

Department of Anesthesia
Govt. Medical College &
Super Speciality Hospital, Nagpur
Ref. No. 215/23.....
Date 31/11/23.....

To,
The Dean,
Govt. Medical College & Superspeciality
Hospital, Nagpur

Subj:- Renewal of Fellowship programme in
Cardiac & Neuroanaesthesia

Respected sir,

Hereby submitting the required documents for
renewal of fellowship program in Cardiac and
Neuro Anaesthesia in Superspeciality Hospital for
the year 2023-2024.

Kindly do the needful.
Thanking You.



Dr. Mrs. L. F. VALI
Professor & Head
Dept. of Anaesthesia
Govt. Medical College and
Superspeciality Hospital, Nagpur

Maharashtra University of Health Sciences, Nashik
Local Inquiry Committee format for Continuation of Affiliation/Recognition
for Affiliated Training Center's conducting Fellowship and Certificate Course(s) for
The A. Y. 2023 -2024



(As per provision 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	: GOVT. MEDICAL COLLEGE, NAGPUR
i	Name of Society/Trust	: GOVT. MEDICAL COLLEGE, NAGPUR
ii	Address	: HANUMAN NAGAR, NAGPUR
iii	Email Address	: ssgmcnagpur@gmail.com
iv	Telephone No.(s)	: 0712-0726584
v	Website	:
vi	Year of Establishment	: D D / M M / 1 9 4 7
B	Name of the Director/Dean/Principal	: DR. RAJ GAJBHIYE
i	Mobile No.	: 9422101440
ii	Office Landline	: 0712-0726584
iii	E-mail	: deangmc2@gmail.com
C	Name of Co-ordinator	Dr . Ketaki Ramteke
i	Mobile No.	9561080208
ii	Email ID	drketakiramteke@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> <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> <tr><td> </td></tr> </table>						

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

This is to certify that the Annexure to are 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/ No
ANNEXURE "B"	INSTITUTIONAL INFORMATION The information must be made available on the Training Centre website.	Yes/ No
ANNEXURE "C"	HOSPITAL INFORMATION The information must be made available on the Training Centre website.	Yes/ No
ANNEXURE "D"	DEPARTMENTAL INFORMATION The information must be made available on the Training Centre website.	Yes/ No
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/ No
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/ No
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/ No
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/ No

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:
Place: **NAGPUR.**


 Signature of Dean/Principal
 Name of the Signatory

(with Seal of the Training Centre)
Dean
Govt. Medical College,
Nagpur

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 2023-24.

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 LICM ember)

.....
(Name & Sign of LIC Chairman)

ANNEXURE-"A"

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

Title of the Course applied for:- Fellowship in Cardiac Anaesthesia

Fellowship in Neuro Anaesthesia

This to Certify that Dr Lulu Fatema Vali has worked in the Department of Anaesthesiology ,GMC & SSH NAGPUR Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
ASSISTANT PROFESSOR	05/01/1996	02/03/2004	8yrs	2 months
ASSOCIATE PROFESSOR	03/03/2004	15/09/2017	13 yrs	6 months
PROFESSOR	16/09/2017	TILL DATE	5 yrs	5 months

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

Designation	From	To	Total period Year/Months	
Cardiac Anaesthesia ASSISTANT PROF ASSOCIATE PROFESSOR PROFESSOR	15/01/2000	02/03/2004	3yrs	2 months
	03/03/2004	15/09/2017	13yrs	6 months
	17/09/2019	TILL DATE	3 yrs	5 months
Neuro Anaesthesia ASSISTANT PROF ASSOCIATE PROFESSOR PROFESSOR	15/01/2000	02/03/2004	3yrs	2 months
	03/03/2004	15/09/2017	13yrs	6 months
	17/09/2019	TILL DATE	3 yrs	5 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 **31/1/23**
Dr. Mrs. L. F. VALI
Professor & Head
Dept. of Anaesthesia
Govt. Medical College and
Superspeciality Hospital, Nagpur


Sign & Stamp
Dean/Principal/Head of Institute
Date
Dean
Govt. Medical College,
Nagpur

(INSTITUTIONAL INFORMATION)

1. Particulars of Director/Dean/Principal: (Whosoever is Head of Training Centre)
Name : DR. RAJ GAJBHIYE Age: _____ (Date of Birth) 1964_

PG Degree	Subject	Year	Institution	University
Recognized	SURGERY	1990	GMC, NAGPUR	NAGPUR UNIVERSITY

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	IGGMC, NAGPUR	17/9/1992	1/11/1995	3 YRS 2 MNTS.
Asso. Professor/Reader	IGGMC, NAGPUR	2/11/1995	22/03/2007	11 YRS 4 MNTS.
Professor	IGGMC, NAGPUR GMC, AKOLA GMC, NAGPUR	23/03/2007 04/08/2014 06/09/2014	03/8/2014 5/9/2014 TILL DATE	15 YRS 7 MNTS.
Any Other	DEAN, GMC, NAGPUR			
Grand Total				30 YRS

