



Application for Recognition of Institute / College / OR for starting / OR **Continuation of Affiliation for Fellowship / Certificate Course(s)**

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

SSGCH / FC / 22-23 / 269

26 Oct 2022

To,  
The Registrar,  
Maharashtra University of Health Sciences,  
Vani Dindori Road,  
Mhasrul,  
Nashik 422004.



Sir,

I am / We are herewith submitting the application with a request under section 64(3) of the Maharashtra University of Health Sciences Act 1998 for Recognition of my / our Institute for starting \* Fellowship / Certificate Course in;

- 1) **Head and Neck Cancer Surgery 2 students and**
- 2) **Onco Pathology with an intake capacity of 1 student respectively from the academic year 2023-24.**

Following are the particulars:

- Purpose of present inspection (tick whichever applicable and strikeout whichever not applicable).  
Grant of permission / Recognition / Increase of seats /  
**Renewal of affiliation** / recognition / Compliance Verification)
- Date of last inspection of the department 8-7-2022  
(Write not applicable for the first inspection)
- Purpose of last inspection **Continuation of affiliation / recognition**
- Result of last inspection  
(copy of university letter to be attached) **Granted. A Copy of letter dt. 15-10-22 is attached**
- Fellowship / Certificate Course Co-ordinator details:

- 1) Dr. Priyadarshan Chitale  
Mobile No. 9823144302 Email id: [cancermiraj@gmail.com](mailto:cancermiraj@gmail.com)
- 2) Dr. Mrs. Ankita Gosavi  
Mobile Nos. 9869146505 Email id: [cancermiraj@gmail.com](mailto:cancermiraj@gmail.com)

Dr. Shishir Gosavi,  
Executive Director / Head of Institution

**Encl. application**

**PART – I**  
**(INSTITUTIONAL INFORMATION)**

**1) Particulars of Director/Dean/Principal:** (Whosoever is Head of Training Centre)

Name **DR. SHISHIR DATTATRAYA GOSAVI**. Age: **63** (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 experience
Asst. Professor	Sanjeevan Medical Foundations ENT PGI	1992	1997	5 yrs.
Asso Professor / Reader	-do -	1997	2002	5 yrs.
Professor	-do -	2002	2018	
Any other	Dean -do -	2002	2021	Till date
		<b>Grand Total</b>		<b>28 yrs</b>

**2) Management / Society / Institute information:**

<b>01</b>	i) Name of the Society/ Institution/ College / University Department:	Sanjeevan Medical Foundation's, Dr. D.K. Gosavi Memorial Shri. Siddhivinayak Ganapati Cancer Hospital	
	ii) Postal address with Pin	Sangli-Miraj Road, MIRAJ 416 410.	
	iii) Contact details:	Mob: 9373893801/ 9869146505 Tel 02332211601 / 2211602	
	iv) Email ID:	<a href="mailto:cancermiraj@gmail.com">cancermiraj@gmail.com</a>	
<b>02</b>	Society/ Institution/ College / Registration No. and date:	i) Public Trust Act 1950 <b>E 420 Sangli</b>	
		ii) Society's Regn Act 1860 – N.A.	
		iii) Year of establishment: 1997	
		iv) Copies of Registration, Constitution & Memorandum of Association attached Yes	Encl
<b>03</b>	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	Shri. Siddhivinayak Ganapati Cancer Hospital, Miraj.	
		178 / 06-04-2017. No of Beds 100	
		1997	Encl

