

Maharashtra University of Health Sciences, Nashik Application for Recognition and Starting of New Fellowship / Certificate course

(To be submitted to Planning Board Department)

(As per University Direction No. 05/2017)

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1. The Management /Institute /College /Training Centre/ Hospital / University Department shall submit the application in the prescribed format to the Registrar, Maharashtra University of Health Sciences, Nashik - 422 004, on or before 15/05/2021 for Academic Year 2021-22, along with D.D. / RTGS / NEFT / University E-payment Gateway drawn in favour of The Registrar, Maharashtra University of Health Sciences, Nashik on any Nationalized Bank & payable at Nashik.

2. Read the 'Rules and Regulations', carefully before filling the application, as laid down in the

University Direction No. 05/2017.

3. This is general application format. However, if applied for any specific faculty (e.g. Yoga Therapy) the institute shall attached separate sheet(s) regarding available training facilities.

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The Registrar

Maharashtra University of Health Sciences, Mhasrul-Dindori Road, Vashik - 422 004.

Sir.

I am / We are herewith submitting the application with a request, as per provisions of the University No. 05/2017, for Recognition of Institute / College /Training Centre/ Hospital / University Department for starting Fellowship / Certificate Course from the academic year 2021 - 22, as per the following details.

Name of the fellowship/certificate course(s):- certificate course to course to course (Separate application shall be submitted for each course)

<u>?</u> .	Intake capacity (Mentor: Student Ratio- Medical-1:3, Dental-1:5, Ayurved, Homoeopathy, Nursing & Physiotherapy- 1:7)
3.	Name and address of the Management /Institute /College /Training Centre/ Hospital:
	buttonil Horizon New MAN Colony.
	New Unk Raad, Bon Vantode) (400 09)
	28678736/18615149 Mobile No 9512223236
	Email Address: domag 1973@ gmail. Com. Email Address: domag 1973@ gmail. Com. Gulta.
١.	Name of Director / Dean / Pantopal
	E-mail ID damag 1993 @ Mobile No. 9322237367

Name of the Fellowship Certificate Course Co-ordinator. Dr Scenol Gypty i. E-mail ID. Arm d. 1993 Mobile No. 132277369

Fees Details:-(Institute Recognition Rs. 2,00,000/-and Starting of New Fellowship/Certificate Course Rs. 50,000/-per course.)

i) Name of the Bank: Kamelhway to BP Bank LTD

ii) Paid by NEFT / RTGS / D.D. No / Pay online : AXIS P0019 & \$ 526 \$ 5 date 11 May 2021

iii) Amount Rs. 40000 (Please attached NEFT / RTGS/ Pay online receipt)

Sign of Director / Dean / Principal

(INSTITUTIONAL INFORMATION)

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datedat (Place):									
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attabled: 165 /110. Walk as Appoint				attached	d? Yes /N	10.	N	lark as	Appendix 'G
<u> </u>						S	q, ft.	10 : :	
i) Total built-up area: Certified copy of Building Plan attached? Yes / No Mark as Append	i) T	otal built-up area:		Certified	d copy of B	Building			

1) Details of the Mentors :-

Sr. No	Name of the Mentor	Education& Qualification	No. of Research Publication published	Total Teaching Experience
1)	Dr tagno)	M) (FID)	10	20
	ayon	UB		
		PGDNA		

Training of Doorto in hibra				50						
I number of Books in libra	d Fellows	hip subje	ect :	25		•••••				
hase of latest editions of	concerne	d books	in last 3 v							
nals:										
a) Indian : 2 a	vailable									
Year / Month up to which		ndian In	urnale av	ailahle						

b) Foreign :		**********								
Year / Month up to which	ch latest F	Foreign J	ournals a	vailable	1-	,				
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			c) Internet / Med pub / Photocopy facility: - Available / Not Available							
c) Internet / Med pub /	Photocop	y facility	: - Avail	able / No	t Available)				
					t Availabl e	•				
d) Library opening time	s: C	iam.	- 61	m						
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d) Library opening time	s: C	an m ibrary ho	- 6 I urs:- Ava	milable / N	ot Availab					
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14) Any other faculty specific information required: - (such as Herbal garden / Panchakarma Unit / Pharmacy / Dental Chairs and Units / as per the requirement) Attached details

