

(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
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Name & Designation of Inspectors :		Signature
1)		Chairman
2)		Member
3)		Member
4)		Member

1. Training Centre Information:

A	Name of the affiliated training centre	: Government Medical College and Hospital Nagpur
i	Name of Society / Trust	: Government of Maharashtra
ii	Address	: Medical Square Hanuman Nagar, Nagpur 440009
iii	Email Address	: Deangmc2@gmail.com
iv	Telephone No.(s)	: 0712-2700257
v	Website	: www.gmcnagpur.org
vi	Year of Establishment	: 2 7 / 0 3 / 1 9 4 7
B	Name of the Director/ Dean/ Principal	: Dr Raj Gajbhiye
i	Mobile No.	: 9422101440
ii	Office Landline	: 0712-2700257
iii	E-mail	: Deangmc2@gmail.com
C	Name of Co-ordinator	: Dr Raj Gajbhiye
i	Mobile No.	: 9422101440
ii	Email ID	: rajgajbhiye@hotmail.com

2. 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	FMAS	2018	2	Dr Raj Gajbhiye 9422101440
02	Fellowship in Hepatopancreaticobiliary Surgery	2020	2	Dr Raj Gajbhiye 9422101440
03	Fellowship in Colorectal Surgery	2020	2	Dr Raj Gajbhiye 9422101440
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	FMAS	A.Y. 2018 - 2019	2	2
		A.Y. 2019 - 2020	2	2
		A.Y. 2020 - 2021	2	1
		A.Y. 2021 - 2022	2	2
		A.Y. 2022-2023	2	2
2	Fellowship in HPB Surgery\			
3	Fellowship In Colorectal Surgery	A.Y. 2020 - 2021	2	1
		A.Y. 2021 - 2022	2	0
		A.Y. 2022-2023	2	0
		A.Y. 2020 - 2021	2	1
		A.Y. 2021 - 2022	2	0
		A.Y. 2022-2023	2	0

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

4. Details of the Training Centre are available on the Training Centre website, in the prescribed format Yes

5. Whether the information is complete in all respect. Yes

6. If incomplete information, please write the points from prescribed format regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure / available facilities regarding those points and write the observations below -

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)	:	<div style="border: 1px solid black; height: 50px;"></div>
02.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	<div style="border: 1px solid black; height: 50px;"></div>

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:
Place:




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

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.

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:-

This to Certify that Dr Raj Gajbhiye has worked in the Department Of General Surgery Government Medical College and Hospital Nagpur Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Professor	25/03/2009	29/09/2022	13 years 6months	

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

Designation	From	To	Total period	
Lecturer	01/09/1993	01/11/1995	3 years	30 YEARS AND 10 MONTHS
Associate Professor	02/11/1995	22/03/2009	14 years	
Professor	25/03/2009	29/09/2022	13 years 6months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject
cia


Sign & Stamp
Head of the Department
Date
Prof. Head Dept of Surgery
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:55 (Date of Birth) 15/04/1964

PG Degree	Subject	Year	Institution	University
Recognized	General Surgery	1990	GMCH Nagpur	Nagpur University

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	IGGMCH NAGPUR	01/09/1993	01/11/1995	3 years
Asso. Professor/Reader	IGGMCH NAGPUR	02/11/1995	24/03/2009	13 years
Professor	GMCH NAGPUR	25/03/2009	Till date	
Any Other			Grand Total	30 years

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	GMCH Nagpur
	ii) Postal Address, with PIN:	Medical Square Hanuman Nagar Nagpur 440009
	iii) Contact Details:	Mob:9422101440 Tele:0712-2700257
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)	Government 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:	GMCH Nagpur
	ii) Postal Address, with PIN:	Medical square, Hanuman Nagar Nagpur- 440009
	iii) Contact Details:	deangmc2@gmail.com Tele:0712-2700257
	iv) E-mail ID:	Mob:9422101440
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) ...FMAS.... Approved Intake Capacity... 2... Affiliated Since...2018 ... Fellowship in HPB surgery 2 seats from 2020 Fellowship in Colorectal surgery 2 seats from 2020
vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)		
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes (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	1.Rs 1356077 in thousands for 2019-2020 2.Rs 1214467 in Thousands for 2020-2021 3.Rs 1383496 in Thousands for 2021-2022
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No.13/2016 Dated 15/03/2016
		Copy of Management Resolution attached?
		*Yes/No- – Mark as Appendix 'D'