04	i) Name of the College/Institute where course is to be conducted:	Shri. Siddhivinayak Ganapati Cancer Hospital Miraj. Dist Sangli 416410.	
	ii) List of Academic Courses / Programme (s) run by Training Centre/Institute	Name of the course(s) Fellowship courses <b>1) Onco Pathology</b> <b>2) Head &amp; Neck Cancer Surgery</b> Conducted since 2016-17 First session and Second session	
	iii) Postal address with Pin	Sangli-Miraj Road, MIRAJ 416410	
	iii) Contact details:	Mob: 7038093095 / 9730026292 Tel. 02332211601	
	iv) Email ID:	cancermiraj@gmail.com	
05	Fee details:	Rs. 100,000/- Two Fellowship courses continuation fee for the year 2023-24.	Encl
06	Financial position of the society / institute in the preceding 3 years	2019-20, 2020-21, 2021-22	Encl
07	Budgetary provision for the FC for the next 3 years	2022-23 - Rs. 13,60,000/- 2023-24 - Rs. 27,20,000/- 2024-25 - Rs. 27,20,000/-	
08	Management resolution seeking recognition of institute for FC of MUHS Nasik	Resolution Copy of Management Resolution attached Yes / No	Encl
09	Other information		
	a) Land	Yes / No. If yes, then area 5391 sqm. Out of this 3076 sqm land is on lease.	
	i) Whether the land is owned by the applicant Institute/College/Trust	Yes. Copy of 7/12 extract enclosed	Encl
	ii) Whether the land is registered	Yes	
	iii) Any loans, mortgage etc. shown against the title of the land	No	
	b) Building i) Total built-up area	5804.11 Sq.mtr.	

### 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 upto which latest Indian Journals available 2016
- Year / month upto which latest Foreign Journals available 2016
- 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 and journals duly signed by Dean)

**Our hospital is recognized under National Cancer Grid Programme and we access the journals online.**

**4. Recreational facilities:**

Available / Not available

<b>Play grounds</b>	<b>Gymnasium</b>
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**5. Hostel accommodation;**

Particulars	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of rooms	N.A.	N.A.	2	0	N.A.	N.A.
No. of students	N.A.	N.A.	2	0	N.A.	N.A.
Status of cleanliness	N.A.	N.A.	OK	OK	N.A.	N.A.

**6. Residential accommodation for staff / paramedical staff:**

Not available

**7. Ethical Committee Constitution:**

Yes

**8. Medical Education Unit (Constitution):**

-

**9. Any other faculty specific information required:**

N.A.

(Such as Herbal garden / Panchkarma unit / Pharmacy / Dental chairs and units as per the requirement).

**PART – II**

**HOSPITAL INFORMATION**

- Name of the Hospital: SHRI. SIDDHIVINAYAK GANAPATI CANCER HOSPITAL, MIRAJ.**
- Total number of OPD, IPD in the Institution and concerned department during the last one year (21-22)**

<b>In the entire hospital</b>		<b>In the department of concerned Fellowship subject</b>	
OPD	4776	OPD	1000 approx
IPD (Total No. of patients admitted)	5846 (multiple admissions)	IPD (Total No. of patients admitted)	1000 approx (multiple admissions & cross referral)

- Hospital Beds Distribution and No. of OT :**

<b>In the entire hospital</b>	
No. of Beds	<b>100</b>
No. of Beds in ICU	<b>5</b>
No. of Beds in MICU	<b>2</b>
No. of Beds in SICU	<b>7</b>
No. of Major OT	<b>4</b>
No. of Minor OT	<b>1</b>

- 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.	_____	_____
• Daily admissions	_____	_____
• Daily admissions in Dept. Through casualty at 10 am	_____	_____
• Bed occupancy in the Dept. at 10 AM	_____	_____
• No. of patients in Ward (IPD)	_____	_____
• Percentage bed occupancy at 10 AM	_____	_____
  
- Clinical procedure(s) and Operative details related to Fellowship subject / Speciality:  
(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)
 

	On inspection day	Average of random 3 days
• .....	.....	.....
• .....	.....	.....

**5. Casualty / Emergency Department:**

Space	140 sft. Approx.
Number of Beds	1
No. of cases (Average daily OPD and Admissions)	20
Emergency Lab in Casualty (round the clock)	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 specialities	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 Avail

13. Incinerator: Functional / Non functional

Capacity \_\_\_\_ / Outsourced

14. Biomedical 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 Dept

Date: 26.10.22



*S. D. Gopin*  
Sign & Stamp  
Dean / Principal/HO Instt.

