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

Title of the Course applied for: - Fellowship Course in Hepatology

This is to certify that Dr. Sheetal (Dhadphale) Mahajani has worked in the Department of Hepatology of Institute as per following details.

A) General Experience:-

Designation	From	То	Total period Year / Month	
Lecturer	Feb.1996	June 1996	***	5 Month
Resident	June1996	June 1999	3 year	
Consultant	Jan.1999	Aug.1999	-	8 Month
Clinical Observer	Dec.2000	Jan.2001		2 month
Clinical Attachment	Sept. 2001	Nov.2001	-	3 month
Fellow	Oct.2002	Oct.2003	1 year	
Visiting Consultant	Nov.2010	May 2020	9 year	6 months
Assistant Professor	July 2013	Till Date	8 year	10 months
Consultant	Sept.1999	Aug.2019	20 year	
Senior Consultant	Aug.2019	Till Date	2 years	9 months

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

Designation	From	To	1.000	al period · / Month
Consultant	Jan.1999	Aug.1999		8 Month
Clinical Observer	Dec.2000	Jan.2001		2 month
Clinical Attachment	Sept. 2001	Nov.2001	•	3 month
Fellow	Oct.2002	Oct.2003	1 year	70.
Visiting Consultant	Nov.2010	May 2020	9 year	6 months
Assistant Professor	July 2013	Till Date	8 year	10 months
Consultant	Sept.1999	Aug.2019	20 year	1
Senior Consultant	Aug.2019	Till Date	2 years	9 months

(It is mandatory to attach self-attested photocopy of the Experience certificate of each mentor in the subject of concerned Fellowshin course)

Dr.Sheetal (Dhadphale) Mahajani

Sign.of Head of the Department

Date: 26/5/2022

Dr. Vikas Karne

Sign.of Head Of Institute

Date: 26/5/2021

Dr. Sheetal (Dhadphale) Mahajani HOD-Hepatology Department Sahyadri Super Speciality Hospital Deccan Gymithana 30C, Erandawane, Karve Road, Pune-411004. Dr. Vikas Karne
Head Medical Services
Sahyadri Super Speciality Hospital,
Deccan Gymkhana
30C, Erandawane, Karve Road, Pune-411004.

(INSTITUTIONAL INFORMATION)

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

Name:Dr. Vikas Karne

Age: 44 Years

(Date of Birth): 17/09/1977

PG Degree Subject		Year	Institution	University	
	Anaesthesiology	2006	LTMMC, Sion, Mumbai	Mumbai university	
Recognized	Allacsulesiology	2000	Dirinine, oren,		

Teaching Experience

Designation	Institution	From	To	Total Exp.
DNB Teacher	Sahyadri Speciality Hospital, Pune	July 2009	June 2014	5 Years
PG Teacher (DNB Anesthesiology)	Sahyadri Super Speciality Hospital, Deccan Gymkhana, Pune	July 2014	Till date	7 Years 10 Months
Any Other			Gran d Total	12 Years 10 months

2. Management/Society/Inst. Information:

2.	Management/Society/Inst. Information:	
-	i) Name of the Society/Institution/ Training Centre /University Dept.:	Sahyadri Hospitals Pvt. Ltd. Sahyadri Super Speciality Hospital, Deccan Gymkhana
01	ii) Postal Address, with PIN:	Plot No. 30C, Erandawane, Karve Road, Pune - 411004
	iii) Contact Details:	Mob: 9673338065 Tele: 020-67213040
	•	i) Public Trust Act 1950: Not Applicable
02	Society/Institution/ Training Centre Registration Number and date:	 ii) Society's Registration Act.1860: Not Applicable Registered under Company Registration Act 1956 Maharashtra Shop & Establishment Rules 2018
		iii) Year of establishment: 1996
		iv) Copies of Registration, Constitution and Memorandum of Association attached? Yes <u>Marked as Appendix 'A'</u>
03	Hospital Information: (It is mandatory for Training Centre/applying Institute to have theirown functional Hospital as per norms) i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	Sahyadri Super Speciality Hospital, Deccan Gymkhana LCBP- 0506-01150 2004 Marked as Appendix'B'
	i) Name of the Training Centre /Institute where course is to be conducted:	Sahyadri Hosptials Pvt.Ltd. Sahyadri Super Speciality Hospital, Deccan Gymkhana
	ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	Plot No.30C, Erandawane, Karve Road, Pune Mob: 9673338065 Tele: 020-67213000 academics@sahyadrihospitals.com

