

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

Title of the Course applied for:-

This to Certify that Dr. Dr. Devashree Patil 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	2020	2025	5 yrs.	

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

Designation	From	To	Total period Year/Months	
Senior Consultant	2020	2025	5 yrs	

(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

DR. DEVASHREE PATIL
MS. ENT. HEAD AND NECK ONCOLOGIST
Reg.No.2008/03/1107

Mentor
Dr. Vinayakrao Patil Multispeciality
Hospital Deoni Dist.Latur

N. Joshi

Sign & Stamp
Dean/Principal/Head of Institute

Date

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>Gen Med</u>	<u>2003</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.: ii) Postal Address, with PIN: iii) Contact Details:	<u>Dr. Vinayakrao Patil Multispeciality Hospital</u> <u>Udgar Nilanga Road, Deam, Pin 413519</u> Mob: <u>9529256830</u> Tele: _____
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>Trustee's Foundation</u> ii) Society's Registration Act. 1860: <u>Section 8... ch... 2003</u> iii) Year of establishment: <u>2017</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. Vinayakrao Patil Multispeciality Hospital</u> <u>...198...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. Vinayakrao Patil Multispeciality Hospital</u> <u>Udgar Nilanga Road, Deam, Dist - Satara</u> Mob: <u>9284989822</u> Tele: <u>Pin 413519</u> <u>director@drvinayakraopatilhospital.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, Resolution No. Dated
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached? ☒ Yes/No - Mark as Appendix 'D'

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: <u>12.80.5.59/ 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>00300</u> Dated At (Place): 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:	 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: 100
- Books pertaining to concerned Fellowship subject: 5
- Purchase of latest editions of concerned books in last 3 years: -

• Journals:

	Journals	Total	concerned Fellowship subject
1	Journals		
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

☒ available / not

- Library opening times: _____

- Reading facility out of routine library hours:
available

☒ available / not

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

4. Recreational facilities:

☒ Available / Not available

- Play grounds Gymnasium

- Year / Month up to which latest Foreign Journals 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. Vinayakrao Eril 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)	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.	10	12
• 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	
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:

Computerized / Non computerized

- ICD X classification

Used / Not used

Sign & Stamp
Head of the Department
Date: Date:

DR. DEVASHRI PATIL
MS. ENT. HEAD AND NECK ONCOSURGEON
Reg.No.2009/03/1107

Sign & Stamp
Dean/ Principal/ Director of Training Centre
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: Head and Neck Cancer Surgery
 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)
1	Darshan Patel	Full Time	Sr. consultant	M.B.B.S.	11 yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
☒ Yes/No:

Since when:

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms			
Clinics	400	✓	
Laboratory Space	400	✓	
Seminar room	500	✓	
Department Library	500	✓	
PG common room	500	✓	
Pre-clinical lab (where ever applicable)	1000	✓	
Patient waiting room	400	✓	
Total area	600	✓	
	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	Head and Neck Cancer	3	1

(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	Suvarna Patel	Clerk

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	Surgical Microscope	DSH type	functional	1

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	Head & Neck (Cancer Surgery)	Thursday	11:30 to 1 pm	8	Dr. Chandan Patel

11. Services provided by the Department:

a) Services

i. Oncology surgery

ii. _____

iii. _____

(b) Ancillary Services

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	400 sq ft	600 sq ft
2	Equipment's	400 sq ft	600 sq ft
3	Teaching Space	500 sq ft	500 sq ft
4	Waiting area for patients	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..... 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	Talgaon, Deoni, Latur
04.	Tel. No./ Mob. No.	9284 989822
05.	E-mail id	director@cinstepfourdelhi.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, DM-B (Gen med) DM-B (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 yrs
12.	Any other relevant information	-

N. Joshi
Name & Sign of Director
Dr. Nitin Joshi

Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

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).

