



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

fnaMksjh jksM] EgljQG] ukf'kd - 422004 Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539--- / 6659--- Student Helpline : (0253) 2539111 / 6659111

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



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iz- dqylfpo

Dr. Ajit Gajanan Pathak
M.B.B.S., M.D.(Forensic Medicine)
Offg. Registrar

No MUHS/UDC/FCC/295/2022

Date: 11/05/2022

Circular No. 05/2022

(Local Inquiry Committee (LIC) Format for Fellowship & Certificate Courses)

Sub: Local Inquiry Committee (LIC) Inspection of affiliated Training Centres for Grant of Continuation of Affiliation for the Academic Year 2022-23...

Ref: University Direction No. 05/2017 (Amended)

It is notified to all concerned that University has initiated with process of Continuation of Affiliation of affiliated Training Centers for the Academic Year 2022-23. Accordingly, the University has finalized Local Inquiry Committee (LIC) proforma for inspections which is attached herewith for information & necessary action.

The affiliated Training Centers are required to go through LIC's inspection proforma and shall fill-up requisite academic year-wise information including all Annexures for verification of LIC Team. It is also mandatory for Training Centers to upload information of all Annexure's on their website. The Training Centre is required to create "**MUHS Mandate**" tab on their website homepage and under it Academic Year-wise information of all Annexure's on their website and it is mandatory to keep these information on Training Centre website for a period of next 05 Years.

The University has taken up paperless initiative and as such the Training Centers are required to submit hard copies of Annexures **E, F, G & H** only to the University. Other Annexure's copies are not required to be submitted to the University. However, the remaining **Annexure A to H** must be published on the concerned Training Centre website.

It is mandatory for the Training Centre to maintain infrastructure, teaching staff and other requirements as per MSR and as per the requirement of concerned course throughout year; failing which continuation of affiliation granted shall be revoked by the University at any stage.

The Dean/Principal/ Director of the Training Centre is required to update Training Centre website as well as keep information ready for verification of the LIC Team, which shall be started by the University from **23/05/2022 onwards**. It is clarified that the Training Centers, who fails to update their information on their website, will not be granted further Continuation of Affiliation.

In case of any queries/ clarification, kindly contact on: (0253) 2539197/156

Sd/-
Offg. Registrar

To,
Dean/Principal/Director/ Co-ordinator
Of all Affiliated Training Centers
Fellowship and Certificate Courses
MUHS, Nashik

P.T.O.

Encl:

LIC Proforma & Short Report with all Annexures of Fellowship and Certificate Courses

Copy to :

1. Hon'ble Vice-Chancellor Office, MUHS, Nashik
2. Hon'ble Pro Vice-Chancellor Office, MUHS, Nashik
3. Hon'ble Registrar Office, MUHS, Nashik
4. The Controller of Examinations Office, MUHS, Nashik
5. The Director, Planning Board, MUHS, Nashik
6. The Law Officer, Law & Grievance Office, MUHS, Nashik
7. The H.O.D., Eligibility Section, MUHS, Nashik
8. The H.O.D. Computer Section, MUHS, Nashik.

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

Date of LIC	:		D	D	/	M	M	/	Y	Y	Y	Y
-------------	---	--	---	---	---	---	---	---	---	---	---	---

Name & Designation of Inspectors :			Signature
1)		Chairman	
2)		Member	
3)		Member	
4)		Member	

1. Training Centre Information:

A	Name of the affiliated training centre	:	GARUD HOSPITAL & AHMEDNAGAR CANCER CENTRE
i	Name of Society / Trust	:	YOGESH RURAL CANCER RESEARCH & RELIEF SOCIETY
ii	Address	:	SAVEDI ROAD, AHMEDNAGAR - 414003
iii	Email Address	:	garudhospital@gmail.com
iv	Telephone No.(s)	:	0241-2326775
v	Website	:	www.garudcancerhospital.com
vi	Year of Establishment	:	1 7 / 0 8 / 1 9 9 6
B	Name of the Director/ Dean/ Principal	:	DR. PRAKASH GARUD
i	Mobile No.	:	9822040375
ii	Office Landline	:	0241-2326775
iii	E-mail	:	garudhospital@gmail.com
C	Name of Co-ordinator	:	DR. PADMAJA GARUD
i	Mobile No.	:	9422226816
ii	Email ID	:	garudhospital@gmail.com

