

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

Title of the Course applied for:-

This to Certify that Dr. Amit Patil has worked in the Department of Dr. Vinayakrao Patil Multispecialty Hospital Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Senior Consultant	2019	2025	8 years	

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

Designation	From	To	Total period Year/Months	
Senior Consultant	2019	2025	8 years	

(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 Mentor

Dr. Vinayakrao Patil Multispeciality
Hospital Deoni Dist. Latur

Dr. Amit Vinayak Patil
M.B.B.S.M.S (Gen Surgery)
M.C.H (Plastic Surgery)
Reg.No.2006/041251

Sign & Stamp

Dean/Principal/Head of Institute

Date Director

Dr. Nitin Joshi
Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Nitin Joshi Age: 47 (Date of Birth) 22/7/1978

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>Genl</u>	<u>2013</u>	<u>DMB</u>	<u>NBE</u>

Teaching Experience	Year	Institution	University
	<u>2017</u>	<u>DMB</u>	<u>NBE</u>

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other				
Grand Total				

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Udgnr - Milange Road, Deoni 413519</u>
	ii) Postal Address, with PIN:	
	iii) Contact Details:	Mob: <u>9284488922</u> Tele: <u>413519</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>Emstef Foundation</u> ii) Society's Registration Act.1860: <u>Section 8 Company</u> iii) Year of establishment: <u>2017</u> iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No <u>Yes</u> Marked as Appendix 'A'
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 ii) Nursing Home Registration No. iii) Establishment Year	<u>Dr. Virayakrao Patil Multispecialty Hospital</u> <u>108/1/2022</u> <u>2022</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted: ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID: v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	<u>Dr. Virayakrao Patil Multispecialty Hospital</u> <u>Udgnr - Milange Road, Deoni, Latur</u> Mob: <u>9284488922</u> Tele: <u>413519</u> <u>director @ dr.virayakraopatilhospital.com</u> Name of the Course(s) Approved Intake Capacity... .. Affiliated Since... .. (if necessary Attach separate List) 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/No. (Pending Fees, if any ;)
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) 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/No. If yes, then Area: <u>12905 Sq. ft.</u>
	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/No - Mark as Appendix 'I'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number <u>0030063301</u> Dated <u>8/11/2023</u> At (Place): <u>Deoni</u> Copy of Land Registration Certificate attached? *Yes/No. - Mark as Appendix 'F'
	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:	
	i) Total built-up area:	<u>12903</u> sq. ft. Certified copy of Building Plan attached? *Yes/No - Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 100
- Books pertaining to concerned Fellowship subject: 10
- Purchase of latest editions of concerned books in last 3 years: - 5

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	<u>3</u>	<u>2</u>
3	Foreign	<u>2</u>	<u>1</u>

- Year / Month up to which latest Indian Journals available : _____
- Year / Month up to which latest Foreign Journals available : _____
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 9:00 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:

- Play grounds Gymnasium

Available / Not available

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of			6	9		
Students			24	18		
Status of Cleanliness						

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 of concerned Course) Attach details)

HOSPITAL INFORMATION

1. Name of the Hospital:

Dr. Vinayak Rao Patil Multispeciality Hospital

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	21000	OPD	1202
IPD (Total No. of Patients admitted)	1682	IPD (Total No. of Patients admitted)	264

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

In the entire hospital	
No of Beds	15
No of Beds in ICU	10
No of Beds in IRCU	5
No of Beds in SICU	5
No of Major O.T.	3
No of Minor O.T.	2

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	22	26
• Daily admissions	5	5
• Daily admissions in Dept.	1	2
• Through casualty at 10am	2	3
• Bed occupancy in the Dept.	10	12
• Number of patients in ward (IPD) at 10AM	3	3
• Percentage bed occupancy at 10Am	20%	20%

- 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
•	1	1
•	1	1
•	1	1
•	1	1
•	1	1

5. Casualty/ Emergency Department :

Space	10
Number of Beds	13
No. of cases (Average daily OPD and Admissions):	✓ available / not available
Emergency Lab in Casualty (round the clock):	Yes
Emergency OT and Dressing Room	Yes
Staff (Medical Paramedical)	Yes
Equipment available	Yes

6. Blood Bank :

Blood Bank :		Tie up		M.O.U.	
(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: Yes
- No of Staff : 6
- Equipment Available : Attach separate List
- Working Hours: 24hrs

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:

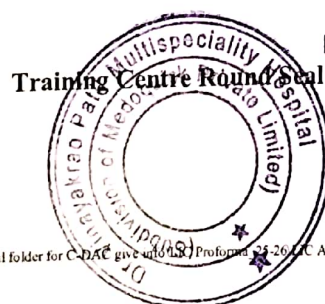
- ICD X classification

Computerized / Non computerized
Used / Not used

Sign & Stamp
Head of the Department
Date: Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Director

Dr. Amit Vinayak Patil
M.D. S.M.S. (Gen Surgery)
M.D. (Plastic Surgery)
Reg.No.2006/04/2351