Dev
Sign & Stamp
Head of the Department

DR. DEVASHRI PATIL
MS. ENT. HEAD, JID NECK ONCOSURGEON
Reg.No.2009/03/1107

N. Joshi
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,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Devashri Patil
02.	Date of Birth	15/5/85
03.	Address	Regency Crest, 2107, Haveli, Mumbai
04.	Tel. No./ Mob. No.	9594557359
05.	e-mail id	devupatil15@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, MS (ENT), Fellowship Head and Neck Oncosurgery
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)	10 yrs
09.	Present Appointment	Services Consultant
10.	Publications (List & Proof)	2
11.	Post Graduate Teaching experience (Attach documentary evidence)	4 yrs
12.	Any other relevant information	-

Date: -

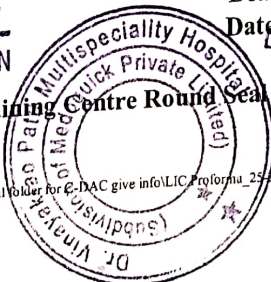
For the use of affiliated Training Center:

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

DR. DEVASHRI PATIL
Head of the Department
MS. ENT. HEAD AND NECK ONCOSURGEON
Reg.No.2009/03/1107

Training Centre Round Seal



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Dr. Nitin Joshi
Date: Dr. Vinayakrao Patil Multispecialty
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. Hilemdra Patil
02.	Date of Birth	14/6/1983
03.	Address	Shiraji Society, Ulga
04.	Mob. No.	9833 164 740
05.	E-mail id	hilemdra.patil@pnm.edu
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, DNB (ortho)
08.	Present Appointment	Co-ordinator
09.	Any other relevant information	-

Date:

Sign. of Co-ordinator
Dr. Hilemdra Patil
Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

Sign & Stamp
Head of the Department

DR. DEVAKHURI PATIL
MS. ENT. HEAD & NECK ONCOSURGEON
Reg. No. 2009/03/1107

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 C.H.Y. 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

W. S. Joshi
 Signature of Dean/Principal/Director

Name of the Signatory
 Director
 (With Seal of the Training Centre)

Dr. Vinayakrao Patil Multispeciality
 Hospital, Deoni Dist. Latur

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

Title of the Course applied for:-

This to Certify that Dr. Tushar Jadhav ~~and Dr. Dr. Vinayakrao Patil~~ has worked in the Department of Deoni 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)

Tushar J.

Sign & Stamp
Head of the Department

Date
DR. TUSHAR JADHAV
M.B.D.S., M.S. (Gen. Surgery)
D.N.B. (Surg. Oncology)
Reg.No.2000020342

Mentor
Dr. Vinayakrao Patil Multispeciality
Hospital Deoni Dist. Latur

Dr. Nitin 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. Nitin Joshi Age: 47 (Date of Birth) 22/2/1978

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>General</u>	<u>2003</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. Vinayakrao Patil / Multispeciality Hospital</u>
	ii) Postal Address, with PIN:	<u>Udgar-Mibanga Road, Deorai Pin 413579</u>
	iii) Contact Details:	Mob: _____ Tele: _____
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>Emstep Foundation</u>
		ii) Society's Registration Act. 1860 <u>Section 8 of Company Act 2013</u>
		iii) Year of establishment: <u>2017</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. Vinayakrao Patil Multispeciality Hospital</u> <u>108 (2022)</u> <u>20.2.20</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>Dr. Vinayakrao Patil Multispeciality Hospital</u>
	ii) Postal Address, with PIN:	<u>Udgar-Mibanga Road, Deorai, Dist - Nashik</u>
	iii) Contact Details:	Mob: <u>9284989822</u> Tele: <u>Pin 413579</u>
	iv) E-mail ID:	<u>director@drvinayakraopatilhosp.com</u>
	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 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>2.905</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>09.3.00.6361</u> Dated <u>8/11/20</u> At (Place): <u>Deam.</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>12.805</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
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	Journals	Total	concerned Fellowship subject
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- Year / Month up to which latest Indian Journals available :

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

- Internet / Med pub / Photocopy facility:
available

☒ available / not

- Library opening times:

- Reading facility out of routine library hours:
available

☒ available / not

(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 Reddy Multi speciality 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	1702
IPD (Total No. of Patients admitted)	1744	IPD (Total No. of Patients admitted)	634

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No of Beds in SICU	5
No of Major O.T.	3
No of Minor O.T.	