**PART – III**

**( DEPARTMENTAL INFORMATION )**

1. Fellowship Specialty Department to be inspected : 1) Onco Pathology  
2) Head & Neck Cancer Surgery
2. Date on which independent department of Functioning concerned specialty was created and started : Onco Pathology March 21
3. Faculty details (From start of department till date ): H & N Ca Surgery 2015

Sr. No.	Name	Full time / Part time	Designation	Qualification	Experience in Yrs. (after acquiring PG qualification in concerned subject)
1	Dr. V.M. Kulkarni	Full Time	Consultant Surgical Onco	MS FMAS	6
2	Dr. S.S.Kale	Full Time	Consultant Surgical Onco	MS. M.Ch.	6
3	Dr. P.V. Chitale	Full Time	Consultant, Surgical Onco	MS. FMAS	6
4	Dr. V.S.Gosavi	Full Time	Consultant, Surgical Onco	MS	6
5	Dr. Gautam Purohit	Part time	Consultant Surgical Oncology	MS (ENT) Fellowship in Head & Neck Ca Sx MUHS	3
6	Dr. Amit Kole	Part time	Consultant Surgical Oncology	MS (ENT) Fellowship in Head & Neck Ca Sx MUHS	2
5	Dr. Rakhi Jagdale	Full Time	Consultant Pathologist	MD (Path)	2
6	Dr. Sachin Patil	Part Time	Consultant Pathologist	MD (Path)	2
6	Dr Abhijit Petkar	Full Time	Consultant Pathologist	MD (Path)	2

4. Whether independent department of concerned Fellowship subject exists in the Institution:

Yes / No. Yes

Since when - as mentioned above.

5. Specialty Department infrastructure Details :

Facility	Area (Sft.)	Available	Not Available
Facility rooms		√	
Clinics		√	
Laboratory space		√	
Seminar room		√	
Department Library		√	
PG Common room		√	
Pre clinical Lab (wherever applicable)			
Patient waiting room		√	
Total area			

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	No. of students admitted	No. of Mentors available in the dept. (give names)
2016-17	7	Head & Neck Ca Surgery 1) Dr. V.M.Kulkarni 2) Dr. S.S.Kale
Till date		3) Dr.P.V.Chitale 4) Dr.V.S.Gosavi
March 23	2	Onco Pathology
		1)Dr Mrs Rakhi Jagdale 2) Dr Abhijit Petkar 3) Dr. Sachin Patil

7. List of Non-teaching staff in the department :

Sr. No.	Name	Designation
1	Available in hospital	Technicians

8. List of equipment(s) in the department of concerned Fellowship subject:

Equipments: List of important equipments available and their functional status.  
(List here only – No annexure to be attached)

Sr. No.	Name of equipment	Specification	Functional / Not Functional	Qty.
1	Mammography	√	Functional	1

9. Intensive care service provided by the Department: (Emergency)

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 number of cases attended	Name of Clinic Incharge
1	Preventive Oncology	Tue & Thu	10 to 6	10	Dr.Mrs.Khochikar

11. Services provided by the Department :

a) Services

i) Endoscopy    ii) Reconstruction    iii) Laproscopy

b) Ancillary Services: Lymphedema    Yes / No

c) Others 1) National Cancer Grid (NCG)

2) Hospital based Cancer Registry

12. Space:

Sr. No.	Details	In OPD	In IPD
1	Patient examination / checking arrangement	√	√



2	Equipments	√	√
3	Teaching space	√	
4	Waiting area for patients	√	

13. Office space:

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

14. Clinical Load of Dept. : No.of surgeries / Procedures 7 to 8 per day

15. Submission of data to national authorities if any : No

16. Overall impression:

Particulars	Deficient	Satisfactory
Infrastructure		
Clinical material		
Staff assessment		
Student assessment		
Library facilities		
Equipment		
Overall Department Assessment		

17. Any other observations and overall remarks of The Local Managing Committee  
(Not more than 3 lines)

\_\_\_\_\_

\_\_\_\_\_

Sr. No.	Particulars	
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		

Annexure – I

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

Title of the course applied for:- HEAD AND NECK CANCER SURGERY

This is to certify that **Dr. Priyadarshan Vivekanand Chitale** has worked in the Department of Surgical Oncology in this College / institute as per following details.