04	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course –Fellowship in Hepato Pancriatico Billiary (HPB) surgery Approved intake capacity- TWO Affiliated since – 5 th Oct.2019			
		Name of the Course – Fellowship in Hepatology Approved Intake Capacity- ONE Affiliated since – 1st Feb2021			
	E.	Name of the Course – Fellowship in Diabetology Approved Intake Capacity- ONE Affiliated since – 27 th Oct.2021			
	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) – Not Applicable			
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: YES (Pending Fees, if any)			
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for : Yes Mark as Appendix 'C			
07	Budgetary provision for the FC/CC/DC for the next 03 years	1) F.Y. 2021-22 :- Rs. 50,00,000.00 2) F.Y. 2022-23 :- Rs. 75,00,000.00 3) F.Y. 2023-24 :- Rs. 100,00,000.00			
08	Management Resolution seeking Recognition of Institute for	Resolution No: SHPL/BM/2021-22/01 Dated: 06/05/2021 Resolution No.SHPL/BM/2021-22/01,dated 6/5/2021			
	FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached? Yes Mark as Appendix 'D			
	Other Information:				
	a) Land:	Yes, Hospital Area – 36859 Sq. Ft			
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	Copy of land documents ie 7/12 extract, Property card, etc. attached? Yes/No - Yes Marked as Appendix 'E			
	ii) Whether the land is registered?	Yes/No -If yes, Registration Number dated at place Lease Deed Agreement Registered			
09	100	Reg. No. Haval 4-1260/1998			
		Copy of INDEX II – Enclosed Marked as Appendix 'I			
	iii) Any loans, mortgage, etc. shown against the title of the land:	Refer in Balance Sheet attached in Appendix 'D' Marked as Appendix 'G'			
	b) Building: i) Total built-up area:	Hospital – 1,00,000 Sq. Ft Certified copy of Building plan attached? -Yes Marked as Appendix '1			

3) Central Library:

Total number of books in library

Books pertaining to concerned fellowship subject

Fellowship in HPB Surgery:

19

Fellowship in Hepatology:

15

Fellowship in Diabetology:

43

Purchase of latest editions of concerned books in last 3 years - -

Journals:

Journals		Total	Concerned Fellowship subject	Year/Month upto which latest Journal available
Indian	Available	1		From 2016 till date
Foreign	Available	2	Fellowship in HPB surgery	From 2001 till date
Journals		Total	Concerned Fellowship subject	Year/Month upto which latest Journal available
Indian	Available	1		From 2001 till date
Foreign	Available	2	Fellowship in Hepatology	From 2001 till date
Journals		Total	Concerned Fellowship subject	Year/Month upto which latest Journal available
Indian	Available	2	E. II. Lin in Dishetalassa	Online from 1983 till date
Foreign	Available	2	Fellowship in Diabetology	From 2000 till date

• Internet / Med pub / Photocopy facility:

Library opening times:

• Reading facility out of routine library hours:

Available

9am to 6pm-except Sunday

Available

24X7 all days in a week

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

Enclosed & Marked as Appendix 'I'

4) Recreational facilities

Play grounds

: Not Available

Gymnasium

: Not Available

5) Hostel Accommodation:

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Room / Beds	-	-			-	
No.of students	-	-(*	-	-	
Status of Cleanliness	-	-	Good	Good	-	-

1170

6) Residential accommodation for Staff/Paramedical staff: Available only for Nursing staff

7) Ethical Committee (Constitution):

