

PART - I
(INSTITUTIONAL INFORMATION)

1. Particulars of Director Dean Principal: (Who so ever is Head of Training Centre)
Name: DR. (Brig) Raj Kumar Age: 60 yrs (Date of Birth) 02.01.1963

PG DeGREE	Subject	Year	Institution	University
Recognized / Not Recognized	MD	1990	PGIMS Rohtak	MD UNIVERSITY, ROHTAK

Teaching Experience

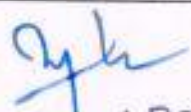
Designation	Institution	From	To	Total Exp.
Asst. Professor	Armed Forces Medical Services (c/o AFMC, Pune)	30.10.1992	31.01.2022	05 yrs
Asso. Professor/Reader	Armed Forces Medical Services (c/o AFMC, Pune)			04 yrs
Professor	Armed Forces Medical Services (c/o AFMC, Pune)			06 yrs 06 months
Any Other				
Grand Total				15 Years 06 months

2. Management/Society/Inst. Information

01	i) Name of the Society/Institution/ College/University Department:	K EM Hospital Pune
	ii) Postal Address, with PIN:	489 RASTA PETH, SARDAR MOODILAR ROAD, PUNE- 411011
	m) Contact Details:	Mob: 8972463735 Tele:
	iv) E-mail ID:	academics@kemhospital.org
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950: F61 POONA 06/11/1962
		ii) Society's Registration Act. 1860: 710 PUNE.
		m) Year of establishment: 1912
		iv) Copies of Regulatory Constitution and Memorandum of Association attached? *Yes
03	Hospital Information : (it is mandatory for Training Center applying Institute to have their own functional Hospital as per norms)	i) Name of the Hospital No
		ii) Nursing Home Registration
		iii) Establishment Year
		iv) E-mail ID:
04	i) Name of the College/Institute where course is to be conducted :	K.E.M. HOSPITAL, PUNE
	ii) Postal Address, with PIN:	489 RASTA PETH, SARDAR MOODILAR ROAD, PUNE-
	ia) Contact Details:	Mob:8972463735 Tele:
	iv) E-mail ID:	academics@kemhospital.org
	v) List of University approved Fellowship/Certificate Course(s) continuation / already running at Training Centre with Intake Capacity	Attach List

Dr. (Brig.) Raj Kumar
MD, PhD.
Director Academics
KEM Hospital, Pune-411011

	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) ART Required Intake Capacity : 2 (if necessary Attach separate List)
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No— file attached
07	Budgetary provision for the FC/CC/DC for the next 03 years :	File attached
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached? Yes (file attached)


 Dr. (Brig.) Raj Kumar
 MD, PhD.
 Director Academics
 K.E.M. Hospital, Pune-411011

ANNEXURE-"A"

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

Title of the Course applied for:- **ASSISTED REPRODUCTION TECHNIQUES**

This to Certify that Dr. MUGDHA AMIT PARASNIS has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
LECTURER	AUG 2006	JULY 2009	03	00
CONSULTANT(OB GY)	FEB 2010	TILL DATE	12	00

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

Designation	From	To	Total period Year/Months	
ASSO. CONSULTANT IVF(ART)	FEB 2010	TILL DATE	12	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

[Signature]
Sign & Stamp
Head of the Department

Date

DR. MUGDHA A. PARASNIS
DGO, DNB, (OBGY)
HOD. TATA CENTRE FOR
REPRODUCTIVE
HEALTH & IVF DEPT
REG. NO. 68978
KEM HOSPITAL, PUNE



Recommended/ Not Recommended

[Signature]
Sign & Stamp
Dean/Principal/Head of Institute
Date

DR. MADHUR RAO
SR. DY. MEDICAL ADMINISTRATOR
K.E.M. HOSPITAL, PUNE

Signature with date of LIC Chairman/Member. *[Signature]* **(Brig.) Raj Kumar**
MD, PhD.
Director Academics
K.E.M. Hospital, Pune-411011

(INSTITUTIONAL INFORMATION)

1. Particulars of Director Dean Principal: *fwTio so me i,s Head of TinriungCeliti e)*
 Name: DR. MADHUR S.RAO Age: 64 (Date of Birth) 24.03.1957

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MBA	2001	University of Gloucestershire	

Teaching Experience

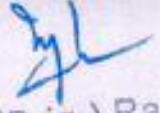
Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other	KEM Hospital	15/02/2015	TILL DATE	6 Years
			Grand Total	6 Years

2. Management/Society/Inst. Information

01	i) Name of the Society/Institution/College/University Department:	
	ii) Postal Address, with PIN:	
	m) Contact Details:	Mob: Tele:
	iv) E-mail ID:	
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950: F61 POONA 06/11/1962 ii) Society's Registration Act. 1860: 710 PUNE. m) Year of establishment: 1912 iv) Copies of Registration Constitution and Memorandum of Association attached? - Yes with as Appendix 'A'
	Hospital Information : (it is mandatory for Training Centres/Hospitals to have their own functional Hospital as per norms)	
	i) Name of the Hospital	No KING EDWARD MEMORIAL HOSPITAL, PUNE
	ii) Nursing Home Registration	LCBP-0506-01382
03	iii) Establishment Year	1912 as Appendix 'B'
04	i) Name of the College/Institute where course is to be conducted:	K.E.M. HOSPITAL, PUNE
	ii) Postal Address, with PIN:	
	iii) Contact Details:	Tele: Mob:
	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) Approved Intake Capacity... .. Affiliated Since... (if necessary Attach separate List)
	vi) Training Centre / Institute willing/interested 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: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes/No.
06	Financial position of the Society/Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No— attach as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 20 Rs.

Dr. (Brig.) Raj Kumar
 MD, PhD
 Director Academics
 K.E.M. Hospital, Pune-41101

08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No.....dated. Copy of Management Resolution attached? *Yes/No— — hails as appendix D'
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 Dr. (Brig.) Raj Kumar
 MD, PhD.
 Director Academics
 K.E.M. Hospital, Pune-411011

Other Information:	
a) Land:	*Yes/No. If yes, then Area: YES
i) Whether the land is owned by the Applicant institute/Colleges Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? YES
ii) Whether the land is registered?	Yes. If yes, Registration Number: 2208 Dated: 14/10/1986. at (Place): PUNE Copy of Land Registration Certificate attached? Yes
m) Any loans, mortgage, etc. shown against the title of the land:	No. — Mark as Appendix 'G'
b) Building:	183912.96 sq. ft.
i) Total built-up area:	Certified copy of Building Plan attached? Yes — Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 4469
- Books pertaining to concerned Fellowship subject: 45
- Purchase of latest editions of concerned books in last 3 years: 6

	Journals	Total	concerned Fellowship subject
	Indian		
	Foreign		

- Year / Month up to which latest Indian Journals available: UPTO Dec. 2022 (25 BOOKS)
- Year / Month up to which latest Foreign Journals available: UPTO Dec. 2022 (72 BOOKS)
- Internet . Med pub / Photocopy facility: AVAILABLE
- Library opening times: 09:00 TO 17:00 HRS
- Reading facility out of routine library hours: AVAILABLE
(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities: Available / Not available

Play grounds Gymnasium

ii. Hostel Accommodation :

Particular	UG		PG		Interns	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
No. of Rooms	NA	NA	161		NA	NA
No. of Students	NA	NA	VARIABLE		NA	NA
Status of Cleanliness	NA	NA	FAIR		NA	NA

6. Residential accommodation for Staff / Paramedical staff: AVAILABLE

7. Ethical Committee (Constitution) :YES

8. Medical Education Unit (Constitution) : YES, 12+ Emergency meetings as required
(Specify number of meetings held annually & minutes thereof)

9. Any other faculty specific information required (such as Herbal garden / Panchakarma / Plimetry / Dental Chans and Units/in per the requirement)

Dr. (Brig.) Raj Kumar
MD, PhD.
Panchakarma
Hospital, Pune-411

(HOSPITAL INFORMATION)

1. Name of the Hospital: KING EDWARD MEMORIAL HOSPITAL, PUNE

1 Total number of OPD, &D in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	136636	OPD	8568 8568
IPD (Total No. of Patients admitted)	19059	IPD (Total No. of Patients admitted)	3188 3188

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

In the entire hospital	
No of Beds	634
No of Beds in ICU	45 (Adults), 10 (Paediatrics), 34 (NICU)
No of Beds in IRCU	Part of Adult ICU
No of Beds in SICU	As above + Cardiac recovery 6 Beds
No of Major O.T.	09
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
- Daily admissions
- Daily admissions in Dept. Through casualty at 10am
- Bed occupancy in the Dept. at 10 AM
- Number of patients

.....

- Percentage bed occupancy at

.....

- Clinical Procedure(s) & Operative Details related to Fellowship subject/specialty : (Nar further details in this concern kindly peruse the Guidelines Information sheet supplied herewith)

On Inspection day Average of random 3 days

[Signature]
Dr. (Brig.) Raj Kumar
MD, PhD.
Director Academics
K.E.M. Hospital, Pune-411011

5. Casualty/ Emergency Department :

Space	
Number of Beds	11
No. of cases (Average daily OPD and Admissions):	22360 / 12 months
Emergency Lab in Casualty (round the clock):	available
Emergency OT and Dressing Room	Yes
Staff (Medical/Paramedical)	Yes
Equipment available	Yes

6. Blood Bank:

Blood Bank:				
(i)	Valid FDA License(copy of certificate be annexed)	Yes		
(ii)	Blood component facility available	Yes		
(in)	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 muts consumed daily and on inspection day in the entii'e Hospital (give distribution in various specialties)	<table><tr><td>Average daily</td><td>On inspection</td></tr></table>	Average daily	On inspection
Average daily	On inspection			

7. Central Laboratory:

- Controlling Department: PATHOLOGY
- No of Staff : 6
- Equipment Available : (Attach separate List) From Annual Report- Annexure 5
- Working Hours: 24x7

8. Central supply of Oxygen / Suction: Available

9. Central Sterilization Department Available

10. Ambulance (Functional) Available

11. Laundry: Outsource:

12. Kitchen Outsourced

13. Incinerator: Functional / Nonfunctional Outsourced

14. Bio-Medical waste disposal Outsourced

15. Generator facility Available

16. Medical Record Section: Non computerize

- ICD X classification Not used

Sign & Stamp Head of
the Department Date:
DR. MUGDHA A. PARASNIS
DGO, UNB, (OBGY)
HOD, TATA CENTRE FOR
REPRODUCTIVE
HEALTH & IVF DEPT
REG. NO. 88978
KEM HOSPITAL, PUNE



College/Institute
Round Seal

Sign & Stamp Dean/Principal/Head of
Institute Date:

DR. MADHUR RAO
SR. DY. MEDICAL ADMINISTRATOR
KEM HOSPITAL, PUNE
Dr. (Brig.) Raj Kumar
MD, PhD.

Director Academics
KEM Hospital, Pune-411011

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected:...ASSISTED REPRODUCTIVE TECHNIQUE
2. Date on which independent department of: functioning concerned specialty was created and started since 1998

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 MUGDHA PARASNIS	Full Time	HEAD OF THE DEPT	MBBS ,DGO DNB	18 YRS
2					

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

Yes

Since when: ...1998.....

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200	Available	
Clinics	2 x100	Available	
Laboratory Space	200	Available	
Seminar room	150	Available	
Department Library	150	Available	
PG common room	100	Available	
Pre-clinical lab (where ever applicable)	-		
Patient waiting room	200	Available	
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 3years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2020-2021	ART	2	Dr Mugdha Parasnis
2021-2022	ART	2	Dr Mugdha Parasnis

(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	Mrs sharidini tathakkar	Staff Nurse
2	Mrs Sulbha Sorate	Staff Nurse
3	Mrs Kalyani Nangare	EMBRYOLOGIST

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.
1	Voluson E6	USG	Functional	1
2	Mindray DC80	USG	Functional	1
3	Ortigo suction pump		Functional	2

Dr. (Brig.) Raj Kumar
MD, PhD.

Director, Academic

5.	MINC TRIPLE GAS CO2 INCUBATOR		FUNCTIONAL	1
6.	CO2 INCUBATOR		FUNCTIONAL	1
7.	MICROMANIPULATOR		FUNCTIONAL	1
8.	INVERTED MICROSCOPE		FUNCTIONAL	1
9.	LAMINAR AIR FLOW MICROSCOPE		FUNCTIONAL	1
10.	CENTRIFUGE		FUNCTIONAL	1

9. Intensive care Service provided by the Department: (Emergency) NO

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
1	MEDICAL GENETICS	MON-FRI	9 AM TO 2 PM	15	DR. MINAL AGARWAL

11. Services provided by the Department:

a) Services

i. OPU

ii. IUC, IVE, ICS

iii. TESA, OVARIAN PRP/ ENDOMETRIAL PRP.

(b) Ancillary Services

(f) Others: _____

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes	HOD	YES
Staff (Steno /Clerk).	Yes	Professors	YES
Computer/ Typewriter	Yes	Associate Professors	YES
Storage space for files	Yes	Assistant Profess or	
		Residents	YES

14. Clinical Load of Dept.: No of Surgeries / Procedures 2-3 Per day

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

Dr. (Brig.) Raj Kumar
MD, PhD.
Director Academics
K.E.M. Hospital, Pune-411011


Annexure – E

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff. (Separate form shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Director	:	DR .RAJKUMAR
02.	Date of Birth	:	02.01.1963
03.	Address	:	222,DELMAR TOWERS, CLOVER VILLAGE,
04.	Tel. No./ Mob. No.	:	8972463735
05.	e-mail id	:	Rajkem2022@gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD (SOCIAL AND PREVENTIVE MEDICINE), PhD (ZOOLOGY/ENTOMOLOGY)
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	15 Yrs 06 Months
09.	Present Appointment	:	DIRECTOR ACADEMICS
10.	Publications (List & Proof)	:	NA
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	15 Yrs 06 Months
12.	Any other relevant information	:	-

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

Date :- 31 July 2023


 Sign. of Teaching Staff
 Dr. (Brig.) Raj Kumar
 MD, PhD.
 Director Academics
 K.E.M. Hospital, Pune-411011
 Director Academics
 K.E.M. Hospital, Pune-411011

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. MUGDHA PARASNIS
02.	Date of Birth	: 17.01.1976
03.	Address	: 302, BHOSALE SERENADE APARTMENTS PLOT NO 38, BHOSALE NAGAR PUNE 411007
04.	Tel. No./ Mob. No.	: 9881742578
05.	e-mail id	: mugdhaparasnis@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, DGO, 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)	: KEMH, PUNE: AUGUST 2006 CONSULTANT : 16 YEARS
09.	Present Appointment	:
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 16
12.	Any other relevant information	:

Date: -

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.

DR. MUGDHA A. PARASNIS

DGO, DNB, (OBGY)
HOD, TATA CENTRE FOR
REPRODUCTIVE
HEALTH & DEPT
REG. NO. 88978
KEM HOSPITAL, PUNE

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal

DR. MADHUR RAO
SR. DY. MEDICAL ADMINISTRATOR
K.E.M. HOSPITAL, PUNE

Dr. (Brig.) Raj Kumar
MD, PhD.

Director Academics
K.E.M. Hospital. Pune-4110

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. RABIN MAJUMDER
02.	Date of Birth	: 04.01.1962
03.	Address	: 102, TATVAM HOMES, JAGTAP NAGAR, PUNE 411040
04.	Mob. No.	: 9822051569
05.	E-mail id	: Rabinmajumder1962@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (OBGY)
08.	Present Appointment	: SENIOR CONSULTANT
09.	Any other relevant information	: DNB POST GRADUATE TEACHER

Date:

Sign & Stamp
Head of the Department

Date:

DR. MUGDHA A. PARASNIS
DGO, DNB, (OBGY)
HOD. TATA CENTRE FOR
REPRODUCTIVE
HEALTH & IVF DEPT
REG. NO. 88970
KEM HOSPITAL, PUNE

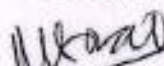


Training Centre Round Seal

Rabin Majumder

* Sign. of Co-ordinator

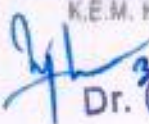
Rabin Majumder



Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date:

DR. MADHUR RAO
SR. DY. MEDICAL ADMINISTRATOR
K.E.M. HOSPITAL, PUNE

 **Dr. (Brig.) Raj Kumar**
MD, PhD.

Director Academics
K.E.M. Hospital, Pune-411011

ANNEXURE – “H”

DECLARATION


I, the Dean / Director/ Principal of the KING EDWARD MEMORIAL HOSPITAL, 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 & 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 & 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 & 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.31 Day of July 2023 At KEM Hospital, Pune

Date: 31 July 2023

Place: Pune


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

Dr. (Brig.) Raj Kumar
MD, PhD.

Director Academics
KEM Hospital Pune-411011



Maharashtra Medical Council, Mumbai

Registration No. : 88978

Dated: 02/02/1999

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 0153/2015

Dated: 13/01/2015



*I hereby certify that the following qualification has been
duly registered in the Medical Register of the Council.*

NAME	ADDITIONAL QUALIFICATION
DR. (Ms.) KARNIK MUGDHA VIJAY	D.N.B. (Obst. & Gynae.) N.B.E. NEW DELHI, 2005



REGISTRAR



MAHARASHTRA MEDICAL COUNCIL, MUMBAI

(Established by Government of Maharashtra Under MMC Act, 1965)

Address:- 189/A, ANAND COMPLEX, 1ST FLOOR,
SANE GURUJI MARG, ARTHUR ROAD NAKA,
CHINCHPOKALI (W), MUMBAI - 400 011.

Contact Details:

Tel. No.: 022-2300 7650

Website : www.maharashtramedicalcouncil.in

Email Id: maharashtramedicalcouncil@gmail.com

No : MMC/RENEW/88978/2022

Date : 15/02/2022

To,
Dr. KARNIK MUGDHA VIJAY
FLAT NO 302, BHOSALE
SERENADE APTS., PLOT NO 38,
BHOSALE NAGAR, DIST-PUNE -
411007,
MAHARASHTRA.

Sub : Renewal of Registration No : 88978

Ref: Your Application date : 09/02/2022

Madam ,

I have to inform you that your name has been continued up to 28 Feb 2027 on the medical register of this Council, maintained under the provision of Maharashtra Medical Council Act 1965.

It is stated that the Medical Graduates / Practitioners registered with this Council will be required to approach this Council two months in advance before expiry of the above period for next renewal of registration as per section 23(C) of the Maharashtra Medical Council (Amendment) Act 2003.

Signature Valid

Digitally Signed by SANJAY BALASAHEB

DESHMUKH (REGISTRAR OF

MAHARASHTRA MEDICAL COUNCIL)

Date : 4/7/2022 1:02:03 PM

Registrar

Maharashtra Medical Council

College of Physicians and Surgeons of Bombay



I certify that

Dr./Miss/Mrs. Mugdha Amit Parashnis.

passed the Diploma Examination in
Gynaecology and obstetrics [D.G.O.]

held by the College of Physicians and Surgeons
of Bombay in the month of April 2002.

Mumbai, 3rd June 2002.

Prepared by H. Paul

Checked by [Signature]

U.R. Mehta
Secretary
3.6.2002.

[Signature]
Verified with Original
24/2/02

MAHARASHTRA MEDICAL COUNCIL, MUMBAI

HOTEL REGAL PALACE BUILDING,
OPP. ROXY CINEMA, MUMBAI-400 004.



CERTIFICATE OF REGISTRATION

Registration No. 88978

This is to certify that the within-

Signed

Doctor **Shri / Shrimati**

Kumari

KARNIK MUGDHA VIJAY

possessing the qualifications of M.B.B.S. (POONA), 1999;

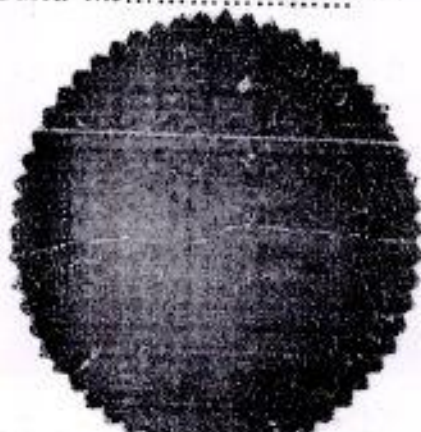
has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965), in Part I of the register.

In witness whereof are herewith affixed the seal of the Maharashtra Medical Council, Mumbai and the signature of the Registrar.

Dated the 2ND FEBRUARY 1999.

Verified with Original

Registrar.



MAHARASHTRA MEDICAL COUNCIL
OFFICE
S. E. M. HOSPITAL,
BOMBAY-11

New Delhi, India

hereby certifies that

Karnik Mugdha Vijay

has pursued the prescribed course of postgraduate training and has demonstrated her proficiency at an examination held in May 2005 to the satisfaction of the Board.

Accordingly, on this Eighteenth February in the year Two Thousand Six the Board admits her at the Conboration held at Kolkata as a

Diplomate of the National Board

for the practice of



Verified with Original

Obstetrics & Gynaecology

Prof. A. R. Sund
Prof. A. R. Sund

Prof. A. Rajasekaran

Prof. A. Rajasekaran