A) General experience:

Designation	From	To	Total period year / Month
Consultant	2006	Till date	18

B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month
Consultant / Mentor	2016	Till date	8

( It is mandatory to attach self attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship / Certificate course ).



Sign. of Head of the Department



Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.

26/10/22



Annexure – I

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

Title of the course applied for:- HEAD AND NECK CANCER SURGERY

This is to certify that **Dr. Vikas Sadashiv Gosavi** has worked in the Department of Surgical Oncology in this College / institute as per following details.

A) General experience:

Designation	From	To	Total period year / Month
Consultant	1997	Till date	26

B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month
Consultant / Teacher	2016	Till date	8

( It is mandatory to attach self attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship / Certificate course ).

Sign. of Head of the Department

26.10.22

Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.



Annexure – I

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

Title of the course applied for:- HEAD & NECK CANCER SURGERY

This is to certify that **Dr. Vivek Madhukar Kulkarni** has worked in the Department of Surgical Oncology in this College / institute as per following details.

A) General experience:

Designation	From	To	Total period year / Month
Consultant	2006	Till date	18

B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month
Consultant / Mentor	2016	Till date	8

( It is mandatory to attach self attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship / Certificate course ).

Sign. of Head of the Department

Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.

26/10/22



Annexure - I

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

Title of the course applied for:- Head and Neck Cancer Surgery

This is to certify that **Dr. Shriniketan Shirish Kale** has worked in the Department of Surgical Oncology in this College / institute as per following details.

A) General experience:

Designation	From	To	Total period year / Month
Consultant	2011	Till date	13

B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month
Consultant / Teacher	2016	Till date	8

( It is mandatory to attach self attested photocopy of the experience certificate of each Mentor in the subject of concerned Fellowship / Certificate course ).



Sign. of Head of the Department



Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.

26/10/22



Annexure - I

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

Title of the course applied for:- ONCO PATHOLOGY

This is to certify that **Dr.Mrs. Rakhi Jagdale** has worked in the Department of Histo Pathology in this College / institute as per following details.

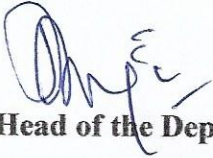
A) General experience:

Designation	From	To	Total period year / Month	
Consultant	1-1-1999	Till date	22	6

B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month	
Consultant / Mentor	2020-21	Till date	1	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. of Head of the Department

26-10-22



Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.



Annexure – I

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

Title of the course applied for:- ONCO PATHOLOGY

This is to certify that **Dr. Abhijit Pethkar** has worked in the Department of Histopathology in this College / institute as per following details.

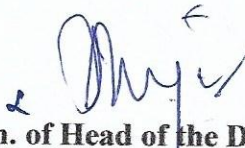
A) General experience:

Designation	From	To	Total period year / Month	
Consultant	15-02-2013	Till date	9	4


B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month	
Consultant / Teacher	20-21	Till date	1	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. of Head of the Department

26-10-22

  
Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.



Annexure – I

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

Title of the course applied for:- ONCO PATHOLOGY

This is to certify that **Dr. Sachin Patil** has worked in the Department of Histopathology in this College / institute as per following details.

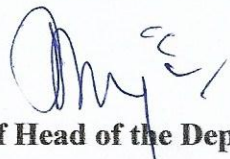
A) General experience:

Designation	From	To	Total period year / Month	
Consultant	18-10-1997	Till date	25	

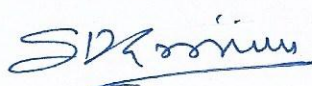
B) Actual experience in the subject of concerned fellowship / certificate course applied for :-

Designation	From	To	Total period year / Month	
Consultant / Mentor	2020-21	Till date	1	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. of Head of the Department

26.10.22

  
Sign. & Stamp of Dean / Principal /  
Head of Institute / Name of Dept.

