



Application for Continuation of Affiliation for Fellowship/Certificate Course(s)

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

To,

**The Registrar,
Maharashtra University of Health Sciences,
Vani – Dindori Road, Mhasrul,
Nashik 422 004.**

Sir,

I am / We are herewith submitting the application with a request under section 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my /our Institute for renewal of **Fellowship** / Certificate Course in 1) **Head & Neck Cancer Surgery (2 seats)** and 2) **Onco Pathology (1 seat)** with an Intake Capacity of total 3 students from the Academic Year 2024 - 25.

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever not applicable)
(Renewal of Affiliation / Continuation / Compliance Verification)
- **Date of last inspection of the department:** 8 July 2022
(Write Not Applicable for first inspection)
- **Purpose of Last Inspection:** Continuation of affiliation / recognition
- **Result of last Inspection:** Letter attached
(Copy of University Letter to be attached)
- **Fellowship/Certificate Course Co-coordinator Details:**

Name: Dr. Mrs. Ankita Gosavi

Mobile/Telephone no.: 9869146505

e-mail id: cancermiraj@gmail.com

PART – I
(INSTITUTIONAL INFORMATION)

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

Name: Dr. Shishir D. Gosavi **Age:** 64 **(Date of Birth)** 26-11-1959

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MS. (ENT)	1986	G.S. Medical College Mumbai	Mumbai

Teaching Experience

Designation	Institution	From	To	Total Exp.
Assistant Professor	Sanjeevan Medical Foundation's ENT PGI	1992	1997	5 yrs
Associate Professor/Reader	-do -	1997	2002	5 yrs
Professor	-do -	2002	2018	16 yrs
Any Other	Dean - do -	2018	2023	Till date
Grand Total				31 yrs

2. Management/Society/Inst. Information :

01	i) Name of the Society/Institution/ College/University Department:	SMFs DDKGM Shri Siddhivinayak Ganapati Cancer Hospital (College code 102143)
	ii) Postal Address, with PIN:	Sangli – Miraj Road, Miraj 416410
	iii) Contact Details:	Mob: 9373893801 Tele:
	iv) E-mail ID:	cancermiraj@gmail.com
02	Society / Institution/College Registration Number and date:	i) Public Trust Act 1950: E 420 SANGLI
		ii) Society's Registration Act.1860:.....
		iii) Year of establishment: 1997
		iv) Copies of Registration, Constitution and Memorandum of Association attached? * Yes (Required to upload said documents on Training Centre website)
03	Hospital Information : (It is mandatory for Training Centre / applying Institute to have their own functional Hospital as per norms)	(Required to upload said documents on Training Centre website)
		i) Shri Siddhivinayak Ganapati Cancer Hospital Miraj
		ii) 178 / 6-4-2017 No. of beds - 100
		iii) 1997
04	i) Name of the College/Institute where course is to be conducted:	Shri Siddhivinayak Ganapati Cancer Hospital Miraj College Code 102143
	ii) Postal Address, with PIN:	Sangli – Miraj Road, Miraj 416410.
	iii) Contact Details: (assistant)	Mob: 7038093095/9730026292 Tele:
	iv) E-mail ID:	cancermiraj@gmail.com
	v) List of University approved Fellowship / Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	(1) Head & Neck Cancer Surgery (2 seats) (2) Onco Pathology (1 seat) Approved Intake Capacity 2 and 1 Affiliated Since 2016-17(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)
05	Fee details : Click on link to pay Online https://muhs.unisuite.in/	Valid Online Receipt Attached? *Yes/No.
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No (Required to upload said documents on Training Centre website)
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 20-21,21-22,22-23 Rs..... ,
08	Management Resolution seeking recognition of Institute for FC/CC of MUHS, Nashik:	Resolution No. dated Copy of Management Resolution attached? Yes

09	Other Information:	
	a) Land:	*Yes / No. If yes, then Area: 5391 sq.mtr.
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No (Required to upload said documents on Training Centre website)
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: dated at (Place): Copy of Land Registration Certificate attached? *Yes/No (Required to upload said documents on Training Centre website)
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs..... /mortgaged for Rs Copy of Loan/Mortgage Deed attached? *Yes/No. (Required to upload said documents on Training Centre website)
	b) Building: i) Total built-up area:	Area 5804.11 sq.mtr built-up area Certified copy of Building Plan attached? *Yes/No (Required to upload said documents on Training Centre website)

3. **Central Library**

- Total number of Books in library: 361
- ☐ Books pertaining to concerned Fellowship subject: 5
- ☐ Purchase of latest editions of concerned books in last 3 years: -25

• Journals:

Journals	Total	concerned Fellowship subject
Indian	2	1
Foreign	10	4

- Year / Month up to which latest Indian Journals available:
 - Year / Month up to which latest Foreign Journals available:
 - Internet / Med pub / Photocopy facility: available
 - Library opening times: 10 a.m. to 6 p.m.
 - Reading facility out of routine library hours: 24 hrs.
- (Obtain list of books & journals duly signed by Dean)
- (Our hospital is recognized under National Cancer Grid Programme and we access the journals online).

