



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

fnaMksjh jksM] EgljQG] ukf'kd - 422004 Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539--- / 6659--- Student Helpline : (0253) 2539111 / 6659111

Website : www.muhs.ac.in, E-mail : fccc@muhs.ac.in



Mil- vfr xtkuu ikBd
,e-ch-ch-, l-] ,e-Mh- (U;k;oS] d'kL_k
iz- dqylfpo

Dr. Ajit Gajanan Pathak
M.B.B.S., M.D.(Forensic Medicine)
Offg. Registrar

No MUHS/UDC/FCC/295/2022

Date: 11/05/2022

Circular No. 05/2022

(Local Inquiry Committee (LIC) Format for Fellowship & Certificate Courses)

Sub: Local Inquiry Committee (LIC) Inspection of affiliated Training Centres for Grant of Continuation of Affiliation for the Academic Year 2022-23...

Ref: University Direction No. 05/2017 (Amended)

It is notified to all concerned that University has initiated with process of Continuation of Affiliation of affiliated Training Centers for the Academic Year 2022-23. Accordingly, the University has finalized Local Inquiry Committee (LIC) proforma for inspections which is attached herewith for information & necessary action.

The affiliated Training Centers are required to go through LIC's inspection proforma and shall fill-up requisite academic year-wise information including all Annexures for verification of LIC Team. It is also mandatory for Training Centers to upload information of all Annexure's on their website. The Training Centre is required to create "MUHS Mandate" tab on their website homepage and under it Academic Year-wise information of all Annexure's on their website and it is mandatory to keep these information on Training Centre website for a period of next 05 Years.

The University has taken up paperless initiative and as such the Training Centers are required to submit hard copies of Annexures E, F, G & H only to the University. Other Annexure's copies are not required to be submitted to the University. However, the remaining Annexure A to H must be published on the concerned Training Centre website.

It is mandatory for the Training Centre to maintain infrastructure, teaching staff and other requirements as per MSR and as per the requirement of concerned course throughout year; failing which continuation of affiliation granted shall be revoked by the University at any stage.

The Dean/Principal/ Director of the Training Centre is required to update Training Centre website as well as keep information ready for verification of the LIC Team, which shall be started by the University from **23/05/2022 onwards**. It is clarified that the Training Centers, who fails to update their information on their website, will not be granted further Continuation of Affiliation.

In case of any queries/ clarification, kindly contact on: (0253) 2539197/156

Sd/-
Offg. Registrar

To,
Dean/Principal/Director/ Co-ordinator
Of all Affiliated Training Centers
Fellowship and Certificate Courses
MUHS, Nashik

P.T.O.

Encl:

LIC Proforma & Short Report with all Annexures of Fellowship and Certificate Courses

Copy to :

1. Hon'ble Vice-Chancellor Office, MUHS, Nashik
2. Hon'ble Pro Vice-Chancellor Office, MUHS, Nashik
3. Hon'ble Registrar Office, MUHS, Nashik
4. The Controller of Examinations Office, MUHS, Nashik
5. The Director, Planning Board, MUHS, Nashik
6. The Law Officer, Law & Grievance Office, MUHS, Nashik
7. The H.O.D., Eligibility Section, MUHS, Nashik
8. The H.O.D. Computer Section, MUHS, Nashik.

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. 20 - 20

(As per provisions 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)	Dr. Dilip Omprakash Gupta	Chairman	
2)	Dr. Dhiraj Baijulal Bhandari	Member	
3)	Dr. Kiran Narayanrao Wandile	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	:	
i	Mobile No.	:	
ii	Email ID	:	

Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship in Spine surgery	A.Y. 2019 - 2020	01	Dr. Pankaj Tathe 9822369661
02	Fellowship in Hip and Knee Arthroplasty surgery	A.Y. 2019 - 2020	01	Dr. Sumedh Chaudhary 9371033530
03				
04				
05				
06				
07				

(Attach separate List if necessary)

3. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Fellowship in Spine surgery	A.Y. 2019 - 2020	01	00
		A.Y. 2020 - 2021	01	00
		A.Y. 2021 - 2022	01	00

(Attach separate Sheet for more than one course (if necessary))

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
2	Fellowship in Hip and Knee Arthroplasty surgery	A.Y. 2019 - 2020	01	00
		A.Y. 2020 - 2021	01	00
		A.Y. 2021 - 2022	01	00

