ANNEXURE-"A"

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:-

This to Certify that Dr Nagesh Madhavrao Kadam has worked in the Department of Head, Neck Cancer Surgery Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Director	2000	Till date	25	
Surgical oncologist				

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

Designation	From	To	Total period Year/Months	
~~Course~~	1/3/21	Till date	4	9
~~Coordinator~~ Director				

(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
Date

Sign & Stamp
Dean/Principal/Head of Institute
Date

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Fellowship Dept. (MUHS
Opp.RTO,Peth Road, Panchavati, Nashik-04

ANNEXURE-"A"

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:-

This to Certify that Dr ...Anagh Kale..... has worked in the Department of...Head Neck Cancer Surgery..... Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Surgical Oncology	2015	Till date	10	

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

Designation	From	To	Total period Year/Months	
Mentor	2021	Till date	5	

(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
Date

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Sign & Stamp
Dean/Principal/Head of Institute
Date

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Fellowship Dept. (MUHS
Opp.RTO,Peth Road, Panchavati, Nashik-04

ANNEXURE-"A"

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:-

This to Certify that Dr Nilesh Patil has worked in the Department of Head Neck Cancer Surgery Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
~~Cons~~ Surgical Oncology	2015	Till date	10	

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

Designation	From	To	Total period Year/Months	
Course Coordinator	2024	till dat	1	

(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
Date

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Fellowship Dept. (MUHS
Opp.RTO,Peth Road, Panchavati, Nashik-04

Sign & Stamp
Dean/Principal/Head of Institute
Date

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Fellowship Dept. (MUHS
Opp.RTO,Peth Road, Panchavati, Nashik-04

ANNEXURE – "B"

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Nagesh Madnoorkar Age: _____ *(Date of Birth)* 27/2/2024

PG Degree	Subject	Year	Institution	University
Recognized / ~~Not Recognized~~	Surgery	1997		

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other	Namco Hospital		Gran d Total	25

2. **Management/Society/Inst. Information:**

01	i) **Name of the Society/Institution/ Training Centre /University Dept.:**	Namco Hospital -
	ii) Postal Address, with PIN:	Opp. RTO office, Peth Road, Nashik
	iii) Contact Details:	Mob: 9422254762 Tele:
02	**Society/Institution/ Training Centre Registration Number and date:**	i) Public Trust Act 1950: ...E-531.....
		ii) Society's Registration Act.1860:.....
		iii) Year of establishment: 1988
		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)*** i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	....Namco Hospital, Nashik ....Reg. No. Date 7/9/2019 ....1988..... – Mark as Appendix'B'
04	**i) Name of the Training Centre /Institute where course is to be conducted:**	NAMCO Hospital
	ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	Mob: 9422254762 Tele: 02532530139
	v) List of University approved Fellowship/Certificate Course(s) **conducted / already running** at Training Centre with Intake Capacity	**Name of the Course(s)** Fellowship in Head Neck Cancer Surgery **Approved Intake Capacity...3. ... Affiliated Since.21. (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 Required Intake Capacity .....(if necessary Attach separate List)**
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (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	i) 2025-26 Rs. 3.5 C.R., 2027-28 - 4.5 Cr 2026-27 R. 4CR
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. ..7..... Dated ..31.1.26
		Copy of Management Resolution attached?
		*Yes/No– – Mark as Appendix 'D'

09	**Other Information:**	
	a) Land:	*Yes/No. If yes, then Area: . . 6.35 Acres
	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 . . . . . NO Copy of Loan/Mortgage Deed attached? *Yes/No. – Mark as Appendix 'G'
	b) Building: i) Total built-up area:	. . . . . sq. ft. Certified copy of Building Plan attached? *Yes/No – Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 200 central library
- Books pertaining to concerned Fellowship subject: 20
- Purchase of latest editions of concerned books in last 3 years: -
- Journals:

1	Journals		Total	concerned Fellowship subject
2	Indian			
3	Foreign			

- Year / Month up to which latest Indian Journals available : _____
- Year / Month up to which latest Foreign Journals available : _____
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 10 to 6
- Reading facility out of routine library hours: available / not available

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

4. Recreational facilities: **Available / Not available**

- Play grounds Gymnasium Available

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of	04	04	04	04	04	04
Students	08	08	08	08	08	08
Status of Cleanliness	Clean	Clean	Clean	Clean	Clean	Clean

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 :**
(such as Herbal garden / PanchakarmaUnit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

- Exclusive Cancer Care & BMT
- Cardiac / CVTS
- Neonatology

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ANNEXURE – "C"

HOSPITAL INFORMATION

1. Name of the Hospital: Nanco Hospital

2. Total number of OPD, IPD in the Institution and concerned department duringthe last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	106	OPD	35
IPD (Total No. of Patients admitted)	87	IPD (Total No. of Patients admitted)	17

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

In the entire hospital	
No of Beds	100
No of Beds in ICU	12
No of Beds in IRCU	–
No of Beds in SICU	06
No of Major O.T.	04
No of Minor O.T.	01

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

- No. of available for clinicalservice on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	58	72
• Daily admissions	12	14
• Daily admissions in Dept.	4	6
• Through casualty at 10am • Bed occupancy in the Dept.	–	6
• Number of patients in ward (IPD)at 10AM	87	81
• Percentage bed occupancy at 10Am	75%	70%

