

GOVT. MEDICAL COLLEGE, NAGPUR.
DEPARTMENT OF RESPIRATORY MEDICINE,
4th Floor SSH,, Government Medical College, Nagpur.

Ph.No.0712-2750368

Add:-4th Floor, SSH, Govt,

Email:- deangmc2@gmail.com

Medical College & Hospital, Nagpur

जा.क्र.शावैमना/रेस्पिरे.मेडी./

21

/२०२३,

दिनांक:

31

/१/ २०२३

प्रति

मा.अधिष्ठाता,
शासकीय वैद्यकीय महाविद्यालय, नागपूर.



विषय : फेलोशिप (१) Fellowship in Pulmonary Medicine Critical Care व
(२) Fellowship in Sleep Medicine, LIC Inspection form
सादर करणे बाबत..

मा.महोदय,

उपरोक्त विषयानुसार रेस्पिरेटरी मेडीसीन विभागातील फेलोशिप (१) Fellowship in
Pulmonary Medicine Critical Care व (२) Fellowship in Sleep Medicine, LIC
Inspection form या पत्रासोबत सादर करण्यात येत आहे.

[Handwritten signature and date 31/1/23]

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प्राध्यापक व विभागप्रमुख,
रेस्पिरेटरी मेडीसीन विभाग,
शासकीय वैद्यकीय महाविद्यालय, नागपूर.
Professor & Head
Dept. of Respiratory Medicine
Govt. Medical College, Nagpur



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



स्वातंत्र्याचा अमृत मंत्रालय

Mik- vfr xtkuu ikBd
,e-ch-ch-,l-],e-Mh- (U;k;osId'kkl_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



स्वास्थ्यस्य श्रेयं परमं

(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)	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	:	
i	Mobile No.	:	
ii	Email ID	:	

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)	:	
02.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	

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

This is 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: 13/02/2023
 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 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.

I. 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:-

This to Certify that **Dr.: Sushant H.Meshram** has worked in the Department
Of **Respiratory Medicine Training Centre** as per following details

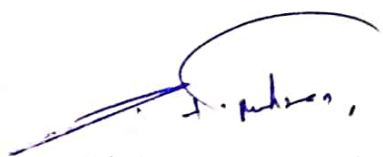
A) General Experience

Designation	From	To	Total period	
			Year	Months
Associate Professor	17/12/2004	30/9/2014	09	09
Professor & Head	08/10/2014	Till Date	08	03

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

Designation	From	To	Total period	
			Year	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
Professor & Head
Dept. of Respiratory Medicine
Govt. Medical College, Nagpur



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'	
04	i) Name of the Training Centre /Institute where course is to be conducted:		
	ii) Postal Address, with PIN:	HANUMAN NAGAR, NAGPUR, 440003	
	iii) Contact Details:	SSGMCNAGPUR@GMAIL.COM	
	iv) E-mail ID:		
04	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: .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:
- Purchase of latest editions of concerned books in last 3 years: - 18

• **Journals:**

	Journals		Total	concerned Fellowship subject
1	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)

Available

4. **Recreational facilities:**

- 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: (Dept. of Respiratory Medicine)

In the entire hospital		In the department of concerned Fellowship subject	
OPD		OPD	7658
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted)	887

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	06
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	
No. of cases (Average daily OPD and Admissions):	51
Emergency Lab in Casualty (round the clock):	159
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: _____
Professor & Head
Dept. of Respiratory Medicine
Govt. Medical College, Nagpur

Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Dean
Govt. Medical College,
Nagpur

DEPARTMENTAL INFORMATION

ANNEXURE - "D"

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

1. Fellowship Specialty Department to be inspected: Dept. of Respiratory Medicine.
2. Date on which independent department of: functioning concerned specialty was created and started :2018 - 19.