4. Details of the Training Centre are available on the Training Centre website, in the prescribed format Yes/No

5. Whether the information is complete in all respect. Yes / No

Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship in Spine surgery	A.Y. 2019 – 2020	01	Dr. Pankaj Tathe 9822369661
02	Fellowship in Hip and Knee Arthroplasty surgery	A.Y. 2019 - 2020	01	Dr. Sumedh Chaudhary 9371033530
03				
04				
05				
06				
07				

(Attach separate List if necessary)

3. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Fellowship in Spine surgery	A.Y. 2019 - 2020	01	00
		A.Y. 2020 - 2021	01	00
		A.Y. 2021 - 2022	01	00

(Attach separate Sheet for more than one course (if necessary))

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
2	Fellowship in Hip and Knee Arthroplasty surgery	A.Y. 2019 - 2020	01	00
		A.Y. 2020 - 2021	01	00
		A.Y. 2021 - 2022	01	00

4. Details of the Training Centre are available on the Training Centre website, in the prescribed format Yes/No

5. Whether the information is complete in all respect. Yes / No

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:


 Signature of Dean/Principal
 Name of the Signatory
 (with Seal of the Training Centre)
Dean
Govt. Medical College
Nashik

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. Dr. Dilip Omprakash Gupta	Chairman		
2. Dr. Dhiraj Baijulal Bhandari	Member		
3. Dr. Kiran Narayanrao Wandile	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 2022-23.

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 LIC Member)

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

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

Title of the Course applied for:- **Fellowship in Spine surgery**

This to Certify that **Dr Pankaj Tathe** has worked in the Department
Of Orthopaedics Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	21-12-2000	08-05-2007	6yr 4 month	13year 4 month
	13-02-2009	31-08-2015	6yr 6 month	
	19-01-2017	04-07-2017	6 months	
Associate Professor	10-05-2007	12-02-2009	1yr 9 month	8year 7 month
	01-09-2015	08-01-17	1 yr 4 months	
	05-07-2017	TILL DATE	5 yrs 6 months	

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

Designation	From	To	Total period Year/Months	
Assistant Professor	21-12-2000	08-05-2007	6yr 4 month	13year 4 month
	13-02-2009	31-08-2015	6yr 6 month	
	19-01-2017	04-07-2017	6 months	
Associate Professor	10-05-2007	12-02-2009	1yr 9 month	8year 7 month
	01-09-2015	08-01-17	1 yr 4 months	
	05-07-2017	TILL DATE	5 yrs 6 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 प्राध्यापक व विभाग प्रमुख

अस्थिव्यंगोपचार शास्त्र विभाग
शासकीय वैद्यकीय महाविद्यालय व रुग्णालय,
नागपूर



Sign & Stamp

Dean/Principal/Head of Institute

Date

Dean
Govt. Medical College,
Nagpur

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

Title of the Course applied for:- Fellowship in Hip and Knee Arthroplasty surgery

This to Certify that **Dr Sumedh Chaudhary** has worked in the Department
Of Orthopaedics Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	06/02/2006	30/08/2015	9 yrs 6 months	9 yrs 6 months
Associate Professor	01/09/2015	13/06/2022	6yr 9months	6yr 9months
Professor	14/06/2022	Till Date	8 Months	8 Months

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

Designation	From	To	Total period Year/Months	
Assistant Professor	06/02/2006	30/08/2015	9 yrs 6 months	9 yrs 6 months
Associate Professor	01/09/2015	13/06/2022	6yr 9months	6yr 9months
Professor	14/06/2022	Till Date	8 Months	8 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 प्राध्यापक व विभाग प्रमुख

अस्तिव्यंगोपचार शास्त्र विभाग

शासकीय वैद्यकीय महाविद्यालय व रुग्णालय
नागपूर



Sign & Stamp

Dean/Principal/Head of Institute

Date Dean

Govt. Medical College,
Nagpur

(INSTITUTIONAL INFORMATION)

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

Name: DR. RAJ GAJBHIYE Age: _____ (Date of Birth) _____

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)	GOVT. MEDICAL COLLEGE AND HOSPITAL, NAGPUR. 1947..... - Mark as Appendix 'B'
	i) Name of the Hospital	
	ii) Nursing Home Registration No. iii) Establishment Year	
04	i) Name of the Training Centre /Institute where course is to be conducted:	
	ii) Postal Address, with PIN:	HANUMAN NAGAR, NAGPUR,
	iii) Contact Details:	440003
	iv) E-mail ID:	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 / 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'