YES

8) Medical Education Unit (Constitution):

YES

(Specify number of meetings held annually & minutes thereof)

Clinical meetings for yr.2021-22

Particular	Till May 2022
CME's Conducted	6
Monthly Clinical Meetings	18
Morbidity & Mortality Meetings	3

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) - Not Applicable

HOSPITAL INFORMATION

1. Name of the Hospital: Sahyadri Super Speciality Hospita, Deccan Gymkhana

Plot No. 30C, Erandawane, Karve Road, Pune - 411004

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

In the entire hospital (July 2021 to May 2022)		In the department of concerned Fellowship Subject- (Hepatology) (July 2021 to May 2022)	
OPD	89305	OPD	3156
IPD (Total No. of Patients admitted)	14150	IPD (Total No. of Patients admitted)	322

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

In the entire hospital				
No of Beds	202			
No of Beds in ICU	66			
No of Beds in IRCU	6			
No of Beds in SICU	16			
No of Major O.T.	6			
No of Minor O.T.	0			
The second secon				

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

• No. of available for clinical service on inspection day:

• Daily OPD – 2 PM	On Inspection day	Average of random 3 days
Daily admissionsDaily admissions in Dept.		
Through casualty at 10am Bed occupancy in the Dept.	•••••	
Number of patients in ward (IPD)at 10AM		
Percentage bed occupancy at 10Am		

•	Clinical Procedure(s) &	perative Details related to Fellowship	subject/Specialty:
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(For furthe	er details in this concern, kindly peruse the On Inspection day	Guidelines information sheet supplied herewith) Average of random 3 days
•		
•	***************************************	
•	***************************************	
•	***************************************	
•		

5. Casualty:/ Emergency Department:

892 Sq.Ft
6
OPD- 10-12 IPD- 13-15
Available
Yes
Yes
Available

6. Blood Bank:

(i)	Valid FDA License(copy of certificate be annexed)	Yes	
(ii)	Blood component facility available	Yes	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes	
(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

: NABL Accredited Lab

: Sahyadri Speciality Labs

: Separate List Enclosed as Appendix 'J'

: 24 X 7

: Available

: Available

: Available

& Central supply of Oxygen / Suction:

Central Sterilization Department

10. Ambulance (Functional)

11. Laundry

12. Kitchen

13. Incinerator

14. Bio-Medical waste disposal

15. Generator facility

16. Medical Record Section

ICD X classification

: Outsourced

: Outsourced

Functional

Capacity: Outsourced

Outsourced

: Available

: Computerized

: Used

Sign & Stamp

Head of the Department

Date: 2015 2022

0506

01150

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 26 5 2021

Centre Round Seal LCBP

Dr. Vikas Karne **Head Medical Services** Sahyadri Super Speciality Hospital, Deccan Gymkhana

30C, Erandawane, Karve Road, Pune-411004.

DEPARTMENTAL INFORMATION

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

- 1. Fellowship Specialty Department to be inspected: Fellowship in Hepatology
- Date on which independent department of: functioning concerned specialty was created and started:
 2019

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)
1	Dr. Sheetal (Dhadphale) Mahajani	Full Time	Mentor /Professor	DM,DNB (Gastroenterology), Clinical Fellowship in Liver unit	23years 5 months

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :

Yes/No: YES

Since when:

2019

5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	133.75	Available	
Clinics	134.69	Available	(#)
Laboratory Space	180.55	Available	y . **
Seminar room	503.5	Available	(7.0
Department Library	305	Available	200
PG common room	71.61	Available	-
Pre-clinical lab (where ever applicable)	474	Available	-
Patient waiting room	515	Available	-
Total area	2318sqft		

6. If course already started, year wise number of students admitted and available Mentors to teachstudents 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)
2020-21	Hepatology	1	Dr Sheetal (Dadphale) Mahajani
2021-22		0	-

