

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

Title of the Course applied for:-

This to Certify that Dr. Nagesh Madhankar 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
PRINCIPAL
Dean/Principal/Head of Institute
Fellowship Dept. (MUHS)
Opp.RTO,Peth Road, Panchavati, Nashik-04

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

Title of the Course applied for:-

This to Certify that Dr. Aravind 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	2015	Till date	10	
Oncology				

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 **PRINCIPAL**
NAMCO HOSPITAL
Fellowship Dept. (MUHS)
Opp.RTO,Peth Road, Panchavati, Nashik-04

Sign & Stamp

PRINCIPAL
Deputy Principal/Head of Institute
Date **NAMCO HOSPITAL**
Fellowship Dept. (MUHS)
Opp.RTO,Peth Road, Panchavati, Nashik-04

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

Title of the Course applied for:-

This to Certify that Dr. Milesh 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	
General Surgical	2015	Till date	10	
Oncology				

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

Designation	From	To	Total period Year/Months	
Course Coordinator	2024	Till date	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
PRINCIPAL
NAMCO HOSPITAL
Date Fellowship Dept. (MUHS)
Opp.RTO,Peth Road, Panchavati, Nashik-04

Sign & Stamp
Dean/Principal/Head of Institute
PRINCIPAL
Date NAMCO HOSPITAL
Fellowship Dept. (MUHS)
Opp.RTO,Peth Road, Panchavati, Nashik-04

(INSTITUTIONAL INFORMATION)

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

Name: Dr Nagesh Madhwar Age: _____ (Date of Birth) 27/2/2024

PG Degree	Subject	Year	Institution	University
Recognized/ Not Recognized	<u>Surgery</u>	<u>1997</u>		

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other	<u>Namco Hospital</u>		Grand Total	<u>25</u>

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Namco Hospital -</u>
	ii) Postal Address, with PIN:	<u>Opp. RTO Office, Peth Road, Nashik</u>
	iii) Contact Details:	Mob: <u>94222 54762</u> Tele: _____
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>E-531</u>
		ii) Society's Registration Act.1860: _____
		iii) Year of establishment: <u>1988</u>
		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 <u>Namco Hospital, Nashik</u>	
	ii) Nursing Home Registration No. <u>450 Date 7/9/2019</u>	
	iii) Establishment Year <u>1988</u> - Mark as Appendix 'B'	
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>NAMCO Hospital</u>
	ii) Postal Address, with PIN:	
	iii) Contact Details:	Mob: <u>94222 54762</u> Tele: <u>02532530139</u>
	iv) E-mail ID:	
	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 in Head Neck</u> Approved Intake Capacity... <u>3</u> ... Affiliated Since <u>21</u> (if <u>crosses</u> necessary Attach separate List) <u>Surgery</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)
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) <u>2025-26 Rs. 3.5 Cr.</u> , <u>2027-28 - 4.5 Cr</u> <u>2026-27 Rs. 4 Cr</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>7</u> Dated <u>31/1/20</u>
		Copy of Management Resolution attached? *Yes/No - Mark as Appendix 'D'

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: <u>6.5 Acres</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? <u>Yes/No</u> — 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. <u>NO</u> /mortgaged for Rs 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? <u>Yes/No</u> — Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: _____
- Books pertaining to concerned Fellowship subject: _____
- 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

- Library opening times: _____

10 to 6

- Reading facility out of routine library hours: _____

✓ available / not

(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	Clear	Clear	Clear	Clear	Clear	Clear

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 / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

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

[Signature]

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

HOSPITAL INFORMATION

1. Name of the Hospital: Naraco 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	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	1
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 clinical service 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	5
• Through casualty at 10am	1	6
• Bed occupancy in the Dept.		
• Number of patients in ward (IPD) at 10AM	87	81
• Percentage bed occupancy at 10Am	78%	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
• Aspire Tapping	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. 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	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 02

7. Central Laboratory:

- Controlling Department: Krsnaa 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:

- ICD X classification

Computerized / Non computerized
Used / Not used

Sign & Stamp

Head of the Department

Date:
Fellowship Dept. (MUHS)

Opp.RTO,Peth Road, Panchavati, Nashik-04

Training Centre Round Seal

Sign & Stamp

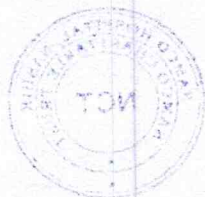
Dean/ Principal/ Director of Training Centre

