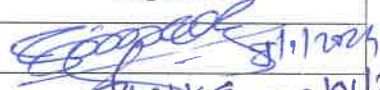

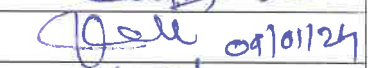




**Maharashtra University of Health Sciences, Nashik****Inspection Committee Report for Academic Year 2024- 2025****Faculty of Medicine****(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship/Certificate Course/Ph.D. Colleges/Institutes & Hospitals)**

Date of Inspection : 09.01.2024

Name & Designation of Inspectors :		Signature
1) Dr. Jadhav Sandip Eknath	Chairman	
2) Dr. Sunil Sonu Hatkar	Member	
3) Chandrashekhar Kashinath Koli	Member	
4) Vd. Hiteshwar Dharmaji Lonare	Member	

1	<b>Name of the College / Institute</b>	: TOPIWALA NATIONAL MEDICAL COLLEGE,
a	Name of Society / Trust	: Brihanmumbai Mahanagarpalika
b	Address	: Dr. A.L. Nair Road, Mumbai Central, Mumbai – 400 008.
c	Email Address	: <a href="mailto:deantnmcmbai@gmail.com">deantnmcmbai@gmail.com</a>
d	Fax No.(s)	:
e	Telephone No.(s)	: 022 – 23027000
f	Website	: <a href="http://www.tnmcnair.edu.in">www.tnmcnair.edu.in</a>
g	College Code	: 1103
h	Year of Establishment	: 04.04.1921
i	Status	: Corporation
j	Letter of permission by Medical Council of India (UG)	: Letter No.No.U-12012/350/2019-ME.I (FTS.8013875) Dated 21.06.2019 Permitted - 30 Letter No.MCI-34(41)/(UG)/2016-Med./155581 Dated 22.11.2017 Recognized – 120 Total Intake: 150
k	Stage of Renewal	:
2	<b>Details of the Dean/Principal</b>	: Dr.Sudhir V Medhekar
a	Name of the Dean/ Principal	: Dean
b	Nature of Appointment	: Permanent / Temporary / Officiating
c	Mobile No.	: 9322406438
d	Office Landline	: 022 – 23027101
e	E-mail Address	: <a href="mailto:deantnmcmbai@gmail.com">deantnmcmbai@gmail.com</a>

  
Dean:  
B. Y. L. Nair Ch. Hospital

1. Details of the College are available on the College Website, in the prescribed format? Yes/No

Yes/No

2. Whether the information is complete in all respect. Yes/No

Yes/No

3. If incomplete information, please write the points from prescribed format regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-

4.

Sr. No.	Points Number in prescribed format	Particulars of the point	Observations of the LIC

5. LIC to randomly choose the 5-10 points from prescribed format about which information is completely available.

Sr. No.	Points Number in prescribed format	Particulars of the point	Observations of the LIC
1.	6 – Radiodiagnosis – No of USG Machine	20	Available 7
2.	10 – Labaur Average no of Delivery	12	Available on the day of inspection 4, Average 10.
3.	13 – IPD wards	Duty rooms Yes	Duty rooms not available
4.	14 – Clinical Material, Bed Occupancy	60%	72%
5.	14- Clinical Material. No of Normal Delivery	5	10
6.	14- Clinical Material No of Caesarian section	35	03
7.	B – College Information 11. Number of books and Journals added in last year.	85 & 47	No Purchase Order Avalaible
8.	8. Department wise Facilities 7. FMT MOU with Government/District Hospital, If PM Examination not permitted	Yes	PM Facility available, hence Not Applicable
9.	9. Other Facilities 14.,15 & 16	-	Available

6. LIC to randomly choose few departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents for these randomly chosen departments) Annexure- "II".

7. Curricular Activities in the College-

a. Whether Master Time Table is available.

Yes/No

b. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master timetable?

(LIC to randomly choose 5-10 today's lectures, Practicals, clinical sessions, PG activities,(if PG course available) etc. from master time table and physically verify the conduction of these sessions).

Sr. No.	Year (I, II, III / I, III / II, PG)	Teaching method (Lecture, Practical, Clinics, PG activities etc.)	Whether Actual session is conducted as per master Plan	Remark
1.	Ist Year	Anatomy Lecture	Yes	9.15 to 10.15
2.	Phase – II	Medicine Clinic	Yes	10.15 to 1.00 pm
3.	Ist Year	Lecture (PSM)	Yes	10.30 to 12.30
4.	Ist Year	Dissection (Anatomy)	Yes	1.30 to 3.00 pm



Dean:

B. Y. L. Nair Ch. Hospital

5.	PG	Ophthalmology	Yes	Phacoshala 9.45 onwards
6.	PG	Medicine Case presentation	Yes	1.30 to 2.30
7.	PG	Peadiatrics Case Presentation	Yes	12.30 to 1.30

c. LIC to randomly choose at least two departments from Clinical side and at least one departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below)-

Sr. No.	Department	Past Records Available (Yes /No)	If available, whether past teaching activities are as per time table (Yes/No)	Remark
1.	Pharmacology	Yes	Yes	08.01.2024 8.00 am to 9.00am
2.	Biochemistry Lecture	Yes	Yes	08.01.2024 8.30 am to 9.30 am
3.	Biochemistry Lecture	Yes	Yes	08.01.2024 11.45 am to 12.45 pm

8. **Ongoing Research Activities in the college excluding PG thesis** (LIC to verify the relevant details of any one of ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc., and give the remarks below).