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

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• Bed occupancy in the Dept.	10	12
• 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):	15
Emergency Lab in Casualty (round the clock):	✓ available / not available
Emergency OT and Dressing Room	Yes
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:

Computerized / Non computerized

- ICD X classification

Used / Not used

Tushar S.
Sign & Stamp
Head of the Department
Date: Date:

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



DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Head and Neck Cancer Surgery
 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)
	Tushar Jadhav	Full time	Mentor	MBS, MS (Surg Onco)	16 yrs.

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
☒ Yes/No: Since when:

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	Head and Neck Cancer Surgery		

(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)	Head and Neck Cancer Surgery Swarupa Patel	Clerk

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)	Laryngoscopic Instruments	-	Function	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	Head and Neck Cancer Surgery	Thursday	11:00 to 1:00 pm	8	Pushkar S. Dhar

11. Services provided by the Department:

a) Services

i Once surgery

ii _____

iii _____

(b) Ancillary Services

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	400 sq ft	600 sq ft
2	Equipment's	400 sq ft	600 sq ft
3	Teaching Space	500 sq ft	500 sq ft
4	Waiting area for patients	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	Talgaon, Deoni, Latur
04.	Tel. No./ Mob. No.	9284 989822
05.	E-mail id	director@aimstep foundation.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, DNB (Gen med) DNB (Gastro enterology)
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 yrs
12.	Any other relevant information	-

Date: -

For the use of affiliated Training Center:

N. Joshi
Name & Signature of Director
Dr. Nitin Joshi

Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur

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).

Tushar S
Sign & Stamp
Head of the Department
DR. TUSHAR SADHAV
M.B.B.S., M.S. (Gen. Surgery)
D.N.B. (Surg. Oncology)
Reg.No.2003020342



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

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. Tushar Jadhav
02.	Date of Birth	18/6/1980
03.	Address	12, Convent Heritage, Marik College, Chichwadgaon, Pune 411033
04.	Tel. No./ Mob. No.	930095507
05.	e-mail id	omco.treat@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBS, MS (General surgery) DNB (Surgical 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)	12 yrs
09.	Present Appointment	Senior Consultant
10.	Publications (List & Proof)	2
11.	Post Graduate Teaching experience (Attach documentary evidence)	5 yrs
12.	Any other relevant information	-

Date: -

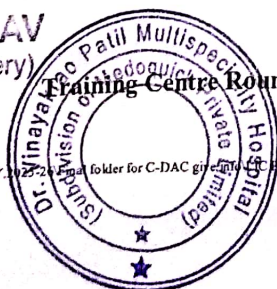
For the use of affiliated Training Center:

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.

DR. TUSHAR JADHAV
Name & Sign. of Mentor
M.B.B.S., M.S. (Gen. Surgery)
D.N.B. (Surg. Oncology)
Reg. No. 2003020342

Sign & Stamp
Head of the Department
DR. TUSHAR JADHAV
M.B.B.S., M.S. (Gen. Surgery)
D.N.B. (Surg. Oncology)
Reg. No. 2003020342

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	Shiraji Society, Udga
04.	Mob. No.	9833164740
05.	E-mail id	hitendrapatil@karnreda
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MBBS, DNB (Ortho)
08.	Present Appointment	Coordinator
09.	Any other relevant information	-

Date:

Tushar!

Sign & Stamp
Head of the Department
Date:

DR. TUSHAR JADHAV
M.B.B.S., M.S. (Gen. Surgery)
D.N.B. (Surg. Oncology)
Reg.No.2003020342



Sign. of Co-ordinator

Dr. Hitendra Patil
Co-Ordinator

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:

N. Joshi

Signature of Dean/Principal/Director

Name of the Signatory

(With Seal of the Training Centre)

Director

Dr. Nitin Joshi

Dr. Vinayakrao Patil Multispeciality
Hospital, Deoni Dist. Latur