13) Medical Education Unit (Constitution):- Xes / No (Specify number of meetings held annually & minutes thereof)

1. Name of the Hospi	ſ	tal information	pital
2. Total number of the last one year:	OPD, IPD in th	ne Institution and conc	erned department during
In the ent	ire hospital	In the depar	tment of concerned Fellowship subject
OPD	40	OPD	100
IPD (Total No. of	15	IPD (Total No.	of 15
Patients admitted)	13	Patients admitte	ed)
3. Hospital Beds Dist	ribution & No o	f O.T. :	
	Iı	n the entire hospital	
No of Beds		dt	
No of Beds in ICU		6	
No of Beds in IRCU		0	
No of Beds in SICU		D	
No of Major O.T.			
No of Minor O.T.		1	
		ce on inspection day: On Inspection day	Average of random 3 days
Daily OPD - 2 I Daily admission			
 Daily admission Daily admission 			A
Through casualty Bed occupancy is	at 10am		
at 10AMNumber of patier	nts		
in ward (IPD) • Percentage bed	occupancy at		
10Am			
		peruse the Guidelines inform	owship subject/Specialty:(For nation sheet supplied herewith) Average of random 3 days
•			
시마 특히 등로 있어요. 그가 보이 발표하는 것이다.			
		I WAS KIND - I - E	
as design			

5. Casualty:/ Emergency Department:

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

6. Blood Bank:

(i)	Valid FDA License(copy of certificate be annexed)	Yes	/ No
(i)	Blood component facility available	Yes	/No
(ii)	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		T.
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

		1 To
m	Cantra	Laboratory
3	1	Laure and a

Controlling Department:	
No of Ctoff.	

• Equipment Available : (Attach separate List)

· Working Hours: _

8. Central supply of Oxygen / Suction:

9. Central Sterilization Department

10. Ambulance (Functional)

11. Laundry:

12. Kitchen

13. Incinerator: Functional / Non functional

14. Bio-Medical waste disposal

15. Generator facility

16. Medical Record Section: ICD X classification

Sign & Stamp Head of the Department

Date:

Available / Not available

Available / Not available

Available / Not available

Manual/Mechanical/Outsourced:

Available / Outsourced/ Not Available

Capacity:...../Outsourced

Outsourced / any other method

Available / Not available

Computerized / Non computerized

/ Not used

Sign & Stamp

Dean/Principal/Head of Institute

Date:

ollege/Institute Round Seal

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff. (Separate from shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	1	Dr manel arpta
02.	Date of Birth	1:	01.1011192
03.	Address	1:1	Bonvali (w)
04.	Tel. No./ Mob. No.		9272277219
05.	e-mail id	1:1	drinder 1993 Ogmail
06.	Nationality	1:1	I Indian
07.	Qualification in details : (attach documentary proof)		attaled
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	20
09.	Present Appointment	1:1	Dis Henry
10.	Publications (List & Proof)		Direller.
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	10
12.	Any other relevant information	1.	

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

Date :- 10 51202

Sign. of Teaching Staff

Countersigned & Stan ead of Institute

have verified the eligibility of all faculty members for the post they are holding (based on experience certificates sued by competent authority of the place of working). Their experience details in different Designations and unit

ise distribution is given the faculty table above.

Date :-

Sign. of Head of Institute

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for :-

(Separate from shall be filled for Director, Co-ordinator & Mentor)

Designation	From	То	Total period Year / Month	
facely	1799	date	21	
Designation	From	То	Total period Year / Month	
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and the second of the second o	10	of the Evnewience Co	rtificate of each M	
nandatory to attach s	elf-attested Photocopy Fellowship/Certificate	On the Experience Ce	timente of cuen in	

Recommended/Not Recommended

Signature with date of LIC Chairman/Member