of Beds	19
No of Beds in ICU	6
No of Beds in IRCU	2
No of Beds in SICU	6
No of Major O.T.	2
No of Minor O.T.	1

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD - 2 PM	15	18
• Daily admissions	12	12
• Daily admissions in Dept. Through casualty at 10am	1	1
• Bed occupancy in the Dept. at 10AM	6	12
• Number of patients in ward (IPD)	18	17
• Percentage bed occupancy at 10Am	60%	50%

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty (For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
•
•
•
•
•

5. Casualty:/ Emergency Department :

Space	200 sq. ft
Number of Beds	2
No. of cases (Average daily OPD and Admissions):	2
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	Available
Staff (Medical/Paramedical)	
Equipment available	Ventilator, Monitor


6. Blood Bank : Not available & it is outsourced

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

7. Central Laboratory:

- Controlling Department: Pathology Department
- No of Staff : 3
- Equipment Available : Attach separate List attached
- Working Hours: 24x7

8. Central supply of Oxygen / Suction: Available / Not available ✓
9. Central Sterilization Department Available / Not available ✓
10. Ambulance (Functional) Available / Not available ✓
11. Laundry: Manual/Mechanical/Outsourced: ✓
12. Kitchen Available / Outsourced/ Not Available ✓
13. Incinerator: Functional / Non functional Capacity:...../Outsourced ✓
14. Bio-Medical waste disposal Outsourced / any other method ✓
15. Generator facility Available / Not available ✓
16. Medical Record Section: Computerized / Non computerized ✓
 • ICD X classification Used / Not used ✓


 Sign & Stamp
 Head of the Department
 Date: 01/02/22


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 01/02/22

DIRECTOR

Annexure – I


The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff.

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Prakash Garud
02.	Date of Birth	:	1 st Aug 1952
03.	Address	:	Saveeli Road, Ahmednagar
04.	Tel. No./ Mob. No.	:	9822040375
05.	e-mail id	:	garud.hospital@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, M.S Gen Surgery FCS (Oncology) FMA S
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	Attached
09.	Present Appointment	:	NO
10.	Publications (List & Proof)	:	NO
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	YES Attached
12.	Any other relevant information	:	NO

- Note:**
1. Unitwise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :- 01/02/22


Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

Date :- 01/02/22


Sign. of Head of Institute
DIRECTOR

M/S. GARUD HOSPITAL AND
AHMEDNAGAR CANCER CENTRE



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539244 / 241 / 242

Website : www.muhs.ac.in, E-mail : planning@muhs.ac.in

डॉ. कलिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), पीएच.डी.
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine), Ph.D.
Registrar

Ref. No. MUHS/PB/FC-1 New/325/2021

Date:04/03/2021

To,
The Dean / Principal / Head of Institute,
Garud Hospital & Ahmednagar Cancer Centre,
Savedi Road,
Ahmednagar-414 003
E-mail-garudhospital@gmail.com

Director- Dr.Prakash S. Garud
Ph. No.:- 0241-2326775,
Mob. No.:- 9822040375,9422226816

Sub. : (i) Recognition of Institute and (ii) Grant of First Time Affiliation for starting of Fellowship Course for the Academic Year 2020-21.

- Ref. : 1. University Direction No. 05/2017, dated 20/06/2017,
2. Your proposals dated 31/07/2020,
3. Academic Notification No. 16/2020.

Sir / Madam,

As per University Direction mentioned at reference above, I am directed to inform you that, on the basis of Local Inquiry Committee Report and the power conferred upon the Hon'ble Vice-Chancellor by the Academic Council vide Resolution No.68/2018, dated 18.06.2018, the Hon'ble Vice Chancellor is pleased to Grant Recognition of Institute/ Hospital & First Time Affiliation to following New Fellowship Course, as per the Intake Capacity shown against each at your College / Institute / Hospital, viz. Garud Hospital & Ahmednagar Cancer Centre, Savedi Road, Ahmednagar-414 003 for the Academic Year 2020-21.

Name of Fellowship Course	Intake Capacity
Head and Neck Cancer Surgery	02

However, the permission to start the above Fellowship Course is subject to the following conditions;

- (i) Prevailing rules and regulations of the University, as amended from time to time shall be binding upon the College / Institute / Hospital.

- (ii) It is mandatory for the College / Institute / Hospital to obtain Validation for Mentors (teachers) from Maharashtra University of Health Sciences, Nashik, within the period of 06 months.
- (iii) This First Time Affiliation to start above Fellowship Course is valid for the Academic Year 2020-21 only.
- (iv) The next batch of students shall not be admitted unless "Continuation of Affiliation" of MUHS, is obtained by College / Institute / Hospital




Registrar

Note: As per University Direction No. 05/2017, every year you are required to submit the application in prescribed format for "Continuation of Affiliation for above Fellowship Course".

Copy to:-

- (i) The Principal Secretary, Medical Education and Drugs Department, Mumbai.
- (ii) The Director, Directorate of Medical Education & Research, Mumbai.
- (iii) PS to the Hon'ble Vice-Chancellor, MUHS, Nashik.
- (iv) PA to the Pro Vice-Chancellor, MUHS, Nashik.
- (v) PA to the Registrar, MUHS, Nashik.
- (vi) The Controller of Examinations, MUHS, Nashik.
- (vii) The Finance and Accounts Officer, MUHS, Nashik.
- (viii) Computer Section, MUHS, Nashik.
- (ix) University Department Cell (Fellowship Course), MUHS, Nashik.
- (x) Eligibility Department, MUHS, Nashik.