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: .86723.60 Sq. Mtr.
	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? No. – Mark as Appendix 'G'
b) Building:	.86723.60 Sq. Mtr.	
i) Total built-up area:	Certified copy of Building Plan attached? Yes	– Mark as Appendix 'H'

1. Central Library

- Total number of Books in library: 39070 _____
- Books pertaining to concerned Fellowship subject: 2930 _____
- Purchase of latest editions of concerned books in last 3 years: - 18 _____

a. Journals:

1	Journals		Total	concerned Fellowship subject
2	Indian	26	26	2
3	Foreign	33	33	1

b. Year / Month up to which latest Indian Journals available :2022

c. Year / Month up to which latest Foreign Journals available : 2022

d. Internet / Med pub / Photocopy facility: _____ available
Library opening times: 10.00 AM 5.45 PM

e. Reading facility out of routine library hours: _____ available
(Obtain list of books & journals duly signed by Dean)

2. Recreational facilities:

Available

a. Play grounds Gymnasium

3. **Hostel Accommodation:**

Particular	UG		PG	Interns	
	Boys	Girls		Boys	Girls
No. of Rooms	300	300	210	Accommodated in UG Hostels for Gils and Boys	
No. of Students	560	440	630		
Status of cleanliness	Good	Good	Good		

4. **Residential accommodation for Staff / Paramedical staff : Available**

5. **Ethical Committee (Constitution) :** YES

6. **Medical Education Unit (Constitution) :** YES
(Specify number of meetings held annually & minutes thereof)

7. **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: Government 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	516851	OPD	SURGERY-65149 ORTHOPAEDICS-55262 RESPIRATORY MEDICINE-21485
IPD (Total No. of Patients admitted)	51032	IPD (Total No. of Patients admitted)	SURGERY-8822 ORTHOPAEDICS-2744 RESPIRATORY MEDICINE-1068

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

In the entire hospital	
No of Beds	1401
No of Beds in ICU	40
No of Beds in IRCU	nil
No of Beds in SICU	40
No of Major O.T.	18
No of Minor O.T.	07

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

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

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM
• Daily admissions
• 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):	OPD 1464 / admission 1147
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 52-55
		On Inspection day

7. Central Laboratory:


- Controlling Department: Pathology
- No of Staff : 25
- Equipment Available : Attach separate List
- Working Hours: Round the clock

Biochemistry	
Fully Automated Bio-Chemistry Analyzer	RANOX AUTOANALYZER
	BECKMAN COULTER AU5800
	SIEMENS CHEMILUMINISCENCE PMSSY
	IMMUNOFLUROSCENCE I CHROMA 2020
	XL 640 TRANSASIA
	XL 640 TRANSASIA
Semi- Automatic Bio-Chemistry Analyzer	MODEL ERBA CHEM SX
	ICON HEALTH CARE
Electrolyte analyzer	XD-D-JOKOH
	SHANGHAI XUNDA
Centrifuge	REMI R1 304

Sr. No	Name of Instruments(Pathology)	No of Instruments
01	Binocular Microscope	4
02	Cell Counter	3
03	Centrifuge	1
04	PT Analyzer	2
05	Urine Analyzer	1
MICROBIOLOGY		
1	Incubator	1
2.	Hot air Oven	1
3.	Refridgerator	2
3.	Microscope	1
4.	Centrifuge Machine	1
5.	VDRL rotator	1
6.	ELISA Reader and Washer	1
7.	Biosafety Cabinet	1

- | | |
|---|------------------------|
| 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 |
| 16 Medical Record Section: | Partially computerized |
| • ICD X classification | Used |


 Sign & Stamp
 Head of the Department
 Date: _____
Prof. Head Dept. of Surgery
Govt. Medical College,
Nagpur.