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/Training Centre/University Dept.:	GOVT. MEDICAL COLLEGE, NAGPUR
	ii) Postal Address, with PIN:	HANUMAN NAGAR, NAGPUR
	iii) Contact Details:	Mob: 9422010440 Tele: 0712-0712548
02	Society/Institution/Training Centre Registration Number and date:	i) Public Trust Act 1950:
		ii) Society's Registration Act 1860:
		iii) Year of establishment: 1947
		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	GOVT. MEDICAL COLLEGE AND HOSPITAL, NAGPUR. 1947..... - 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:	HANUMAN NAGAR, NAGPUR, 440003 SSGMCNAGPUR@GMAIL.COM
	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 / Institutewilling/desiroustoStart/OpenFellowship/CertificateCourse(s)(ForNewOpeningPurposeonly)	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: 207 ACRE.
	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 - Markas Appendix 'E'
	ii) Whether the land is registered?	* Yes/No. If yes, Registration Number: Dated: At (Place): Copy of Land Registration Certificate attached? * Yes/No. - Markas 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. - Markas Appendix 'G'
b) Building:sq. ft.	
i) Total built-up area:	Certified copy of Building Plan attached? * Yes/No	- Markas Appendix 'H'

3. Central Library

- Total number of Books in library: 53197 _____
- Books pertaining to concerned Fellowship subject: _____
- Purchase of latest editions of concerned books in last 3 years: - 18 _____

Journals:

1	Journals		Total	Concerned Fellowship subject
2	Indian	27	27	2
3	Foreign	110	110	1

- Year/Month up to which latest Indian Journals available: 2023
 - Year/Month upto which latest Foreign Journals available: 2023
 - Internet/Medpub/Photocopy facility: available
 - Library opening times: 9.45 TO 6.15
 - Reading facility out of routine library hours: 24 HOURS available
- (Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

Available

- Playgrounds Gymnasium

5. Hostel Accommodation:

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	275	325	110	145	108	72
No. of students	422	578	305	325	108	72
Status of cleanliness	clean	clean	clean	clean	clean	clean

6. Residential accommodation for Staff/Paramedical staff: Available

7. Ethical Committee(Constitution): YES

8. Medical Education Unit(Constitution): YES
(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: GOVT. MEDICAL COLLEGE AND HOSPITAL, NAGPUR

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		OPD	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted)	

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

In the entire hospital	
No of Beds	1706
No of Beds in ICU	20
No of Beds in IRCU	----
No of Beds in SICU	40
No of Major O.T.	30
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-2PM 1985.....
• Daily admissions 166.....
• Daily admissions in Dept.		
• Through casualty at 10am
• Bed occupancy in the Dept.		
• Number of patients inward (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 sheets supplied herewith)

	On Inspection day	Average of random 3 days
•
•
•
•
•

5 Casualty/Emergency Department:

Space	
Number of Beds	51
No. of cases (Averagedaily OPD and Admissions):	159
Emergency Lab in Casualty (round the clock):	available
Emergency OI and Dressing Room	available
Staff (Medical Paramedical)	available
Equipment available	available

6 Blood Bank:

(i)	Valid FDAI license (copy of certificate be annexed)	Yes	
(ii)	Blood component facility available	Yes	
(iii)	All Blood Units tested for Hepatitis C, B, HIV	Yes	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood unit consumed daily and on inspection day in the entire hospital (give distribution in various specialties)	Average daily 31	On Inspection day

7. Central Laboratory:

- Controlling Department: PATHOLOGY
- No of Staff: 12
- Equipment Available: Attach separate list
- Working hours: 24 hours

8. Central supply of Oxygen/Suction: Available

9. Central Sterilization Department Available

10. Ambulance (Functional) Available

11. Laundry: Mechanical


12. Kitchen Available

13. Incinerator: Functional/Nonfunctional Outsourced

14. Bio-Medical waste disposal Outsourced

15. Generator facility Available

- Medical Record Section: Computerized
- ICDX classification: Not used


 Sign & Stamp
 Head of the Department
DR. M.S. L. F. VALI
 Date: _____
 Professor & Head
 Dept. of Anaesthesia


 Sign & Stamp
 Dean/ Principal/ Director of Training Centre

Govt. Medical College and Training Centre Round Seal
 Superspecialty Hospital, Nagpur

Dean
Govt. Medical College,
Nagpur

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: ... Anaesthesia GMC
SSH.....
2. Date on which independent department of: functioning concerned specialty was created and started
Neuro Anaesthesia- 1998
Cardiac Anaesthesia-1999.....
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)
	Dr Lulu Fatema Vali (Cardiac and Neuro Anaesthesia)	Full Time	HOD & Professor	M.D Anaesthesiology	28 Yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution:
Yes/No: ... YES..... Since when: ... 1998-.....
5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms		Available	
Clinics(Operation Theatre)(4 in no)	1600	Available	
Laboratory Space(Recovery room-3 in no)	2000	Available	
Seminar room	150	Available	
Department Library	200	Available	
PG common room	200	Available	
Pre-clinical lab (ABG room)	150	Available	
Patient waiting room	1000	Available	
Total area	5300	Available	

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. (given 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:

