



Maharashtra University of Health Sciences, Nashik
Application for Recognition and Starting of New Fellowship / Certificate course
(To be submitted to Planning Board Department)

(As per University Direction No. 05/2017)

Faculty :- *Certificate course for clinicians in medical practice*

1. The Management /Institute /College /Training Centre/ Hospital / University Department shall submit the application in the prescribed format to the Registrar, Maharashtra University of Health Sciences, Nashik – 422 004, on or before 15/05/2021 for Academic Year 2021-22, along with D.D. / RTGS / NEFT / University E-payment Gateway drawn in favour of **The Registrar, Maharashtra University of Health Sciences, Nashik** on any Nationalized Bank & payable at Nashik.
2. Read the 'Rules and Regulations', carefully before filling the application, as laid down in the University Direction No. 05/2017.
3. This is general application format. However, if applied for any specific faculty (e.g. Yoga Therapy) the institute shall attached separate sheet(s) regarding available training facilities.

To,

The Registrar

Maharashtra University of Health Sciences,
 Vhasrul-Dindori Road,
 Nashik – 422 004.

Sir,

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

1. Name of the ~~fellowship~~/certificate course(s):- *certificate course for clinicians in medical practice.*
 (Separate application shall be submitted for each course)
2. Intake capacity : *50*
 (Mentor: Student Ratio- Medical-1:3, Dental-1:5, Ayurved, Homoeopathy, Nursing & Physiotherapy- 1:7)
3. Name and address of the Management /Institute /College /Training Centre/ Hospital:
HBOT Academy Saijee Hospital
Irathamish Horizon, New MNS colony,
New Link Road, Borivali (W) 400091
 Phone No. (O): *28678736/28615544* Mobile No. *9822237369*
 Email Address: *drmdg1993@gmail.com.*
4. Name of Director / Dean / Principal: *Dr. Monal Gupta.*
 E-mail ID: *drmdg1993@gmail.com* Mobile No. *9822237369*
5. Name of the Fellowship / Certificate Course Co-ordinator: *Dr. Monal Gupta*
 E-mail ID: *drmdg1993@gmail.com* Mobile No. *9822237369*
6. Fees Details:- (Institute Recognition Rs.2,00,000/-and Starting of New Fellowship/Certificate Course Rs.50,000/-per course.)
 - i) Name of the Bank : *Rameshwar Co. OP Bank LTD.*
 - ii) Paid by NEFT / RTGS / D.D. No / Pay online *AXIS00198852685* date *11th May 2021*
 - iii) Amount Rs. *40000/-* (Please attached NEFT / RTGS/ Pay online receipt)



Sign of Director / Dean / Principal

(INSTITUTIONAL INFORMATION)

1) Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)
 Name: Dr. Manoj Gupta Age: 48 (Date of Birth) 06/04/1973

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>MD. (FM)</u>	<u>1999</u>	<u>T.N.T.C</u>	<u>Mumbai</u>
Teaching Experience:-				
Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>CCB</u>	<u>2011</u>		
Asso. Professor / Reader				
Professor				
Any Other				
Grand Total =				<u>20 yrs</u>

Asst. Prof.

2) Society / Institution / College, Registration Number and date:

a	Public Trust Act 1950:	
b	Society's Registration Act. 1860:	
c	Any other Registration	
d	Year of establishment:	
e	Copies of Registration, Constitution and Memorandum of Association attached?	Yes/No Mark as Appendix 'A'

NA

3) Hospital Information:

(It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)

a	Name of the Hospital	
b	Nursing Home Registration No. & Date	
c	Establishment Year	Mark as Appendix 'B'

4) Recognition of Institute / College / Training Centre / Hospital Name of the Existing courses conducted (if any) :

a	Recognition letter	Please attached <u>certificate</u>
b	List of University approved Fellowship / Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>Course in</u>
		Approved Intake Capacity <u>Hyperbaric medicine</u>
		Affiliated Since... ..
		(if necessary Attach separate List)
	Required Intake Capacity... ..	
	(if necessary Attach separate List)	

5) Financial Details:-

a	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for last 03 years Yes/No Mark as Appendix 'C'
b	Budgetary provision for the FC for the next 03 years:	1) F.Y. 2020-21 :- Rs..... 2) F.Y. 2021-22 :- Rs..... 3) F.Y. 2022-23 :- Rs.....
c	Management Resolution seeking Recognition of Institute Starting of New Fellowship / Certificate Course	Resolution No. dated
		Copy of Management Resolution attached? Yes/No Mark as Appendix 'D'