 Sign & Stamp
 Dean/ Principal/ Director of Training Centre

Dean
Govt. Medical College,
Nagpur

Training Centre Round Seal



ANNEXURE – “D”

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Department Of General Surgery FMAS Fellowship In HPB Surgery Fellowship In Colorectal Surgery
2. Date on which independent department of: functioning concerned specialty was created and started
3. FMAS from 2018, Fellowship In HPB Surgery from 2020 and Fellowship In Colorectal Surgery from 2020

4. 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 Raj Gajbhiye	Full Time	Dean	MBBS MS General Surgery	30 years

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

6. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	150sq ft	Available	
Clinics	400 sq ft	Available	
Laboratory Space			
Seminar room	500sq ft/300 sq ft	Available	
Department Library	300 sq ft	Available	
PG common room	500 sq ft	Available	
Pre-clinical lab (where ever applicable)	200 sq ft	Available	
Patient waiting room	1000 sq ft	Available	
Total area			

7. 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)
2018	FMAS	2	Dr Raj Gajbhiye
2019	FMAS	2	Dr Brajesh Gupta
2020	FMAS	1	Dr Bhupesh Tirpude
2020	Fellowship In HPB Surgery	1	Dr Niketan Jambhulkar
2020	Fellowship In Colorectal Surgery	1	Dr Jagdish Hedao
2021	FMAS	2	Dr Abdul Qureishi
2022	FMAS	2	Dr S S Changole
			Dr Deepa Jahagirdar
			Dr Pravin Bhingare
			Dr Unmed Chandak
			Dr Hemant Bhanarkar

		Dr Vikrant Akulwar
		Dr Gayatri Deshpande

(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.)

8. List of Non-teaching Staff in the department:

Sr.No.	Name	Designation
1	Y. P. Gabhane	Jr. Clerk
2	Uttam Nandghgale	Lab Technician
3	Narendra Kelkar	Lab Attendant
4	Vijay Karole	Peon
5	Prakash Baghel	Sweeper

9. 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)

List of Equipments in the department
Medical

1. BP Apparatus-12
2. Stethoscope-12
3. Gabriel Syringe-2
4. Skinfold calipers-2
5. Diagnostic kits-4
6. Weighing Machines-9
7. Height scale-9
8. X-ray view box-7
9. Proctoscope-30
10. Resuscitation kit-8
11. Pulse oxymeters-8
12. Glucometers-4
13. Nebulisers-4
14. Tracheostomy set-12
15. Venesection set -14
16. Minor operation set-12
17. Dressing set with mobile trolley-6
18. Mobile oxygen delivery-24
19. Hydraulic operation tables-6
20. Mechanical operation table-2
21. Ceiling OT lights-7(2 with camera and monitors)
22. Pedestrial OT lights-6
23. Electrosurgical (cautery)units-8
24. ERCP cautery(Erbee)-1
25. Vessel sealing sytem(ligasure)-1
26. Harmonic scalpel(ethicon)_2
27. Laparoscope with single chip camera(karlstroz)-1
28. Advanced laparoscopy set with 3 chip camera(stryker)-1
29. Advanced laparoscopyset with 3 chip camera(maxer)-1
30. Endurology set(Maxer)-1
31. C-arm image intensifier-1
32. Suction machines-12
33. Central oxygen and suction units-2

34. Video gastroscope(pantex)-1
35. Video bronchoscope(pantex)-1
36. Video colonoscope(RFCL)-1
37. Diagnostic cystoscope(karlstroz)-1
38. Single incision laparoscopy instruments set -10
39. Autoclave machine-1
40. Sterlizers-3
41. Laparoscopic instruments steriliser-1
42. Plasma steriliser
43. Needle destroyer-9
44. Major general surgery set-12
45. Burr hole surgery set -3
46. Vascular surgery set-2
47. Thoracic surgery set-2
48. Paediatric surgery set-2
49. Oesophageal dilator set-2
50. Bariatric surgery set-01
51. Endostaplers 45mm-10
52. Endostaplers 60mm-10
53. Bronchial staplers-1
54. Gastrointestinal staplers-10
55. Central oxygen and suction set SICU-01
56. Mobile X-ray machine-01
57. Mobile emergency medicine station-01
58. ECG machine-04
59. Laparoscopic surgeries recording system-2
60. Microscopes and ward side laboratories-6