Fellowship Dept. (MUHS)

Opp.RTO,Peth Road, Panchavati, Nashik-04



PRINCIPAL
HARCO HOSPITAL
Fellow: Dept (MHS)
OT: R101, Rose, Harco, Nash, 44



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)
	<u>Dr. Anandh Kale</u>	<u>FT</u>	<u>Consultant</u>	<u>MBBS, MS</u>	<u>15 yrs</u>
			<u>Surgeon</u>	<u>DNB</u>	

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Yes Since when: 2002
5. Specialty Department Infrastructure Details :

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

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 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
	<u>Fellowship in Head Neck Sw</u>	<u>01</u>	<u>Dr. Anandh Kale</u>

(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 Staff in the department:

Sr. No.	Name	Designation
	<u>Sandeep Kharsdave</u>	<u>OS</u>
	<u>Dr. L. S. Pathak</u>	<u>Registrar</u>

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.
	<u>Attached</u>			

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
	<u>Surg. Oncology</u>	<u>Monday to Sat.</u>	<u>10 to 5</u>	<u>60/day</u>	<u>Dr. Anandh Kala</u>

11. Services provided by the Department:

a) Services

- Cancer surgery
- Diagnostic surgery
- Pall. surgery

(b) Ancillary Services

(f) Others: _____

12. Space:

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

13. Office space:

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

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 Madhwarikar
02.	Date of Birth	:	27/04/74
03.	Address	:	Kalenagar Pipeline Road Nashik
04.	Tel. No./ Mob. No.	:	982235398
05.	E-mail id	:	nmadhwarikar@yahoo.in
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MS, DNB, FAGES, FEBs (concur &)
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).

PRINCIPAL
Sign & Stamp
NAMCO HOSPITAL
Head of the Department
Fellowship Dept. (MUHS)
Date: 3/12/25
Opp. RTO, Peth Road, Panchavati, Nashik-04

PRINCIPAL
Sign & Stamp
Dean/ Principal
NAMCO HOSPITAL
Fellowship Dept. (MUHS)
Date: 3/12/25
Opp. RTO, Peth Road, Panchavati, Nashik-04

Training Centre Round Seal



ANNEXURE – “F”**Information of Mentor of Training Centre**

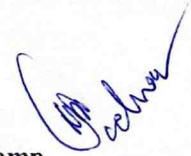
It shall be verified by the Head of the concerned Training Center,

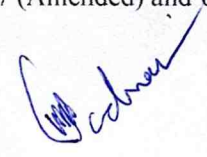
Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Prasad Bhatichand Kalk
02.	Date of Birth	: 31/1/85
03.	Address	: Ganga Rd. Nashik
04.	Tel. No./ Mob. No.	: 9527884844
05.	e-mail id	:
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS MS DNB
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)	: 5yrs
09.	Present Appointment	: Surgical Oncologist at
10.	Publications (List & Proof)	: Narco 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 **PRINCIPAL**
 Dean/ Principal/ Director of Training Centre
 Fellowship Dept. (MUHS)
 Date: Opp. RTO, Peth Road, Panchavati, Nashik-04

Training Centre Round Seal



ANNEXURE – “G”

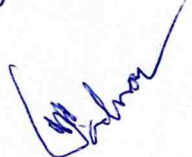
Information of Co-ordinator of Training Centre

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 Sunil Patil
02.	Date of Birth	: 19/5/1979
03.	Address	: Model Colony Gangapur Rd Nashik
04.	Mob. No.	: 7715014158
05.	E-mail id	: dnileshpatil40@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS MS MCh.
08.	Present Appointment	: Cancer Research 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 **PRINCIPAL**
Dean/ Principal/ Director of Training Centre
Date: Fellowship Dept. (MUHS)
Opp. RTO, Peth Road, Panchavati, Nashik-04

Training Centre Round Seal



DECLARATION

I, the Dean / Director/ Principal of the Dr. Nagesh Madhoo Kar

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 11AM

Date: 3/12/25

Place: Nashik


Signature of Dean/Principal/Director
Name of the **PRINCIPAL**
MAHARAJA HOSPITAL
(With Seal of the Training Centre)
Fellowship Dept. (MCHS)
Opp. RTO, Peth Road, Panchavati, Nashik-04