

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Manoj Gupta Age: 49 yrs (Date of Birth) 04/04/1973

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MD	1999	TMMC	Mumbai

Teaching Experience BSc (Hyperbaric medicine) 2016 Stellenbosch university

Designation	Institution	From	To	Total Exp.
Asst. Professor	} Attached			
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>Salee Hospital HBOT Academy</u>
	ii) Postal Address, with PIN:	<u>Borivali West, 400091</u>
	iii) Contact Details:	Mob: _____ Tele: _____
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>Marked as Appendix 'A'</u>
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	<u>Salee Hospital</u>
	ii) Nursing Home Registration No. iii) Establishment Year	<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>Salee Hospital HBOT Academy</u>
	ii) Postal Address, with PIN:	<u>Borivali (W)</u>
	iii) Contact Details:	Mob: <u>9322237369</u> Tele: <u>02228605144</u>
	iv) E-mail ID:	<u>drmdg1973@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..... <u>Fellowship - 10</u> Affiliated Since..... <u>Certificate - 3</u> (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 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 <input checked="" type="checkbox"/> (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) <u>2022-23</u> 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?
		*Yes/No- <u>Mark as Appendix 'D'</u>



Other Information:	
a) Land:	*Yes/No. If yes, then Area: <u>6,500 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>NA</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: 8 AM - 8 PM
 - 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:**

NA

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students		} NA				
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)