- ALLIED
1. Overhead projectors-1
 2. LCD projectors-2
 3. Computers with internet facility-2
 4. Printers-2
 5. Laptops-1
 6. Endotrainers-4
 7. Air conditioner-18
 8. Refrigerators-6
 9. Photocopier-2

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

11. 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.	Minimal invasive laparoscopic unit	Monday-Friday	8am-2pm	18	Dr. Raj Gajbhiye
2.	Bariatric Surgery Unit	Monday	8am-2pm	4-6	Dr. Raj Gajbhiye

12. Services provided by the Department:

- a) Services
 - i. Minimal Access Surgery
 - ii. Hepaticopancreaticobiliary
 - iii. Colorectal
 - iv. Breast clinic
 - v. Bariatric surgery

vi. Endocrine Surgery OPD/IPD

vii. Major and minor Surgery

viii. _____

(b) Ancillary Services

(f) Others: _____

13. 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

14. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

15. Clinical Load of Dept.: No of Surgeries/ Procedures 48 Per day

16. 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	: Oasis Plot no 11 Anand Nagar Nagpur
04.	Tel. No./ Mob. No.	: 0712-2700257/9422101440
05.	E-mail id	: rajgajbhiye@hotmail.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	: GMCH Nagpur
10.	Publications (List & Proof)	: 10 Publications
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 30 years
12.	Any other relevant information	:

Date: -

Name & Sign. of Director

Raj Gajbhiye
Dean
Govt. Medical College
Nagpur

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).

Raj Gajbhiye
Sign & Stamp
Head of the Department
Date:

Prof. Head Dept. of Surgery
Govt. Medical College,
Nagpur.

Raj Gajbhiye
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 Raj Gajbhiye
02.	Date of Birth	: 15/04/1964
03.	Address	: Oasis plot no 11 Anand Nagar Nagpur
04.	Tel. No./ Mob. No.	: 0712-2700257/9422101440
05.	e-mail id	: rajgajbhiye@hotmail.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)	: 1.Lecturer from 01/09/1993 to 01/11/1995 2.Associate Professor from 02/11/1995 to 22/03/2009 3.Professor from 25/03/2009 to 29/09/2022
09.	Present Appointment	: GMCH Nagpur
10.	Publications (List & Proof)	: 10 Publications
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 30 years
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor

Raj Gajbhiye
Dean
Govt. Medical College
Nagpur

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/FCGC/736/2019 dated 30/09/2019.

[Signature]
Sign & Stamp
Head of the Department
Date: _____
Prof. Head Dept. of Surgery
Govt. Medical College,
Nagpur.

[Signature]
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: _____



Dean
Govt. Medical College
Nagpur

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 Raj Gajbhiye
02.	Date of Birth	: 15/04/1964
03.	Address	: Oasis plot no 11 Anand Nagar Nagpur
04.	Mob. No.	: 0712-2700257/9422101440
05.	E-mail id	: rajgajbhiye@hotmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS MS GENERAL SURGERY
08.	Present Appointment	: Dean
09.	Any other relevant information	GMCH Nagpur
		10 Publications

Date:

Sign & Stamp
Head of the Department
Date:

[Signature]
Prof. Head Dept. of Surgery
Govt. Medical College,
Nagpur.



[Signature]
Sign. of Co-ordinator

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

[Signature]
Dean
Govt. Medical College,
Nagpur

Dean
Govt. Medical College,
Nagpur

DECLARATION

I, the Dean / Director/ Principal of the. Dr. Raj Gajbhiye Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure- & are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 2022.-2023, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure & are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure & are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on. 13. Day of February.2023. At.NAGPUR.

Date: .13/02/2023

Place: NAGPUR.



Signature of Dean/Principal/Director
Name of the Signatory
(With Seal of the Training Centre)



Dean
Govt. Medical College,
Nagpur