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- Mark as 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.- 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: 53197 _____
- Books pertaining to concerned Fellowship subject: 10 _____
- 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 up to which latest Foreign Journals available : 2023
- Internet / Med pub / 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

- Play grounds 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 - 2 PM1985.....
• Daily admissions166.....
• Daily admissions in Dept.
• Through casualty at 10am
• Bed occupancy in the Dept.
• Number of patients in ward (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 sheet supplied herewith)

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

5 Casualty/ Emergency Department :

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

6 Blood Bank :

(i)	Valid FDA 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 units 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 / Non functional | Outsourced |
| 14 Bio-Medical waste disposal | Outsourced |
| 15 Generator facility | Available |
| • Medical Record Section: | Computerized |
| • ICD X classification | Not used |

Sign & Stamp
Head of the Department
Date: Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Training Centre Round Seal

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: ORTHOPAEDICS
2. Date on which independent department of: functioning concerned speciality was created and started : 1980

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	Dr. Sumedh Chaudhary	Full Time	Professor and Head	MBBS,MS.DNB	18years
2	Dr. Pankaj Tathe	Full Time	Associate Professor	MBBS,MS.DNB	23 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: ...YES... Since when: 1980

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms		YES	
Clinics		YES	
Laboratory Space		YES	
Seminar room		YES	
Department Library		YES	
PG common room		YES	
Pre-clinical lab (where ever applicable)		N.A.	
Patient waiting room		YES	
Total area			

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 3years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept.(give names)
A.Y. 2019 - 2020	1) Fellowship in Hip and Knee Arthroplasty surgery 2) Fellowship in Spine surgery	00	Dr. Sajal Mitra Dr. Mohd Faisal
A.Y. 2020 - 2021	1) Fellowship in Hip and Knee Arthroplasty surgery 2) Fellowship in Spine surgery	00	Dr. Sajal Mitra Dr. Mohd Faisal
A.Y. 2021 - 2022	1) Fellowship in Hip and Knee Arthroplasty surgery 2) Fellowship in Spine surgery	00	Dr. Pankaj Tathe Dr. Saurabh Sah

(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	Ravi Kalamkar	Clerk
2	Raj Eimla	Class IV

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-	HIGH END MODULAR OT	As per standards	Functional	2
2-	SEMI MODULAR OT	As per standards	Functional	1
3-	C ARM	As per standards	Functional	4
4-	C- ARM COMPATIBLE OPERATION TABLE	As per standards	Functional	4
5-	RADIOFREQUENCY CAUTERY	As per standards	Functional	1
6-	BIPOLAR CAUTERY	As per standards	Functional	1
7-	EXHAUST SUITS WITH HOOD HELMET	As per standards	Functional	4
8-	NAVIGATION SYSTEM FOR KNEE REPLACEMENT	As per standards	Functional	1
9-	BASIC INSTRUMENTS SET FOR ARTHROPLASTY	As per standards	Functional	1
10-	OPERATING MICROSCOPE	As per standards	Functional	1
11-	NEUROMONITORING SYSTEM	As per standards	Functional	1
12-	MIS SPINE SET	As per standards	Functional	1
13-	BASIC INSTRUMENTS SET FOR SPINE	As per standards	Functional	1

9. Intensive care Service provided by the Department: Emergency and Trauma Management In Casualty

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	Fracture clinic	All week days	10am-2pm	84	Respective unit incharge
2	Arthroplasty Clinic	Monday	10am-2pm	15	Dr Sumedh Chaudhary
3	Sports Medicine Clinic	Tuesday	10am-2pm	12	Dr. Pravin Agrawal
4	Spine Clinic	Wednesday	10am-2pm	25	Dr Pankaj Tathe
5	CTEV clinic	Thursday	10am-2pm	11	Dr Pruthviraj Nistane
6	Sickle Cell Clinic	Friday	10am-2pm	06	Dr.Manish Kawade

11. Services provided by the Department:

a) Services

i. Fracture Fixation

ii. Joint Replacement

iii. Spine Surgery

iv. Adult Reconstruction

v. Paediatric Orthopaedic Surgery

vi. Arthroscopy and Sports Medicine

(b) Ancillary Services: RLFC, Physiotherapy and Occupational Therapy for Rehabilitation of patients

(f) Others: _____

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes	HOD	Available

Staff (Steno /Clerk).	Yes	Professors	Available
Computer/ Typewriter	Yes	Associate Professors	Available
Storage space for files	Yes	Assistant Profess or	Available
		Residents	Available