(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
1	Dr.Bipin Vibhute	Senior Organ Transplant Surgeon
2	Dr.Rohit Jakhotiya	Senior Registrar
3	Dr.Aniruddha Bhosale	Junior Consultant
4	Dr.Manish Pathak	Sr. Liver Anesthetist
5	Dr.Manoj Raut	Liver Anesthetist
6	Dr.Abhijeet Mane	Clinical Assistant
7	Dr.Shilpa Khairmode	Clinical Assistant
8	Ms Sharmila Padhye	Transplant Coordinator
9	Mr Rahul Tambe	Liver Coordinator
10	Mr Arun Ashokan	Nursing Staff
11	Mr Naeem Khan	Nursing Staff
12	Mr.Chetan Choudhary	Departmental Secretory
13	Mr Pawan Gorad	Sr.Associate

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)

Name Of Equipment	Specification	Functional /Non functional	Quantity
B.P.Apparatus	Diamond	Functional	1
BPC Flow Meter		Functional	5
Central Suction Unit		Functional	5
Defibrillator	Philips India Ltd.	Functional	1
Endoscope Washer	ENDOTECH	Functional	1
Endoscopy / Bronchovideoscope	Olympus	Functional	1
Endoscopy / CO2 Regulation Unit	Olympus	Functional	1
Endoscopy / Colonovideoscope		Functional	2
Endoscopy / EVIS EUS Centre	Olympus	Functional	1
Endoscopy / LCD Monitor	Olympus	Functional	1
Endoscopy / Medical Monitor	Sony	Functional	1
Endoscopy / Ultrasound Linear Scope	Olympus	Functional	1
Endoscopy/ Video Processor	Olympus	Functional	2
Endoscopy/ Xenon Ligt Source	Olympus	Functional	1
Image Management Software	Med Synaptic	Functional	3
Multipara Monitor	Philips India Ltd.	Functional	4
O.T.Light	RIMSA	Functional	1
O.T.Table	Surgident Electromac	Functional	1
Suction machine		Functional	1
Surgical Diathermy	Shalya	Functional	1
TWO Stage Regulator	HMP	Functional	1
B.P.Apparatus	Diamond	Functional	2

9. Intensive care services provided by the Department :

Available

10. Specialty clinics being run by the department and number of patients in each:

Sr	Name of the clinic	Days on which held	Timings	Average no. of cases attended	Name of clinic In charge
1	OPD	Mon.to Sat.	12pm to 2pm	10-15 daily	Dr Sheetal Mahajani

11. Services provided by the Department

a. Services:

- i) Consultation,
- ii) Medical Management,
- iii) Operative
- iv) Nutrition & Dietetics Dept.
- v) Physiotherapy Dept
- vi) Psychology Dept.

b. Ancillary services

- i) Laboratory
- ii) Diagnostics & Imaging
- ii Blood Bank

c. Others

- i) Pharmacy
- ii) MRD
- v) Ambulance
- vi) Food

12. Space:

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

13. Office space:

Department offic	e	Office space for Teaching faculty		
Space (Adequate)	Yes	HOD	Available	
Staff (Steno/Cleark)	Yes	Professors	Available	
Computer /Typewriter	Yes	Associate Professor	Available	
Storage space for files	Yes	Assistant professor	Available	
		Residents	Available	

