



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),डी.एन.बी.,एलएल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S.,M.D.(Forensic Medicine), D.N.B., LL..B.

Registrar

NO. MUHS/FCCC/262/2023

Date: 01/10/2023

To,
The Dean/Director,
HBOT Academy Sailee Hospital,
Prathamesh Horizon, New MHB Colony,
New Link Road, Borivali West,
Mumbai- 400091.

Sub :- To grant University validation to the appointment of Mentor for the Fellowship and Certificate Course(s) regarding...

Ref.:- 1) University Ordinance No. 01/2022 (Revised),
2) University Circular No. मआवि/वि/विक/फेलो-प्रमा/७३६/२०१९ dt.30/09/2019,
3) Your Email (Dr. Manoj Gupta) received on 22/08/2023 & 04/09/2023,

Sir/ Madam,

With reference to above cited subject & referred emails/letter, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant validation to the appointment of Mentor for the Fellowship /Certificate Course(s) conducted at your affiliated training Centre. The same is indicated as below:-

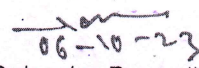
Sr. No.	Name	Validation for the post of	Fellowship /Certificate Course	Date of joining
01	Dr. Manoj D. Gupta	Mentor	Fellowship Course in Hyperbaric Medicine and Basic Wound Management and Certificate Course in Hyperbaric Medicine & Basic Wound Management	Date of submission of proposal i.e. 22 nd August, 2023.

Kindly note that, the said validation is subject to the following terms and conditions:

- 1) The Validation granted by this University is valid till your appointment at the affiliated training center as mentor for the said course.
- 2) The aforesaid validation granted by the University to appointments of Mentor is subject to terms and conditions as mentioned in their appointment order (as applicable).
- 3) You are required to follow and implement the University guidelines for conduct fellowship /Certificate Course meticulously. Failing which, University may conduct the enquiry or shall initiate appropriate action, as deemed fit.
- 4) In case, if it is found at later stage that, information furnished by the affiliated training Centre or Consultant/Mentor in Validation proposal is incorrect/false/misleading, the aforesaid Validation granted by the University will stand cancelled and appropriate action will be initiated.
- 5) You are requested to submit (if not submitted earlier) the Undertaking to the University in the prescribed format as annexure – I; (Copy enclosed herewith).

This is for your information & further necessary action.

Yours,


(Dr. Rajendra Bangal)

Registrar

(P.T.O.)

महाराष्ट्र आर्येभ्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Copy to :

1. Hon'ble Vice-Chancellor Office, M.U.H.S., Nashik
2. Hon'ble Pro Vice-Chancellor Office, M.U.H.S., Nashik
3. Hon'ble Registrar Office, M.U.H.S., Nashik
4. The Controller of Examinations Office, M.U.H.S., Nashik
5. The Director, Planning Board, M.U.H.S., Nashik
6. The Law Officer, Law & Grievance Office, M.U.H.S., Nashik
7. The H.O.D., Eligibility Section, M.U.H.S., Nashik
8. The H.O.D. Computer Section, M.U.H.S., Nashik.

(Faint text, likely recipient details)

(Faint text, likely subject and reference details)

(Faint text, likely introductory paragraph)

Sr. No.	Name	Validation for the post of	Fellowship/Certificate Course	Date of joining
01	Dr. Manoj D. Gajra	Mentor	Fellowship Course in Ayurveda, Yoga, Medicine and -Basti- (Yoga) Management and Certificate course in Course in Hyperbaric Medicine & Laser Based Wound Management	05/08/2023

(Faint text, likely conditions and instructions for the validation)

Yours,
 (Dr. Rajendra Bangal)
 Registrar