14. Clinical Load of Dept.: No of Surgeries / Procedures: 7-8 Major Surgeries 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,

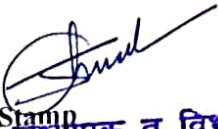
Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	DR. RAJ GAJBHIYE
02.	Date of Birth	:	15/04/1964
03.	Address	:	
04.	Tel. No./ Mob. No.	:	9422101440
05.	E-mail id	:	DEANGMC2@GMAIL.COM
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MBBS, MS(GENERAL SURGERY)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is 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	:	


Name & Sign. of Director

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: शासकीय वैद्यकीय महाविद्यालय व रुग्णालय,
 नागपूर


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

Training Centre Round Seal

Information of Mentor of Training Centre

Course- Fellowship in Spine surgery

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 PANKAJ TATHE
02.	Date of Birth	: 28/09/73
03.	Address	: 72, NARKESARI SOCIETY, JAIPARAKASH NAGAR, KHAMLA NAGPUR, 440025
04.	Tel. No./ Mob. No.	: 9822369661
05.	e-mail id	: DRTATHEPANKAJ@YAHOO.IN
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MS, DNB
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)	: 23 YEARS
09.	Present Appointment	: ASSOCIATE PROFESSOR
10.	Publications (List & Proof)	: List Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 15 yrs
12.	Any other relevant information	:

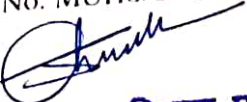
P.V. Tathe


Name & Sign. of Mentor

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
 प्राध्यापक व विभाग प्रमुख
 आर्यविकीर शस्त्र विभाग
 Date: शासकीय वैद्यकीय महाविद्यालय व रुग्णालय,
 नागपूर

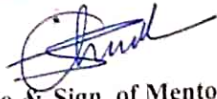

 Sign & Stamp
 Dean/ Principal/ Director of Training Centre
 Date: Dean
 Govt. Medical College,
 Nagpur

Training Centre Round Seal

Information of Mentor of Training Centre

Course- Fellowship in Hip and Knee Arthroplasty surgery
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 SUMEDH CHAUDHARY
02.	Date of Birth	: 16 /02 /1978
03.	Address	: s/o Durwas Chaudhary , near ST stand square A-3 duplex Rahul complex Ganeshpeth Nagpur
04.	Tel. No./ Mob. No.	: 9371033530
05.	e-mail id	: sumedh_chaudhary@yahoo.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MS, DNB
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 YEARS
09.	Present Appointment	: PROFESSOR AND HEAD
10.	Publications (List & Proof)	: List Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 12 YEARS
12.	Any other relevant information	:



Name & Sign. of Mentor

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
Date: 
शासकीय वैद्यकीय महाविद्यालय व सहायक
नागपूर


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

Course- Fellowship in Hip and Knee Arthroplasty surgery

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 MANISH S KAWADE
02.	Date of Birth	: 20 /04/ 1981
03.	Address	: Plot no 105 . Neelkamal housing society, Manish nagar besa road. Besa Nagpur - 440034
04.	Mob. No.	: 7507772616
05.	E-mail id	: drmanish_kawade@yahoo.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS,MS,DNB
08.	Present Appointment	: ASSOCIATE PROFESSOR
09.	Any other relevant information	

Sign. of Co-ordinator

Date:

Sign & Stamp

Head of the Training Centre

Date: अरिष्यंगोपचार शास्त्र विभाग

शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, नागपुर

Training Centre Round Seal

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: Dean

Govt. Medical College,
Nagpur


ANNEXURE – “G”

Information of Co-ordinator of Training Centre


Course- Fellowship in Spine surgery

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. Prithviraj Prabhakar Nistane
02.	Date of Birth	: 31/05/1987
03.	Address	: 1202, Royal Crest Apartment, Sathey marg, Dhantoli, Nagpur
04.	Mob. No.	: 9403411737
05.	E-mail id	: pruthvinistane@yahoo.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS,MS,DNB
08.	Present Appointment	: ASSOCIATE PROFESSOR
09.	Any other relevant information	



Sign. of Co-ordinator

Date:


Sign & Stamp
Head of the Department
Date:

प्रधिपक व विभाग प्रमुख
अस्थिव्यगोपचार शास्त्र विभाग
शासकीय वैद्यकीय महाविद्यालय व रुग्णालय,
नागपूर

Training Centre Round Seal


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