7. Any Other Observations & Overall Remarks of The Local Inquiry Committee (Not More Than 3 Lines): (To be filled by the Local Inquiry Committee)

Sr. No.	Particular	-	Remarks					
01.	Recommendation for Recognition of the Institute (If applicable)	:	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
02.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					

Annexure to..... are to be certified by LIC members & Dean/ Principal of Respective Training Centre.

This is certify that the Annexure toare verified & found corrected which is uploaded on the college website. Any discrepancies occurring regarding permission for Continuation of affiliation/ Extension of affiliation as per Minimum Standard Requirement (MSR) undersigned will be responsible for the above said matter.

Chairman of LIC

Member of LIC

Member of LIC

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Information to be provided and uploaded by the Training Centre (as applicable) on their
website for verification of Local Inquiry Committee

List of Annexures

No. of Annexures	Particulars	Verified by Committee
ANNEXURE "A"	Professional Teaching Experience Certificate for Fellowship/ Certificate Courses Director/Mentor The information must be made available on the Training Centre website.	Yes
ANNEXURE "B"	INSTITUTIONAL INFORMATION The information must be made available on the Training Centre website.	Yes
ANNEXURE "C"	HOSPITAL INFORMATION The information must be made available on the Training Centre website.	Yes
ANNEXURE "D"	DEPARTMENTAL INFORMATION The information must be made available on the Training Centre website.	Yes
ANNEXURE "E"	Information of Director of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes
ANNEXURE "F"	Information of Mentor of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes
ANNEXURE "G"	Information of Co-ordinator of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes
ANNEXURE "H"	DECLARATION The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes

Important Instructions & Declarations:

1. Our Training Centre is fully aware that our Training Centre 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 Training Centre and if it is found by the University at any stage, then our Training Centre is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our Training Centre has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our Training Centre is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on Training Centre website.
3. Our Training Centre hereby undertake that all Annexures information will be made available on Training Centre website for a period of next 05 years. Year-wise information of all Annexures will be made available on Training Centre website for a period of 05 years from time to time. In case if any information (Annexure wise) is called for by the University in intermittent period, our Training Centre will furnish required information to the University immediately.

Date: 20/05/2022

Place: AHMEDNAGAR

**Signature of Dean/Principal
Name of the Signatory
(with Seal of the Training Centre)**

DECLARATION BY LIC

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

Name of Inspector		Sign. of Inspector with date
1)	Chairman	
2)	Member	
3)	Member	

Note: All Annexures must be certified by LIC Team & Dean/ Director/ Coordinator of Respective Training Centre.

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 Training Centre on dated and sending a Short Report regarding reaching at Training Centre at time And the Training Centre is Open/ Closed at the time of inspection.

1. Number of Teaching Staff / Mentor present :

.....

(Name & Sign of LIC Member)

.....

(Name & Sign of LIC Member)

.....

(Name & Sign of LIC Chairman)

ANNEXURE-“A”

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

Title of the Course applied for:- FELLOWSHIP COURSE IN HEAD AND NECK CANCER SURGERY

This to Certify that Dr. PRAKASH S. GARUD has worked in the Department
Of ONCO SURGERY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
DIRECTOR & ONCO SURGEON	17/8/1996	TILL DATE	26 YEARS	9 MONTHS

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
DIRECTOR & ONCO SURGEON	17/8/1996	TILL DATE	26 YEARS	9 MONTHS

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : 20/05/2022

Sign & Stamp
Dean/Principal/Head of Institute
Date : 20/05/2022

ANNEXURE-“A”