14. Clinical load of Dept. :

#	Name of the Depatrment	No of surgeries/procedures / per day	
1	Hepatology	4-5	

15. Submission of data to National Authorities if any

#	Name of the Depatrment	Name of Authority
1	Hepatology	NA

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.Vikas Karne		
02.	Date of Birth	:	17/09/1977		
03.	Address	:	B1, 704, Sun Empire, Sun city road, Anand Nagar, Wadgaon Bk, Pune - 411051		
04.	Tel. No./ Mob. No.	:	9765554540		
05.	E-mail id	:	vikas.karne@sahyadrihospitals.com		
06.	Nationality	:	, mount		
07.	Qualification in details : (attach documentary proof)	:	Course	University	Year of passing
			MBBS	Kolhapur University	2000
			M.D (Anaethesia)	Mumbai University	2006
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)	:	DNB Faculty in the speciality of Anaesthesiology at Sahyadri Speciality Hospital , Pune from July 2009 till 2014. (5 years) DNB Anaesthesiology – PG Teacher at Sahyadri Super Speciality Hospital, Pune from July 2014 till date.		
09.	Present Appointment	:	Course Director		
10.	Publications (List & Proof)	:	: List of Publications attached here with this form		
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	: 1. DNB Faculty in the speciality of Anaesthesiology at Sahyadri Speciality Hospital, Pune from July 2009 till 2014.(5 years) 2. DNB Anaesthesiology – PG Teacher at Sahyadri Super Speciality Hospital, Pune from July 2014 till date		
12.	Any other relevant information	١,			

Date: - 26/5/2022

Dr. Vikas Karne **Course Director**

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed bythe University vide clause no.7 of the University Direction No. 05/2017 (Amended).

OJ.

Sign & Stamp Head of the Department

Date: 26/5/2022

Training Cantre Round Seal 30C, Erandawane, Karve Road, Pune-411004,

Sign & Stamp **Director of Training Centre** Date: 26/1/2022

Dr. Vikas Karne Head Medical Services Sahyadri Super Speciality Hospital,

Deccan Gymkhana 30C, Erandawane, Karve Road, Pune-411004.

Information of Mentor of Training Centre

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

#	Particular	Information to be fil				
	Name of Faculty/Teacher:	Dr. Sheetal (Dhadphale) Mahajani				
2	Date of Birth:	3 rd Oct.1970				
3	Address:	C-2, 260/2/9/10, Garud Heritage, Baner, Pune-411007				
	Tel. No./ Mob. No.	9822912080				
5	e-mail id :	sheetal.dhadphale@he	otmail.com			
5	Nationality:	Indian				
	,	Course University Yr of pass				
7		MBBS	Pune University	1991		
		MD (Medicine)	Pune University	1995		
		DNB (Gen. Med)	NBE, New Delhi	1996		
	Qualification in details	DM	Mumbai	1998		
	(attach documentary proof)	(Gastroenterology)	University			
	Annual Control of Science Control of Science (Science Control of Science Control of Scien	DNB	NBE, New Delhi	1999		
		(Gastroenterology)				
		Clinical Fellowship	King's College	2003		
		in Liver unit	Hospital, London			
8	Teaching experience/ Medical: Profession : experience /Consultant/Mentor (attached document proof with signature of	Professional Experience- 23 years 5 months				
195	Head)	Teaching Experience - 13 years 3 months				
9	Present Appointment :	Director - Hepatolog	y, Gastroenteritis, En	doscopy, Liver		
	12/2017	Transplant Medicine				
1	Case Report: PipericilinTazobactum Hyperser May 2019. Sheetal Dhadphale Mahajani . Ma Clinical and Experimental Hepatology 9(3);4-	njunath B, Manish C, V 40-44	arma,K amlesh Bokil	, Journal of		
2	Endoscopic ultrasound guided transmual drainage of walled- off pancreatic necrosis: Comparison between a specially designed fully covered bi-flaned metal stent and multiple plastic stents. Bapava A, Dabale NA, Sheth KA, Bapava J, Ramesh, Gadhikar H, Mahajani S , Date S, Pujari, Gaadhe R. <i>Jan 2017, Official Journal Of Japan Gastroenterological Society</i>					
3						
4	'Relation of gastric juice vitamin C level with Nanivadekar, V Patrawala, S Dhadphale; july	H.pylori infection.' - May v 1999. Indian Journal O	vank Manjusha Bhatn If Gastroenterolog 18	agar, SA (3):129-30		
5	Carcinoid tumour of the caecum. Gupta R1, R 1998. The Journal of Association of Physians	athi P, Sawant P, Nadkar	mi SP, Dhadphale S,	Soman CS. Feb		
6	'Bleeding duodenal varix in splenic vein thrombosis and chronic pancreatitis.' - S Dhadphale. Prabha Sawan, Pravin M Rathi, VPatrawala. Feb 1998, Indian Journal of Gastroenterology 17(1): 23-30					
7 Hepatic artery pseudoaneurysm associated with amebic liver abscess presenting as upper GI he Gopanpallikar A1, Rathi P, Sawant P, Gupta R, Dhadphale S, Deshmukh HL. Aug 1997, The journal of Gastroenterology						
	1 Linear Control Contr	13 years 3 months				