NA

6) Other Information:-

a	Land:	Yes / No. If yes, then Area:
	i) Whether the land is owned by the Applicant Institute/College/ 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'

NA

7) Details of the Mentors :-

Sr. No	Name of the Mentor	Education & Qualification	No. of Research Publication published	Total Teaching Experience
1)	Dr. Manoj Gupta	MD (FIA)	10	20
		CCB		
		PGDHA		

8) Central Library:-

Total number of Books in library :- 25 50
 Books pertaining to concerned Fellowship subject :- 25
 Purchase of latest editions of concerned books in last 3 years :-

Journals:

a) Indian :- 2 available

Year / Month up to which latest Indian Journals available

2021

b) Foreign :- 1 available

Year / Month up to which latest Foreign Journals available

online e journal.

c) Internet / Med pub / Photocopy facility: - Available / ~~Not Available~~

d) Library opening times: 9am - 6pm

e) Reading facility out of routine library hours:- Available / ~~Not Available~~

(Obtain list of books & journals duly signed by competent authority)

9) Recreational facilities:- Play grounds, Gymnasium :- Available / Not Available

10) Hostel Accommodation:-

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms						
No. of Students						
Status of Cleanliness						

NA

11) Residential accommodation for Staff / Paramedical staff:- Available / Not Available

NA

12) Ethical Committee (Constitution) :- ~~Yes~~ / No

13) Medical Education Unit (Constitution) :- ~~Yes~~ / No

(Specify number of meetings held annually & minutes thereof)

14) Any other faculty specific information required: - (such as Herbal garden / Panchakarma Unit / Pharmacy / Dental Chairs and Units / as per the requirement) **Attached details**

(HOSPITAL INFORMATION)

1. Name of the Hospital: Sailee Hospital

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	40	OPD	20
IPD (Total No. of Patients admitted)	15	IPD (Total No. of Patients admitted)	15

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

In the entire hospital	
No of Beds	25
No of Beds in ICU	6
No of Beds in IRCU	0
No of Beds in SICU	0
No of Major O.T.	1
No of Minor O.T.	1

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. at 10AM
• Number of patients in ward (IPD)
• 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
•
•
•
•
•

N/A

5. Casualty:/ Emergency Department :

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

NA

6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

NA

7. Central Laboratory:

- Controlling Department: _____
- No of Staff : _____
- Equipment Available : (Attach separate List)
- Working Hours: _____

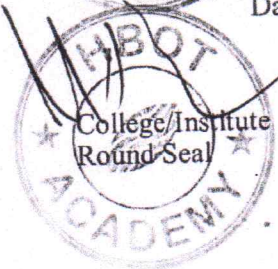
NA

- 8. Central supply of Oxygen / Suction: Available / Not available
- 9. Central Sterilization Department Available / Not available
- 10. Ambulance (Functional) Available / Not available
- 11. Laundry: Manual/Mechanical/Outsourced:
- 12. Kitchen Available / Outsourced/ Not Available
- 13. Incinerator: Functional / Non functional Capacity:...../Outsourced
- 14. Bio-Medical waste disposal Outsourced / any other method
- 15. Generator facility Available / Not available
- 16. Medical Record Section: Computerized / Non computerized
ICD X classification Used / Not used

NA

[Signature]
Sign & Stamp
Head of the Department
Date:

[Signature]
Sign & Stamp
Dean/Principal/Head of Institute
Date:



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

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr Arundh / Gupta
02.	Date of Birth	:	04/04/1973
03.	Address	:	Borivali (W)
04.	Tel. No./ Mob. No.	:	9222237369
05.	e-mail id	:	drmdg 1973@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	attached
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	20
09.	Present Appointment	:	Director
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	10
12.	Any other relevant information	:	-

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

Date :- 10/5/2021



[Signature]
Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.



Date :-

[Signature]
Sign. of Head of Institute

Annexure - B

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

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

Title of the Course applied for :-

This is to Certify that Dr. K. Anand Gupta has worked in the Department of HBOT Academy, Jai Lal Hospital College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year / Month
Faculty	1999	date	21

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year / Month
Director	2000	til date	1 year

(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



Sign & Stamp
Dean/Principal/Head of Institute

Date:

Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member