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
CO-ORDINATOR**

Title of the Course applied for:- FELLOWSHIP COURSE IN HEAD AND NECK CANCER SURGERY

This to Certify that Dr. PADMAJA PRAKASH GARUD has worked in the Department
Of GARUD HOSPITAL & AHMEDNAGAR CANCER CENTRE Training Centre as per following details

C) General Experience

Designation	From	To	Total period Year/Months	
CO-ORDINATOR	01/8/1996	31/03/2020	25 YEARS	7 MONTHS

D) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date :20/05/2022

Sign & Stamp
Dean/Principal/Head of Institute
Date: 20/05/2022

ANNEXURE – “B”

(INSTITUTIONAL INFORMATION)

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

Name: DR. PRAKASH GARUD Age: 70Y (01/08/1952)

PG Degree	Subject	Year	Institution	University
MBBS, MS	GEN. SURGERY	1982	GRANT MEDICAL COLLEGE, MUMBAI	MUMBAI
FICS (ONCO)	ONCO SURGERY	1982-1985	TATA MEMORIAL HOSPITAL	MUMBAI

Teaching Experience

Designation	Institution	From	To	Total Exp.
Professor	DVVPF MEDICAL COLLEGE, AHMEDNAGAR	03/08/2004	TILL DATE	18 YEARS
Asso. Professor/Reader				
Any Other			Grand Total	

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	YOGESH RURAL CANCER RESEARCH & RELIFE SOCIETY
	ii) Postal Address, with PIN:	OPP. SHRADDHA HOTEL, SAVEDI ROAD, SAVEDI, AHMEDNAGAR - 414003
	iii) Contact Details:	Mob: 9822040375 Tele: 0241-2326775
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950:
		ii) Society's Registration Act.1860:.....
		iii) Year of establishment: AUG 1996
		iv) Copies of Registration, Constitution and Memorandum of Association attached? */No-
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	
	i) Name of the Hospital	GARUD CANCER HOSPITAL
	ii) Nursing Home Registration No.	169
04	iii) Establishment Year	AUG 1996 -
	i) Name of the Training Centre /Institute where course is to be conducted:	GARUD CANCER HOSPITAL
	ii) Postal Address, with PIN:	OPP. SHRADDHA HOTEL, SAVEDI ROAD, SAVEDI, AHMEDNAGAR - 414003
	iii) Contact Details:	Mob: 9822040375
	iv) E-mail ID:	Tele: 0241-2326775
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) FELLOSHIP IN HEAD AND NECK CANCER SURGERY Approved Intake Capacity 02
vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Required Required Intake Capacity (if necessary Attach separate List)	
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 20 . . . - . . . Rs
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated
		Copy of Management Resolution attached?
		*Yes/No- – Mark as Appendix ‘D’

09	Other Information:	
	a) Land:	*Yes. If yes, then Area: 926.1 sq. ft.
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes
	ii) Whether the land is registered?	*Yes. If yes, Registration Number: BPA\00066\2017-18 Dated 02/05/2017 At AHMEDNAGAR Copy of Land Registration Certificate attached? *Yes
	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.
	b) Building: i) Total built-up area:	726.08 sq. ft. Certified copy of Building Plan attached? *Yes

3. Central Library

4. Total number of Books in library: 22
5. Books pertaining to concerned Fellowship subject: 10
6. Purchase of latest editions of concerned books in last 3 years: 04

• Journals:

1	Journals		Total	concerned Fellowship subject
2	Indian		04	HEAD AND NECK ONCO SURGERY
3	Foreign		03	HEAD AND NECK ONCO SURGERY

- Year / Month up to which latest Indian Journals available : JAN 2022

- Year / Month up to which latest Foreign Journals available : NILL

- Internet / Med pub / Photocopy facility: available
- Library opening times: 9 AM TO 8 PM
- Reading facility out of routine library hours: available

(Obtain list of books & journals duly signed by Dean)

