

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

Title of the Course applied for:-

This to Certify that Dr. Salil V Patkar has worked in the Department of Dr. Vinayakrao Patil Multispeciality Hospital Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Senior Consultant	2019	2025	6 yrs	

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

Designation	From	To	Total period Year/Months	
Senior Consultant	2019	2025	6 yrs.	

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

Spatkar
Sign & Stamp
Head of the Department
 Dr. Vinayakrao Patil Multispeciality
 Hospital Deoni Dist. Latur
Dr. Salil V Patkar
 MBBS, MD General Medicine
 DM Medical Oncology
 Reg. No. 2009/09/3379

N Joshi
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. Vinayak Rao Age: 47 (Date of Birth) 22/7/1978

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>General</u>	<u>2013</u>	<u>DNB</u>	<u>NBE</u>

Teaching Experience				
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>Dr. Vinayak Rao</u> <u>Multi speciality</u> <u>hospital</u>
	ii) Postal Address, with PIN:	<u>Udga - N. Vanga Road, Deor, Pin 413519</u>
	iii) Contact Details:	Mob: <u>9529258830</u> Tele: <u></u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>Transf. of the Foundation</u> ii) Society's Registration Act. 1860: <u>Act No. 8 of 1982</u> iii) Year of establishment: <u>2007</u> iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- 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. Vinayak Rao</u> <u>Multi speciality</u> <u>Hospital</u> <u>108/1022</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. Vinayak Rao</u> <u>Multi speciality</u> <u>hospital</u> <u>Udga - N. Vanga Road, Deor, Dist. Latur</u> Mob: <u>9284987822</u> Tele: <u></u> <u>director@drvinayakraoahospital.com</u> Name of the Course(s) Approved Intake Capacity... .. (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>15.705 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 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: <u>00.300.69301</u> Dated <u>8.11.2021</u> At (Place): <u>Deoria</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>12.705</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: 3
- Purchase of latest editions of concerned books in last 3 years: -

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian		
3	Foreign		

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

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

- Internet / Med pub / Photocopy facility:
available

- Library opening times: 9 to 6 pm

- Reading facility out of routine library hours:
available

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

4. Recreational facilities:

- Play grounds Gymnasium

5. **Hostel Accommodation:**

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

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 Ehl Multi-specialty 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 17	1702
IPD (Total No. of Patients admitted)	1744	IPD (Total No. of Patients admitted)	634

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

In the entire hospital	
No of Beds	150
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.	

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.		
• Number of patients in ward (IPD) at 10AM	10	10
• 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

•		
•		
•		
•		
•		

5 Casualty/ Emergency Department :

Space	
Number of Beds	10
No. of cases (Average daily OPD and Admissions):	10
Emergency Lab in Casualty (round the clock):	15
Emergency OT and Dressing Room	available / not available
Staff (Medical/Paramedical)	Yes
Equipment available	Yes

6 Blood Bank :

(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: 24 hrs

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

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

Dr. Salil V Patkar
MBBS, MD General Medicine
DM Medical Oncology
Reg. No. 2009/09/3379



DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be Inspected: Medical Oncology
2. Date on which independent department of: functioning concerned specialty was created and started
..... 2022/3.....
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	Salil Patkar	Part time	Member	MBBS, MD, DM, Onc	5 yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Since when: 2023
5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	400	✓	
Clinics	400	✓	
Laboratory Space	500	✓	
Seminar room	500	✓	
Department Library	500	✓	
PG common room	1000	✓	
Pre-clinical lab (where ever applicable)	400	✓	
Patient waiting room	600	✓	
Total area	4300	✓	

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)
2024-25	Medical Oncology	3	Dr. Salil Patkar

(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
1	Srinivas Patel	Chd

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.
1	Ventilator	✓	Functional	2

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
1	Medical Onc	Thursday	11 to 1pm	8	Satish Patkar

11. Services provided by the Department:

a) Services

i. ECU

ii. _____

iii. _____

(b) Ancillary Services

(f) Others: _____

12. Space:

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

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 Profess or	☒
		Residents	☒

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

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

ANNEXURE - "E"

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. Nitin Joshi
02.	Date of Birth	22/7/1978
03.	Address	Telagaon, Deoni, Latur
04.	Tel. No./ Mob. No.	9284 9898 22
05.	E-mail id	director@cmstpoundation.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)	18 yrs
09.	Present Appointment	Director
10.	Publications (List & Proof)	2
11.	Post Graduate Teaching experience (Attach documentary evidence)	7
12.	Any other relevant information	-

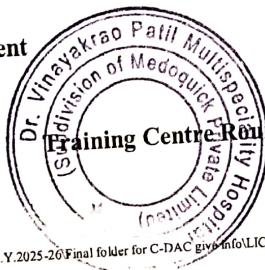
Date: -

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:

Dr. Salil V Patkar
MBBS, MD General Medicine
DM Medical Oncology
Reg. No. 2009/09/3379



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: **Dr. Nitin Joshi**
Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

Information of Mentor of Training Centre

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

ANNEXURE - "F"

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Salil Patkar.
02.	Date of Birth	20/6/1985
03.	Address	101, Mule to shaver, Sector 3, Beside MG M Hospital, Navi Mumbai
04.	Tel. No./ Mob. No.	8451069854
05.	e-mail id	salilpatkar@gmail.com
06.	Nationality	Indian.
07.	Qualification in details : (attach documentary proof)	MBBS, MD Internal Medicine, DM 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)	14 yrs.
09.	Present Appointment	Mentor
10.	Publications (List & Proof)	2
11.	Post Graduate Teaching experience (Attach documentary evidence)	5
12.	Any other relevant information	-

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

Dr. Salil V Patkar

MBBS, MD General Medicine

DM Medical Oncology

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:

Dr. Salil V Patkar
MBBS, MD General Medicine
DM Medical Oncology
Reg. No. 2009/09/3379

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	Shiraj Society, Udgur
04.	Mob. No.	9833164740
05.	E-mail id	hitendrapatil@kumeta
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. Salil V Patkar
MBBS, MD General Medicine
DM Medical Oncology
Reg. No. 2009/09/3379



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: **Dr. Nitin Joshi**
Dr. Vinayakrao Patil Multispecialty
Hospital, Deoni Dist. Latur

Sign. of Co-ordinator
Dr. Hitendra Patil
Dr. Vinayakrao Patil Multispecialty
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

This declaration is voluntarily signed by me on..... Day of20..... At.....