

(INSTITUTIONAL INFORMATION)

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

Name: Dr Mahesh G. G. G. G. Age: 49 yrs (Date of Birth) 04/04/1973

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>M.S.</u>	<u>1999</u>	<u>T.Y.M.C</u>	<u>Mumbai</u>

Teaching Experience B.Sc (Ayurveda) 2016 St. Xavier's University

Designation	Institution	From	To	Total Exp.
Asst. Professor	} <u>Attached</u>			
Asso. Professor/Reader				
Professor				
Any Other				
Grand Total				

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Sailee Hospital HBT Academy</u>
	ii) Postal Address, with PIN:	<u>Bornavali (west) 400091</u>
	iii) Contact Details:	Mob: <u>9322237365</u> Tele: <u>022-28605544</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950:
		ii) Society's Registration Act.1860:.....
		iii) Year of establishment: <u>2005</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- <u>Yes</u> Marked as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	i) Name of the Hospital
		ii) Nursing Home Registration No.
		iii) Establishment Year
		<u>Sailee Hospital</u> <u>Attached</u> <u>2005</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>Sailee Hospital HBT Academy</u>
	ii) Postal Address, with PIN:	<u>Bornavali (W)</u>
	iii) Contact Details:	Mob: <u>9322237365</u> Tele: <u>022 28605544</u>
	iv) E-mail ID:	<u>drndg1973@gmail.com</u>
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>Fellowship Certificate course</u> Approved Intake Capacity..... Affiliated Since..... (if necessary Attach separate List) <u>Fellowship - 10</u> <u>Certificate - 3</u>
	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) <u>NA</u>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. <u>Yes</u> (Pending Fees, if any ;)
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No- <u>Mark as Appendix 'C'</u>
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 2022-23. Rs <u>15 Lakhs</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated
		Copy of Management Resolution attached? <u>Yes</u> / No - - Mark as Appendix 'D'



Other Information:	
a) Land:	*Yes/No. If yes, then Area: <u>6500 Sq ft</u>
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): <u>N/A</u> 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. <u>NO</u> 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 <u>Attached</u> - Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 100
- Books pertaining to concerned Fellowship subject: 20
- Purchase of latest editions of concerned books in last 3 years: - 7

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	<u>2</u>	<u>YES</u>
3	Foreign	<u>2</u>	<u>YES</u>

- Year / Month up to which latest Indian Journals available: Yes
- Year / Month up to which latest Foreign Journals available: _____
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 8am - 8pm.
- Reading facility out of routine library hours: available / not available

(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

- Play grounds Gymnasium Available / Not available

5. **Hostel Accommodation:**

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

6. **Residential accommodation for Staff / Paramedical staff :** Available / ~~Not Available~~ ✓

7. **Ethical Committee (Constitution) :** YES / NO

8. **Medical Education Unit (Constitution) :** YES / NO
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :** NO
(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)