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.Sushant H.Meshram	Full Time	Prof. & Head	MBBS, MD, FCCP	24 Years, 5 Months

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes Since when:

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200 Sq.Ft	Available	--
Clinics	--		
Laboratory Space	200 Sq.Ft	Available	--
Seminar room	500 Sq.Ft.	Available	--
Department Library	300 Sq.Ft.	Available	--
PG common room	200 Sq.Ft.	Available	--
Pre-clinical lab (where ever applicable)			
Patient waiting room			
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)
1.	Fellowship in Pulmonary Medicine Care Care	00	01 (Dr.Sushant Meshram)
2.	Fellowship in Sleep Medicine	00	01 (Dr.Sushant Meshram)

(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.	Shri - Sudhakar Z. Godhane	Stenographer
2.	Shrimti - Chandraprabha A. Gedekar	Peon
3.	Shri - Ajay M.Matale	Sweeper
4.	Shrimati - Sandhya Uike	Sweeper
5.	Shri Ghanshyam Choursiya	Sweeper
6.	Shri Mahesh Naweriya	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 (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1.	Video Bronchoscopy Navigation	M/s Broncus Medical ,	Functional	01

	System	INC USA, Lung Point S.N. ML- 001233329		
2.	High Definition Adult Video Bronchoscope.	M/S Pentax Medical Epk 3000 M, EB 19J10	Functional	01
3.	Peditric Video BronchoscopeM/s	M/S Pentax Medical EB 11J10	Functional	01
4.	Endobronchial Ultrasound (Redio Probe Ebus)	L 34 and L 55	Functional	01
5.	Crybiopsy Unit for Bronchoscope	Pentax M/s Erbe Medical India	Functional	01
6.	Electrocautary Machine	M/s Erbe Medical India	Functional	01
7.	Isolation Bed with Positive and Negative Air Flow	BA 001 & BA 002 Emerging Electromedia LLP	Functional	01
8.	Feno	M/s Biotronics Equipments	Functional	01
9.	Modular PFT lab	Medisoft, Belgium, Body Box.	Functional	01
10.	ABG Machiine	ABL 90 Flex Radiometer S.N.090R1148Noo10	Functional	05
11.	Mulpara Monitor	Phillips Intellivue MP 60	Functional	01
12.	Computerised Spirometer	NDD Easy One Air	Functional	01
13.	Video Polysonmograpy Machine	Aliace 6 LD XN, M/s Biotronic Equipment	Functional	07
14.	BIPAP Machine	A-40 Ventilator	Functional	05
15.	Mecanical Ventilator	NUMO PHONENIX And PROTON PLUS MAX	Functional	01
16.	Syringe Infusion Pump	INFUTEK - 405	Functional	

9. Intensive care Service provided by the Department: (Emergency) : YES

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.	Asthma/COPD Clinic	Tuesday	9.30 to 1.30	30	Dr.Sushant Meshram
2.	Sleep Clinic	Wednesday	9.30 to 1.30	10	Dr.Sushant Meshram
3.	ILD Clinic	Thursday	9.30 to 1.30	20	Dr.Sushant Meshram

11. Services provided by the Department:

a) Services

i. Intensive Care

ii. Spirometry, and Advanced Pulmonary Function Test

iii. Polysonmography

iv. Bronchoscopy,

v. DRTB Services

(b) Ancillary Services

(f) Others: ICD, Insertion, Dignostic and Therapeutic Pleural Aspiration

12. Space:

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

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 Profess or	Yes
		Residents	Yes

14. Clinical Load of Dept.: No of Surgeries/ Procedures : 3-4 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	:	

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
Professor & Head
Dept. of Respiratory Medicine
Govt. Medical College, 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,

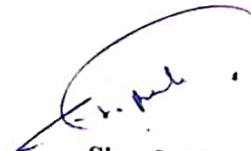
Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr.Sushant H.Meshram
02.	Date of Birth	: 11/121/1969
03.	Address	:
04.	Tel. No./ Mob. No.	: 9860990379
05.	e-mail id	: drsushant.in@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, MD, FCCP (USA)
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)	: 24 Years and 5 Months
09.	Present Appointment	: 12/06/2017
10.	Publications (List & Proof)	: Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 24 Years and 5 Months
12.	Any other relevant information	:


Date: -

Name & Sign. of Mentor

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
 Professor & Head
 Dept. of Respiratory Medicine
 Govt. Medical College, 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.Sushant H.Meshram
02.	Date of Birth	: 11/121/1969
03.	Address	:
04.	Mob. No.	: 9860990379
05.	E-mail id	: drsushant.in@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, MD, FCCP (USA)
08.	Present Appointment	: 12/06/2017
09.	Any other relevant information	

Date:

Sign. of Co-ordinator



Sign & Stamp
Head of the Department
Professor & Head
Dept. of Respiratory Medicine
Govt. Medical College, Nagpur

Training Centre Round Seal



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