Dr. Nitin Joshi
Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: From Oncology
2. Date on which independent department of: functioning concerned specialty was created and started
2023
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)
	<u>Amit Patel</u>	<u>Full</u>	<u>Senior</u>	<u>MBSB, MS</u>	<u>6 years</u>
		<u>time</u>	<u>(Dr.)</u>	<u>MB</u>	

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Since when:
5. Specialty Department Infrastructure Details :

DEPARTMENTAL INFORMATION			
Facility	Area (sft.)	Available	Not Available
Faculty rooms	<u>400</u>	☒	
Clinics	<u>400</u>	☒	
Laboratory Space	<u>300</u>	☒	
Seminar room	<u>500</u>	☒	
Department Library	<u>500</u>	☒	
PG common room	<u>1000</u>	☒	
Pre-clinical lab (where ever applicable)	<u>400</u>	☒	
Patient waiting room	<u>600</u>	☒	
Total area	<u>4300</u>		

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 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
<u>2024-25</u>	<u>Breast Surgery</u>	<u>1</u>	<u>1 Amit Patel</u>

(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:

Sr. No.	Name	Designation
<u>1)</u>	<u>Survarna Patel</u>	<u>Clerk</u>

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

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
<u>1)</u>	<u>Optic refractor</u>	<u>-</u>	<u>Functional</u>	<u>1</u>

9. Intensive care Service provided by the Department: (Emergency)
10. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
	Breast Surg	Wednesd	9:30-12:00	4	Armit Patel

11. Services provided by the Department:

a) Services

- i. Surgeries
- ii. chemotherapy
- iii. _____

(b) Ancillary Services

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	400	600
2	Equipment's	400	600
3	Teaching Space	500	600
4	Waiting area for patients	600	600

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	☒ Yes/No	HOD	200
Staff (Steno /Clerk).	☒ Yes/No	Professors	200
Computer/ Typewriter	☒ Yes/No	Associate Professors	200
Storage space for files	☒ Yes/No	Assistant Profess or	200
		Residents	200

14. Clinical Load of Dept.: No of Surgeries / Procedures.....2..... Per day

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

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	Nitin Joshi
02.	Date of Birth	22/7/1978
03.	Address	Talegaon, Deoni, Latur
04.	Tel. No./ Mob. No.	9028242922
05.	E-mail id	director@erstefoundation.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, DNB (Gen Med) DNB (Gastroenterology)
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)	17 yrs
09.	Present Appointment	Medical director
10.	Publications (List & Proof)	2
11.	Post Graduate Teaching experience (Attach documentary evidence)	7
12.	Any other relevant information	-

Date: -

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: *Vinayak Patil*
M.B.B.S.M.S (Gen Surgery)
M.C.H (Plastic Surgery)
 Reg.No.2006/04/2351



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: *N. Joshi*
Dr. Nitin Joshi
 Dr. Vinayak Rao Patil Multispecialty
 Hospital, Deoni Dist. Latur

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	Amrta Patil
02.	Date of Birth	13/05/1982
03.	Address	Shivaji Society, Udgam
04.	Tel. No./ Mob. No.	9225828655
05.	e-mail id	amrta@emstepfound.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, M.S. (Gen Surgery) MCh (Plastic 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)	Byem.
09.	Present Appointment	Mentor,
10.	Publications (List & Proof)	2
11.	Post Graduate Teaching experience (Attach documentary evidence)	Byem.
12.	Any other relevant information	-

Date: -

For the use of affiliated Training Center:

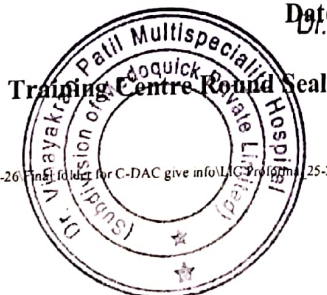
I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department

Dr. Amrta Vinayak Patil
M.B.B.S.M.S (Gen Surgery)
M.C.H. (Plastic Surgery)
Reg.No.2006/04/2361

Sign & Stamp
Dean/ Principal/Director of Training Centre

Date: Dr. Nitin Joshi
Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist.Latur



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. Hitendra G. Patil
02.	Date of Birth	14/6/1983
03.	Address	Shivaji Society, Bldg
04.	Mob. No.	9833 164 740
05.	E-mail id	hitendrapatil@kem.edu. director@emstepfoundation.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, DNB (Ortho)
08.	Present Appointment	Coordinator.
09.	Any other relevant information	—

Date:

Sign & Stamp
Head of the Department

Date:
Dr. Amit Vinayak Patil
M.B.B.S M.S (Gen Surgery)
M.C.H. (Plastic Surgery)
Reg.No.2006/04/2361



Sign of Co-ordinator

Dr. Hitendra Patil

Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: **Dr. Nitin Joshi**
Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

DECLARATION

I, the Dean / Director/ Principal of the Dr. Vinayakrao Patil Multispeciality Hospital 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 **20.....-20.....**, 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..... Day of20..... At.....

Date:

Place: Deoni

N. Joshi

Signature of Dean/Principal/Director

Name of the Signatory

(With Seal of the Training Centre)

Dr. Nitin Joshi

Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur