

Application for Recognition of Institute /College / OR for Startine / 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)

To,

The Registrar,
Maharashtra University of Health Sciences,
Vani — Dindori Road Mhasrul,
Nashik 422 004

Sir,

I AM /We are here with 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 **Dialysis** with an

In take Capacity of 1:2 students, for the academic year 2021-2022.

Following are the particular's:

- Purpose of Present inspection: (Tick whichever applicable and stile-out' whichever not applicable)

Grant of Permission of Recognition/ Increase of seats
/Renewal of Affiliation/ Recognition whichever Compliance
Verification

- Date of last inspection of the department : NA

(Write Not Applicable for first inspection)

- Purpose of Last Inspection: NA

- Result of last Inspection: NA
(Copy of University Letter to be attached)

- Fellowship/Certificate Course Co-ordinator Details:

Name: DR. JYOTI SINGHAL

Mobile/Telephone no: 7507547470

Email : jyosinghal@gmail.com

Jyotsinghal
Dr. Jyoti Singhal
MD Pediatrics
Fellowship in Pediatric Nephrology
2007/04/1113

PART - I
(INSTITUTIONAL INFORMATION)

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

PG Degree Recognized/ Not Recognized	Subject	Year	Institution	University
	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 mnths
Any Other				
Grand Total				15 Years 06 mnths

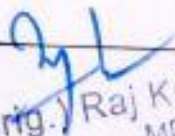
2. Management/Society/Inst. Information

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 Registration 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) File as attached
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 A...
A. H.

411011

	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Dialysis 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

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

ANNEXURE "A"

Title of the Course applied for:-

This to Certify that Dr. VIPUL CHAKURKAR has worked in the Department of NEPHROLOGY Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
ASSTT. PROFESSOR, DEPT. OF MEDICINE, B.J. MEDICAL COLLEGE, PUNE	31.07.2013	05.02.2014	06
ASSTT.PROF. DEPT. OF MEDICINE, B.J.MEDICAL COLLEGE, PUNE	25.05.2017	27.12.2017	07
JR. CONSULTANT NEPHROLOGIST, KEM HOSPITAL,PUNE	01.01.2018	TILL DATE	04 07

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

Designation	From	To	Total period Year/Months
RESIDENT NEPHROLOGY MULTIBHAI PATEL UROLOGY HOSPITAL, NADIAD	06.02.2014	03.02.2017	03 0
JR. CONSULTANT NEPHROLOGIST KEMH HOSPITAL, PUNE	01.01.2018	Till date	04

(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

DR. VALENTINE LOBO
MD (MED)DNB(NEPHRO)
CONS. NEPHROLOGIST
KEM HOSPITAL, PUNE - 411011
REG NO 77474

DR. VIPUL CHAKURKAR
MBBS, MD, DNB (Nephrology)
Reg. No. 200310241689

Recommended/ Not Recommended



Sign & Stamp
Dean/Principal/Head of Institute
Date

DR. MADHUR RAO
MEDICAL ADMINISTRATOR
MD, P
KEM HOSPITAL, PUNE

Signature with date of LIC Chairperson Member
Academics
Hospital Pune-411011

(INSTITUTIONAL INFORMATION)

ANNEXURE B

1. Particulars of Director Dean Principal: *(Write as per the Head of the Institution)*
 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	

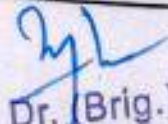
Teaching Experience

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 Regulatory Constitution and Memorandum of Association attached? - Yes/No as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centres applying Institute 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
		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:	Mob: Tele:
	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— Refer as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 20 Rs. Dr. (Brig.) B. Kumar Director Academics 11011

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

(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
IPD (Total No. of Patients admitted)	19059	IPD (Total No. of Patients admitted)	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
d i d i
 - Percentage bed occupancy at

	On Inspection day	Average of random 3 days
--	-------------------	--------------------------
 - Clinical Procedure(s) & Operative Details related to Fellowship subject/specialty : (Nar
further details in this concern kindly peruse the GuMclinet Information sheet supplied herewith)
On Inspection day Average of random 3 days

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

Other Information:	
a) Land:	*Yes/No. If yes, then A/c: 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

- Residential accommodation for Staff / Paramedical staff: AVAILABLE
- Ethical Committee (Constitution) : YES
- Medical Education Unit (Constitution) : YES, 12+ Emergency meetings as required (Specify number of meetings held annually & minutes thereof)

- Any other faculty specific information required : (such as Herbal garden / Panchakarma Unit / Plimacy / Dental Chaus nd Units/in per the requirement)

Dr. (Brig.) Raj Kumar
MD, PhD.
Panchakarma Unit
Attached details
Pune-411011

5. Casualty:/ Emergency Department :

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

6. Blood Bank:

(i)	Valid FDA License(copy of certificate be annexed)		
(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	Yes	
(vi)	Average blood muts consumed daily and on inspection day in the entiti'e Hospital (give distribution in various specialtics)	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:

- ICD X classification

Non computerize

Not used

Sign & Stamp Head of the Department Date:

DR. VALENTINE LOBO
MD (MED) DNB (NEPHRO)
CONS. NEPHROLOGIST
KEM HOSPITAL, PUNE - 411011
REG NO 77424



College/Institute Round Seal

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

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

Director Academics
KEM Hospital, Pune-411011

PART — II

(HOSPITAL INFORMATION)

1. Name of the Hospital: KING EDWARD MEMORIAL HOSPITAL, PUNE
1. Total number of OPD, & IPD in the Institution and concerned department during the last one year:

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

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No of Beds	634
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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

(d / 0 /)

.....

- Percentage bed occupancy at

.....

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

On Inspection day Average of random 3 days

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:

(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 units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily On inspection by

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: Outsourced

12. Kitchen

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. VALENTINE LOBO
 MD (MED)DNB(NEPHRO)
 CONS. NEPHROLOGIST
 KEM HOSPITAL, PUNE - 411011
 REG NO 77424

College/Institute
Round Seal

Sign & Stamp Dean/Principal/Head of
Institute 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

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Dialysis Medicine
2. Date on which independent department of: functioning concerned specialty was created and started Since 2014

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. Vipul Chakurkar	Full time	Consultant	MBBS,MD, DNB	08 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Yes Since when: 2014

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200	Available	
Clinics	2 x 100	Available	
Laboratory Space	>200	Available	
Seminar room	150	Available	
Department Library	150	Available	
PG common room	>100	Available	
Pre-clinical lab (where ever applicable)	NA	NA	NA
Patient waiting room	>200	Available	
Total area	1200		

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)
2020-21	Dialysis Medicine	00	Dr. Vipul Chakurkar
2021-22	Dialysis Medicine	00	Dr. Vipul Chakurkar
2022-23	Dialysis Medicine	00	Dr. Vipul Chakurkar

(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
2	Mrs. Sangita	Receptionist

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)
List attached

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1				
2				

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

Equipment Available in the Renal Unit

Equipment	No
Hemodialysis Machines	24
Fresenius 4008S	6
Fresenius 4008 NG	15
Fresenius 4008 ArrT plus	1
Fresenius 5008	1
Althin Altratouch 1000	4
Drake Willock Tina	2
Water treatment plants	4 (1 of 1000 lph and 3 of 500 lph capacity all delivering EU standard ultrapure water)
Portable RO 70 Lph	1
Portable SS tank 250 liters for dialysis water	1
Bicarbonate mixing machine	3
Dry Citrasate Automatic Programmable Concentrate Mixer	1
Prismaflex CRRT Machine for adult pediatric & Neonatal CRRT	1
Single channel ECG monitor	1
ECG machine	1
Defibrillator	1
Refractometer	1
pH meter	2
TDS meter	1
Student monocular microscope	1
Olympus model CX-141 teaching microscope with digital camera and software	1
Automated Peritoneal Dialysis Cycler (Home Choice)	2
Syringe Pumps (B Braun)	7
Infusion Pumps (Peristaltic B Braun)	6
Body Composition Machine for Bioimpedance Analysis (Fresenius)	1
Portable USG Doppler machine (GE- Logiq-E)	1
LG Flat screen TV 100 cm for presentations	2
MMS Technomed Video Urodynamic Machine	1

Dr.  Kumar
MD, PhD.

Director of Services
K.E.M. Hospital, 41 mg
I, P...

Annexure - 6

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 .RAJ.KUMAR
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

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

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. JYOTI SINGHAL
02.	Date of Birth	: 15.05.1984
03.	Address	: 2 nd floor Renal Unit, Diamond Jubilee Building, KEM Hospital, Pune
04.	Mob. No.	: 7507547470
05.	E-mail id	: jyotisinghal@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (Paed.), ISPN Fellowship
08.	Present Appointment	: JUNIOR CONSULTANT
09.	Any other relevant information	

Date: 23/05/2022 *Jyotisinghal*

Jyotisinghal
Sign. of Co-ordinator
MD Pediatrics
Fellowship in Pediatric Nephrology
2007/04/1113

Chakurkar
DR. VIPUL CHAKURKAR
MBBS, MD, DNS (Nephrology)
Reg. No. 2009/04/1689

Valentine Lobo
Sign & Stamp
Head of the Department
Date:



Training Centre Round Seal

Madhur Rao
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

DR. MADHUR RAO
SR. DY. MEDICAL ADMINISTRATOR
KEM HOSPITAL PUNE

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

Director Academic
KEM HOSPITAL PUNE

DR. VALENTINE LOBO
MD (MED) DNS (NEPHRO)
CONS. NEPHROLOGIST
KEM HOSPITAL, PUNE - 411011
REG NO 77024

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

K.E.M. Hospital, Pune-411011