Play grounds

Gymnasium

4. **Recreational facilities:**

Available / Not available

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	N.A.	N.A.	1	N.A.	N.A.	N.A.
No. of Students	N.A.	N.A.	1	1	N.A.	N.A.
Status of Cleanliness	N.A.	N.A.	ok	ok	N.A.	N.A.

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

PART – II

(HOSPITAL INFORMATION)

1. **Name of the Hospital:** Shri Siddhivinayak Ganapati Cancer Hospital
College Code 102143
2. **Total number of OPD, IPD in the Institution and concerned department during the last one year: (22-23)**

In the entire hospital		In the department of concerned Fellowship subject	
OPD	37158 (including multiple admissions + cross referral)	OPD	Onco pathology 6926 Surgical Oncology 2400
IPD (Total No. of Patients admitted)	7655	IPD (Total No. of Patients admitted)	1394

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

In the entire hospital	
No. of Beds	100
No. of Beds in ICU	5
No. of Beds in MICU	2
No. of Beds in SICU	7
No. of Major O.T.	4
No. of Minor O.T.	1

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
<input type="checkbox"/> Daily OPD – 2 PM
<input type="checkbox"/> Daily admissions
• Daily admissions in Dept. Through casualty at 10am
• Bed occupancy in the Dept. at 10AM
• Number of patients in ward (IPD)
• Percentage bed occupancy at 10Am
• 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
•
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

5. Casualty: / Emergency Department:

Space	140 sq.ft approx..
Number of Beds	1
No. of cases (Average daily OPD and Admissions):	100 to 120
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	
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital. (give distribution in various specialties)	Average daily On Inspection Day

7. Central Laboratory:

- Controlling Department: _____
- No of Staff: _____
- Equipment Available: Attach separate List
- Working 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

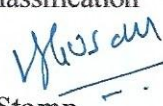
Available / Not available

16. Medical Record Section:

Computerized / Non computerized

ICD X classification

Used / Not used


 Sign & Stamp

Head of the Department

Date:


 Sign & Stamp

Dean/Principal/Head of Institute

Date: 30/10/23

College / Institute Round Seal



PART – III
(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : 1) Head & Neck Cancer Surgery
2) Onco Pathology
2. Date on which independent department of functioning concerned specialty was created and started : 1) 2016-17
2) 2020-21
3. Faculty details (From start of department till date):
- 4.

Sr. No.	Name	Full Time / Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr Vikas Gosavi	FT	Consultant Surgical Oncologist	M.S.	7
2	Dr. Vivek Kulkarni	FT	- do -	M.S. FMAS.	7
3	Dr. Shriniketan Kale	FT	- do -	M.Ch.	7
4	Dr. P.V. Chitale	FT	- do -	M.S. FMAS.	7
5	Dr. Rakhi Jagdale	FT	HOD Pathology	MD. (Path)	3
6	Dr. Sachin Patil	PT	Pathologist	MD. (Path)	3
7	Dr. Abhijit Petkar	FT	- Do -	MD (Path)	3

3. Whether Independent Department of concerned Fellowship/Certificate subject exists in the Institution: Yes/No: Yes Since when: 2016-17 and 2020-21

4. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms		available	
Clinics		-do-	
Laboratory Space		-do-	
Seminar room		-do-	
Department Library		-do-	
PG common room		-do-	
Preclinical lab (where ever applicable)		-do-	
Patient waiting room		-do-	
Total area			

5. Year-wise number of students admitted to Fellowship / Certificate course during last 5 years:

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Head & Neck Ca Surgery	A.Y. 2018 - 2019	2	1
		A.Y. 2019 - 2020	3	1
		A.Y. 2020 - 2021	3	1
		A.Y. 2021 - 2022	3	2
		A.Y. 2022 - 2023	2	1
2	Onco Pathology	A.Y. 2020 - 2021	1	1
		A.Y. 2021 - 2022	1	1
		A.Y. 2022 - 2023	1	1

(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.)