- 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
•	Small Biopsy 1	04
•	Biopsy 0	10
•	Aspiration Topping 2	6
•		
•		

5. Casualty:/ Emergency Department :

Space	1000
Number of Beds	03
No. of cases (Average daily OPD and Admissions):	06
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	Available
Staff (Medical/Paramedical)	Available
Equipment available	Available

6. Biood 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	06	
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily 13	On Inspection day 0

7. Central Laboratory:

- Controlling Department: Krsnna diagnostics
- No of Staff : 15
- Equipment Available : Attach separate List Attached
- Working Hours: 24 hours

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

Sign & Stamp
Head of the Department
Date:

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

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Training Centre Round Seal

NAMCO HOSPITAL, NASHIK
NAMCO CHARITABLE TRUST
NCT

ANNEXURE – "D"

DEPARTMENTAL INFORMATION

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

1. **Fellowship Specialty Department to be inspected:** Surgical Oncology
2. **Date on which independent department of: functioning concerned specialty was created and started** .....
3. **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)
	Dr. Amogh Kale	FT	Cancer Surgeon	MBBS MS	15 yrs
		FT	Surgeon	DNB	

4. **Whether Independent Department of concerned Fellowship subject exists in the Institution :**
   Yes/No: ..... Yes ..... Since when: ... 2008.
5. **Specialty Department Infrastructure Details :**

Facility	Area (sft.)	Available	Not Available
Faculty rooms	500	500	-
Clinics		500	-
Laboratory Space		900	-
Seminar room		1000	-
Department Library		2000	-
PG common room		350	-
Pre-clinical lab (where ever applicable)		5000	-
Patient waiting room		2000	-
Total area		12250	-

6. **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)
	Fellowship in Head Neck Sx	01	Dr Amogh Kale

(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.)

7. **List of Non-teaching Staffin the department:**

Sr. No.	Name	Designation
	Sandeep Khandave	OS
	Dr. L. S. Pathak	Registrar

8. **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)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
	Attached			

9. **Intensive care Service provided by the Department: (Emergency)** Yes

10. **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
	Surg. Oncology	Monday to Sat.	10 to 5	60/day	Dr. Dnyaneshwar Kale

11. **Services provided by the Department:**

a) Services

i. Cancer Surgery
ii. Diagnostic Surgery
iii. Pall. Surgery

(b) Ancillary Services

(f) Others: _____

12. **Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	500	500
2	Equipment's	Available	Available
3	Teaching Space	500	500
4	Waiting area for patients	2000	2000

13. **Office space:**

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	500
Staff (Steno /Clerk).	Yes/No	Professors	500
Computer/ Typewriter	Yes/No	Associate Professors	500
Storage space for files	Yes/No	Assistant Profess or	500
		Residents	500

14. **Clinical Load of Dept.: No of Surgeries / Procedures.....6/7..... Per day**

15. **Submission of data to National Authorities if any :** ---Yes

ANNEXURE – "E"

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. Nagesh Madhavrkar
02.	Date of Birth	:	27/02/74
03.	Address	:	Kalenagar Pipeline Road Nashik
04.	Tel. No./ Mob. No.	:	9822353938
05.	E-mail id	:	nmadhavrkar@yahoo.in
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MS, DNB, FAGES, FEBS (Cancer)
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)	:	Asst. prof. 8 yrs
09.	Present Appointment	:	NAMCO Hospital
10.	Publications (List & Proof)	:	as oncologist
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date: - 3/12/25

Name & Sign. of Director

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).

Sign & Stamp
Head of the Department
Date: 3/12/25

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

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Training Centre Round Seal

NAMCO HOSPITAL, NASHIK CHARITABLE TRUST NCT

ANNEXURE – "F"

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. Pravin Satchidanand Kale
02.	Date of Birth	:	3/5/1985
03.	Address	:	Gangapur Rd. Nashik
04.	Tel. No./ Mob. No.	:	9527884994
05.	e-mail id	:	
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS MS DNB
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)	:	5 Yrs
09.	Present Appointment	:	Surgical Oncologist at
10.	Publications (List & Proof)	:	NAMCO Hospital Nashik
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	
12.	Any other relevant information	:	

Date: - 3/12/25

Name & Sign. of Mentor

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/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date: 3/12/25

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

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Fellowship Dept. (MUHS)
Opp.RTO,Peth Road, Panchavati, Nashik-04

Training Centre Round Seal

NAMCO HOSPITAL, NASHIK NAMCO CHARITABLE TRUST NCT

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. Nilesh Suresh Patil
02.	Date of Birth	:	19/5/1979
03.	Address	:	Model Colony Ganganpure Rd Nashik
04.	Mob. No.	:	7719502458
05.	E-mail id	:	drnileshpatil.40@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS MS MCh.
08.	Present Appointment	:	Cancer Surgeon
09.	Any other relevant information		—

Date: 3/12/25

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date: 3/12/25

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

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Training Centre Round Seal

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NCT

ANNEXURE – "H"

DECLARATION

I, the Dean / Director/ Principal of the..Dr. Nagesh Madmoorkar.....

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 **20.....-20.....,** 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..3... Day of ...12.....2025 At....11 AM

Date: 3/12/25

Place: Nashik

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

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