7. Recreational facilities:

Available / Not available

- Play grounds Gymnasium

8. Hostel Accommodation:

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students						
Status of Cleanliness						

9. Residential accommodation for Staff / Paramedical staff : Available

10. Ethical Committee (Constitution) : YES

11. Medical Education Unit (Constitution) : YES
(Specify number of meetings held annually & minutes thereof)

12. Any other faculty specific information required :
(such as Herbal garden / PanchakarmaUnit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

HOSPITAL INFORMATION

Name of the Hospital: GARUD CANCER HOSPITAL

1. 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	45-50	OPD	20-25
IPD (Total No. of Patients admitted)	14-18	IPD (Total No. of Patients admitted)	8-10

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

In the entire hospital	
No of Beds	19
No of Beds in ICU	06
No of Beds in IRCU	02
No of Beds in SICU	06
No of Major O.T.	02
No of Minor O.T.	01

3. 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
• Daily admissions
• Daily admissions in Dept.
• Through casualty at 10am • Bed occupancy in the Dept.
• Number of patients in ward (IPD) at 10AM
• Percentage bed occupancy at 10Am

- 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
•
•
•
•
•

4. Casualty:/ Emergency Department :

Space	200 sq. ft.
Number of Beds	02
No. of cases (Average daily OPD and Admissions):	02
Emergency Lab in Casualty (round the clock):	available
Emergency OT and Dressing Room	YES
Staff (Medical/Paramedical)	YES
Equipment available	VENTILATOR, MONITOR, O2 CYLINDER, SUCTION MACHINE, DEFEBRILATOR

5. Blood Bank : OUT SOURCE

(i)	Valid FDA License(copy of certificate be annexed)	No	
(ii)	Blood component facility available	No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	No	
(iv)	Nature of Blood Storage facilities (as per specifications)	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

6. Central Laboratory:

- Controlling Department: PATHOLOGY
- No of Staff : 03
- Equipment Available : Attach separate List
- Working Hours: 24/7

7. Central supply of Oxygen / Suction: Available
8. Central Sterilization Department Available
9. Ambulance (Functional) Available
10. Laundry: Outsourced
11. Kitchen Outsourced
12. Incinerator: Functional / Non functional Outsourced
13. Bio-Medical waste disposal Outsourced
14. Generator facility Available
15. Medical Record Section: Computerized
- ICD X classification Not used

Sign & Stamp
Head of the Department
Centre
Date: 20/05/2022

Sign & Stamp
Dean/ Principal/ Director of Training

96 Date: 20/05/2022

Training Centre Round Seal

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: HEAD AND NECK SURGICAL ONCOLOGY

2. Date on which independent department of: functioning concerned specialty was created and started : 02/05/2007

3. Mentor’s details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	DR. RAM PANPATIL	PART TIME	MENTOR	MDS (OMFS) (FELLOWSHIP IN HEAD AND NECK ONCO SURGERY)	10 YEARS
2	DR. VINOD SHINDE	PART TIME	MENTOR	MS ENT (FELLOWSHIP IN HEAD AND NECK ONCO SURGERY AT GRANT MEDICAL COLLEGE, MUMBAI)	15 YEARS

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :

Yes Since when: 02/05/2007

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	02	YES	
Clinics	200 sft	YES	
Laboratory Space	250 sft	YES	
Seminar room	800 sft	YES	
Department Library	200 sft	YES	
PG common room	200 sft	YES	
Pre-clinical lab (where ever applicable)			NO
Patient waiting room	600 sft	YES	
Total area			

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3years: NO

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department: ATTACHED

8. List of Equipment(s) in the department of concerned Fellowship subject: ATTACHED
Equipment’s: List of Important equipment’s available and their functional status (List here only- No annexure to be attached)

9. Intensive care Service provided by the Department: (Emergency)

10. Specialty clinics being run by the department and number of patients in each :NA

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

11. Services provided by the Department:

a) Services

i. SCREENING FOR HEAD AND CANCER PATIENTS

(b) Ancillary Services

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement		
2	Equipment's		
3	Teaching Space		
4	Waiting area for patients		