6. List of Non-Teaching Staff in the department:

Sr. No.	Name	Designation
	Available in the hospital	

7. 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.
1	Mammography		Functional	1

8. Intensive care Service provided by the Department: (Emergency)

9. 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
1	Preventive Oncology	Tue & Thu	10 to 6	8 to 10	Dr. Jayanti Phatak

10. Services provided by the Department:

a) Services

i. Endoscopy

ii. Reconstruction

iii. Laproscopy

(b) Ancillary Services - Lymphedema

11. Others: National Cancer Grid (NCG), Hospital based Cancer registry

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

12. Office space:

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

13. Clinical Load of Dept. : No of Surgeries / Procedures 4 to 5 per day
Per day

14. Submission of data to National Authorities if any:

15. Overall Impression: (To be filled by the Local Inquiry Committee)

Particular	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		
Library facilities		
Equipment		
Overall Department Assessment		

16. Any Other Observations & Overall Remarks of The Local Inquiry Committee
(Not More Than 3 Lines): (To be filled by the Local Inquiry Committee)

Sr. No.	Particular	-	
01	Recommendation for Recognition of the Institute (If applicable)	:	
02	Recommendation for Starting New Fellowship / Certificate Courses (If applicable)	:	
03	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	
04	Recommendation for Increase in Intake of Fellowship / Certificate Courses (If applicable)	:	

	Name of the LIC Chairman/Members	Signature
01		
02		
03		

ANNEXURE 'A'

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

Title of the Course applied for: HEAD & NECK CANCER SURGERY

This is to certify that Dr. Priyadarshan V Chitale has worked in the Department of Surgical Oncology of Shri Siddhivinayak Ganapati Cancer Hospital Miraj Training Centre as per following details:

A) General Experience

Designation	From	To	Total period Year / Months	
Consultant Surgical Oncologist	December 2006	Till date	17	6

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


Designation	From	To	Total period Year / Months	
Consultant Surgical Oncologist	2016-17	Till date	7	

(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 30.10.23




Sign & Stamp
Dean / Principal / Head of the Institute

Date 30.10.23

ANNEXURE - "I"

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. Priyadarshan V. Chitale
02.	Date of Birth	27-09-1973
03.	Address	C/o Shri Siddhivinayak Ganapati Cancer Hospital, Sangli - Miraj Road, Miraj 416410
04.	Tel. No./ Mob. No.	9850057556
05.	e-mail id	chitale007@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MS. FMAS.
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)	Encl
09.	Present Appointment	Consultant Surgical Oncologist
10.	Publications (List & Proof)	Encl
11.	Post Graduate Teaching experience (Attach documentary evidence)	Encl
12.	Any other relevant information	—

Date: -

Dr. P.V. Chitale
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 Ordinance No. 01/2022 (Amended).

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 30.10.23

Training Centre Round Seal



To Whomsoever This May Concern:

This is to certify that **Dr. Priyadarshan Vivekanant Chitale, MS. FMAS.,** has been working in this hospital from December 2006 till today as a **Consultant Surgical Oncologist** in the Department of Surgical Oncology.

He is also a Mentor to the Fellowship Course in Head & Neck Cancer Surgery from 2016-17.

S.D. Gosavi

Dr. S.D. Gosavi

Dean & Executive Director

Place: Miraj

Date: 26 Oct 2023



To Whomsoever This May Concern:

This is to certify that **Dr. Mrs. Rakhi Vikas Jagdale / Mirje, MD. (Path)** has been working in this hospital from January 2000 till today as a **Consultant & HOD Pathologist** in the Department of Pathology.

She is also a Mentor to the Fellowship Course in Onco Pathology from 2020-21.



Dr. S.D. Gosavi
Dean & Executive Director

Place: Miraj

Date: 26 Oct 2022



ANNEXURE - "I"

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 Mrs Rakhi Jagdale/ Mirje
02.	Date of Birth	6 August 1972
03.	Address	C/o Shri Siddhivinayak Ganapati Cancer Hospital, Sangli - Miraj Road, Miraj 416410
04.	Tel. No./ Mob. No.	09860607994
05.	e-mail id	drakhi.mirje@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MD (Pathology)
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)	Encl
09.	Present Appointment	Consultant & HOD Pathology
10.	Publications (List & Proof)	Encl
11.	Post Graduate Teaching experience (Attach documentary evidence)	Encl
12.	Any other relevant information	

Date: - 30.10.23

Dr. Mrs. Rakhi Jagdale / Mirje
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 Ordinance No. 01/2022 (Amended).

Sign & Stamp
Head of the Department

Date: 30/10/23

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 30/10/23

Training Centre Round Seal



Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr Rakhi Mirje / Jagdale has worked in the Department of Pathology of College / Institutes Shri Siddhivinayak Ganapati Cancer Hospital as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
HOD and Consultant Pathology	1999	Till date	26	6


B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
HOD and Consultant Pathology & Mentor	2020-21	Till date	3	6

(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: 27-10-23


Sign & Stamp
Dean/Principal/Head of Institute

Date: 27-10-23

Recommended / Not Recommended

Signature with date of LIC Chairman/Member