12	Any other relevant information:	Program Co- Coordinator for MUHS Fellowship Course in Paediatrics Gastropenterology Hepatology & Nutrition.
		Recognized MUHS teacher for Fellowship course in Hepatology since year 2020-21.

Date: - 26/5/2022

Name & Sign. of Mentor
Dr. Sheetal (Dhadphale)Mahajani

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

Dr.Sheetal (Dhadphale)Mahajani

Head of the Department Date: 26/1/2022

Sign & Stamp Dr.Vikas Karne

Dean/ Principal/ Director of Training Centre

Date: 21/5/2012

Dr. Sheetal (Dhadphale) Mahajani HOD-Hepetology Department Sahyadri Super Speciality Hospital Deccan Gymthana

30C. Erandawane, Karve Road. Pune-411004.

Training Centre Round Seal

LCBP
0506
01150
011NE*

Dr. Vikas Karne
Head Medical Services
Sahyadri Super Speciality Hospital,
Deccan Gymkhana
30C, Erandawane, Karve Road, Pune-411004.

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	:	Mrs. Anita Gune		
02.	Date of Birth	:	15/07/1977		
03.	Address	:	Kamal Apts. 103, Shaniwar Peth, Pune-411030		411030
04.	Mob. No.	:	9673338065		
05.	E-mail id	:	: academics@sahyadrihospitals. com : Indian		
06.	Nationality	:			
07.	Qualification in details :(attach documentary proof)	1	Course	University	Year of Passing
			B.Sc (Microbiology)	Kolhapur University	1996
			PG Dip. In Hospital & Healthcare Management	YCMOU, Nashik University	2012
08.	Present Appointment	;	Senior Manager – Ac	cademics & Course	Coordinator
09.	Any other relevant information				

Date: 26/5/2022

Sign & Stamp Head of the Department

Date: 26/5/2022

Dr. Sheetal (Dhadphale) Mahajani HOD-Hepetology Department

HOD-Hepatology Department Sahyadri Super Speciality Hospita Deccan Gymkhana

30C, Erandawane, Karve Road, Pune-411004.

Sign. of Co-ordinator

Sign & Stamp

Director of Training Centre

Date: 26/5/2022

Dr. Vikas Karne Head Medical Services Sahyadri Super Speciality Hospital,

Deccan Gymkhana 30C, Erandawane, Karve Road, Pune-411004.

Training Cotte Round Seal

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DECLARATION

I, the Dean / Director/ Principal of the Sahyadri Hospitals Pvt.Ltd.Sahyadri Super Speciality Hospital, Deccan Gymkhana, Pune 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 'A' & Annexure 'F' are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 2022-2023 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure 'A' & Annexure 'F' 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 'A' & Annexure 'F' 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 36th Day of May 2022 At Pune.

Place: PUNE

ON SUPER SARCIALITY HOUSE

Signature of Dean/Principal/Director Dr.Vikas Karne Name of the Signatory (With Seal of the Training Centre)

Dr. Vikas Karne Head Medical Services Sahyadri Super Speciality Hospital, Deccan Gymkhana

Erandawano Marve Road Pons 411004.

Sahyadri Super Speciality Hospital Deccan Gymkhana

Plot No. 30 C, Erandawane, Karve Road, Pune 411 004 | Tel. : + 91 20 6721 3000 / 2540 3040 Fax : + 91 20 6721 5098 | www.sahyadrihospital.com | Feedback.deccan@sahyadrihospitals.com

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(Formerly known as Sahyadri Hospitals Limited)

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