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures (MAJOR – 02, MINOR – 03-04) Per day

15. Submission of data to National Authorities if any : NA

Information of Director of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	DR. PRAKASH GARUD
02.	Date of Birth	:	01/08/1952
03.	Address	:	GARUD CANCER HOSPITAL, SAVEDI ROAD , AHMEDNAGAR
04.	Tel. No./ Mob. No.	:	9822040375
05.	E-mail id	:	garudhospital@gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MS FICS (SURGERY ONCOLOGY)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	15/01/2014 TO TILL DATE
09.	Present Appointment	:	PROFESSOR & POST GRADUATE TEACHER OF MUHS
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	15/01/2014 TO TILL DATE
12.	Any other relevant information	:	

Date: -20/05/2022

Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Sign & Stamp
Head of the Department
Date: 20/05/2022

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022

Training Centre Round Seal

ANNEXURE – “F”

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. RAM TAKTODEPATIL
02.	Date of Birth	: 13/12/1985
03.	Address	: FLAT NO. 4, V.SQUARE APP., NEAR AKURDI RLY STATION, NIGADI, PUNE-44
04.	Tel. No./ Mob. No.	: 9518567602
05.	e-mail id	: dr.ram13@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MDS(ORAL & MAXILLOFACIAL SURGERY), FHNSO
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 4YRS, 4MONTHS (AS TUTOR FOR HEAD AND NECK SURGICAL ONCOLOGY FOLLOWING)
09.	Present Appointment	: AS MENTOR IN HEAD AND NECK SURGICAL ONCOLOGY, AT GARUD HOSPITAL & CANCER CENTRE
10.	Publications (List & Proof)	: ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 4 YEARS, 4 MONTHS
12.	Any other relevant information	: -

Date: -20/05/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date: 20/05/2022

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/052022

Training Centre Round Seal

ANNEXURE – “F”

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. VINOD SHINDE
02.	Date of Birth	: 14/01/1979
03.	Address	: RAMESHWAR CO-HSG SO. , SHAHU NAGAR, CHINCHWAD, PUNE-19
04.	Tel. No./ Mob. No.	: 9323954933
05.	e-mail id	: dr.vinodshinde.14@gmail. com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS,MS (ENT & HEAD AND NECK SURGERY)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 13 YEARS
09.	Present Appointment	: AS MENTOR IN HEAD AND NECK SURGICAL ONCOLOGY, AT GARUD HOSPITAL & CANCER CENTRE
10.	Publications (List & Proof)	: LIST ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	: ATTACHED
12.	Any other relevant information	: -

Date: - 20/05/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date: 20/05/2022

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022

Training Centre Round Seal

ANNEXURE – “G”

Information of Co-ordinator of Training Centre It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	DR. PADMAJA P. GARUD
02.	Date of Birth	: 07/11/1961
03.	Address	: GARUD CANCER HOSPITAL, SAVEDI ROAD , AHMEDNAGAR
04.	Mob. No.	: 9422226816
05.	E-mail id	: garudhospital@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS MD (OBST. & GYNNAC)
08.	Present Appointment	: AS CO- ORDINATOR IN HEAD AND NECK SURGICAL ONCOLOGY, AT GARUD HOSPITAL & CANCER CENTRE
09.	Any other relevant information	-

Date: 20/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date: 20/05/2022

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022

Training Centre Round Seal

DECLARATION

I, the Dean / Director/ Principal of the GARUD HOSPITAL & AHMEDNAGAR CANCER CENTRE Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher’s information attached in respective **Annexure-.... &** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-.... &** are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /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 Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me 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 Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 20TH Day of MAY 2022 At AHMEDNAGAR

Date: 20/05/2022

**Place:
AHMEDNAGAR**

**Signature of Dean/Principal/Director
Name of the Signatory
(With Seal of the Training Centre)**