Sr. No.	Name	Designation
1.	Suresh Sakhare	OT-Technician (Neuro OT)
2.	Ashwin Ulkey	OT-Attendant (Neuro OT)
3.	Rajendra Karosiya	Sweeper
4.	Radheshyam Kokade	OT-Technician (Cardiac OT)
5.	Dhanraj Wankar	OT-Attendant (Cardiac OT)
6.	Ashok Sayyam	OT-Attendant (Cardiac OT)
7.	Anju Chaudhari	Poen
8.	Ankush Dharod	Sweeper

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's List of Important equipment's available and their functional status

Sr. No.	Name of the Equipment	Specification	Functional/ Not Functional	Qty.
1.	High End Anaesthesia workstation- Dragger Primus	SN NO-ASDD 0099 SN NO-ASIC 0119 SN NO-ASJF 0269 SN NO-AASJF 0270 SN NO-ASIC 0118	ALL FUNCTIONAL	5
2.	High End Ventilators	Hamilton Purette Benette	ALL FUNCTIONAL	5 1
3.	Defibrillators	BPL	ALL FUNCTIONAL	5
4.	Infusion pumps	B braun	ALL FUNCTIONAL	30
5.	Neuromuscular junction monitoring		FUNCTIONAL	1
6.	Ambuscope		FUNCTIONAL	1
7.	C-arm		FUNCTIONAL	1
8.	Operating Microscope		FUNCTIONAL	2
9.	Cortical mapping with EEG		FUNCTIONAL	1
10.	Cardiac output monitor		FUNCTIONAL	2
11.	TEE		NOT 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

11. Services provided by the Department:

a) Services

i. CVTS OT-2

ii. NEURO OT-2

iii.

(b) Ancillary Services- CVTS RECOVERY

STEP DOWN CVTS RECOVERY

NEURO RECOVERY

(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	YES
Staff (Steno/Clerk).	Yes/No	Professors	YES
Computer/Typewriter	Yes/No	Associate Professors	YES
Storage space for files	Yes/No	Assistant Professor	YES
		Residents	YES

14. Clinical Load of Dept.: No of Surgeries/Procedures CVTS-1-2..... Per day
NEURO -3-4

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	:	DR. RAJ GAJBHIYE
02.	Date of Birth	:	15/04/1964
03.	Address	:	
04.	Tel.No./Mob.No.	:	9422101440
05.	E-mail id	:	DEANGMC2@GMAIL.COM
06.	Nationality	:	INDIAN
07.	Qualification in details :(attach documentary proof)	:	MBBS, MS(GENERAL SURGERY)
08.	Teaching Experience/Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is a mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of Concerned Fellowship/Certificate Course)	:	30 YEARS
09.	Present Appointment	:	DEAN, GOVT. MEDICAL COLLEGE, NAGPUR
10.	Publications(List & Proof)	:	----
11.	Post Graduate Teaching experience(Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date:-


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: **Mrs. L. F. VALI**
 Professor & Head
 Dept. of Anaesthesia
 Govt. Medical College and
 Superspeciality Hospital, Nagpur

Training Centre Round Seal


 Sign & Stamp
 Dean/Principal/Director of Training Centre
 Date: **Dean**
Govt. Medical College,
Nagpur

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 Lulu Fatema Vali
02.	Date of Birth	: 22/03/1965
03.	Address	: Villa Ruqaiyah ,Nelson square , Nagpur
04.	Tel.No./Mob.No.	: 9823270552
05.	e-mail id	: drlulufatema@gmail.com
06.	Nationality	: Indian
07.	Qualification in details :(attach documentary proof)	: D.A, M.D Anaesthesia Training in cardiac anaesthesia
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)	: 28 yrs
09.	Present Appointment	: HOD & PROFESSOR
10.	Publications(List & Proof)	: International journal-5 National journal -3
11.	Post Graduate Teaching experience(Attach documentary evidence)	: 19 yrs
12.	Any other relevant information	:

Date:-

Name & Sign of Mentor

DR. LULU FATEMA VALI

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. Mrs. L. F. VALI

Professor & Head
Dept. of AnaesthesiaGovt. Medical College and
Speciality Hospital, Nagpur


Sign & Stamp

Dean/Principal/Director of Training Centre

Date: **Dean****Govt. Medical College,
Nagpur**

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. Ketaki Ramteke
02.	Date of Birth	: 12/01/1983
03.	Address	: Capitol Heights. Nagpur
04.	Mob. No.	: 9561080208
05.	E-mail id	: drketakiramteke@gmail.com
06.	Nationality	: Indian
07.	Qualification in details :(attach documentary proof)	: M.D Anaesthesia
08.	Present Appointment	: ASSISTANT PROFESSOR
09.	Any other relevant information	

Date:

Sign. Of Co-ordinator

Sign & Stamp

Head of the Department

Date:


Mrs. J. F. VALI
Professor & Head
Dept. of Anaesthesia
Govt. Medical College and
Speciality Hospital, Nagpur

Sign & Stamp

Dean/Principal/ Director of Training Centre

Date:


Dean
Govt. Medical College,
Nagpur

Training Centre Round Seal