Enclosed in seperate sheet

9. **MUHS Faculty Evaluation Status:**

(Refer University Circular No.99/2022 (MUHS/Acad/EO/UG & PG/3869/2022 dtd.21/10/2022))

Faculty Evaluation carried out at College level	Total No. of Teachers	Total evaluation carried out	Remaining pending with reasons
NA	NA	NA	NA

10.

**Accreditation: Accredited**

If Yes, Grade & Date of last Inspection:

If No, what is current status/ progress of work

**Status of NAAC  
Under Process**

11.

**Students Feedback**

Sr. No.	Particulars to be verified	Details on College Website	Adequate/ Inadequate
1	<b>Hostel facility:</b> Boys (UG & PG), Girls (UG & PG), Interns, Residents, Canteen Facility, Warden/ Rector, Hygiene, Vending Machine etc. [Note: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019].	Yes/No	Just Adequate
2	Toilets / Washroom Facilities (Cleanness & Hygiene maintain)	Yes/No	Just Adequate
3	Housekeeping at Hostel	Yes/No	Adequate
4	Drinking Water Facilities	Yes/No	Adequate
5	Security Services	Yes/No	Adequate

**12. Fees Details:**

Sr. No.	Continuation / Extension of Affiliation Fees Details:				
	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1	MBBS	Paid	Rs.3,00,000/-	Explanation letter attached	
2	BPMT	Paid	Rs.1,00,000/-		
3	Allopathy (Super Speciality Per sub.)	Paid	Rs. 5,00,000/-		
4	Allopathy (M.D./ M.S.)	Paid	Rs. 5,00,000/-		

**13. Date of college data uploaded on web portal (<http://aishe.gov.in>) regarding "All India Survey on Higher Education (AISHE)".**  
Yes/No

**14. Summary and other observation of LIC: (If required separate sheet to be attached).**

The college building where academics and examinations conducted is under renovation. The construction activity causes lots of inconvenience and disturbances while conducting academic activities



**Dean:**  
B. Y. L. Nair Ch. Hospital

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Information to be provided by the College for verification of Local Inquiry Committee

### LIST OF ANNEXURE FOR LIC

No. of Annexures	Particulars	Verified by Committee
ANNEXURE- I-A & I-B	<b>Approved Teaching Staff &amp; Total Teaching Staff (Approved + Not approved) Information as per MSR</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes
ANNEXURE-II	<b>LIC to randomly choose few departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents)</b> 1. Hard copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes
ANNEXURE-III	<b>Intake Capacity/ Seat Matrix</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes
ANNEXURE- IV	<b>Total Subject-wise Teacher Staff List (Approved + Not approved)</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes
ANNEXURE- V	<b>Total Ancillary Staff Information</b> The information must be made available on the College website.	Yes
ANNEXURE- VI	<b>Total Non-Teaching Staff Information</b> The information must be made available on the College website.	Yes
ANNEXURE-VII	<b>Examination Related Information</b> Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College website.	Yes
ANNEXURE-VIII	<b>Form for Fellowship/Certificate Course(s)</b> Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website.	Yes
ANNEXURE-IX	<b>Form for Ph.D Courses</b> Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website.	Yes
ANNEXURE-X	<b>Declaration by the Dean / Principal of the College / Institute</b> Original copy of this Annexure must be submitted to the University.	Yes

### IMPORTANT INSTRUCTIONS & DECLARATIONS:

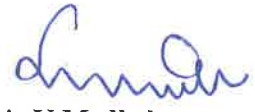
1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.

(P.T.O.)

2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.
3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college website for a period of 05 years from time to time. In case if any information(Annexurewise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

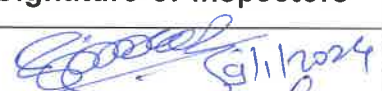

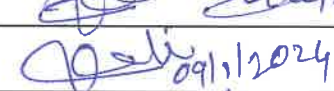
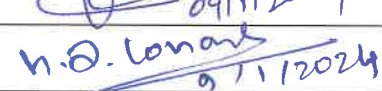
**Date :09.01.2024**

**Place : Mumbai**

  
**Dr. Sudhir V Medhekar,**  
**Dean**  
**T.N. Medical College**  
**Dean:**  
**B. Y. L. Nair Ch. Hospital**

### DECLARATION BY LIC

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

Name of Inspectors		Signature of Inspectors
1) Dr. Jadhav Sandip Eknath	Chairman	 9/1/2024
2) Dr. Sunil Sonu Hatkar	Member	 9/1/24
3) Chandrashekhar Kashinath Koli	Member	 09/1/2024
4) Vd. Hiteshwar Dharmaji Lonare	Member	 9/1/2024

## Maharashtra University of Health Sciences, Nashik

Name of College/Institute – Topiwala National Medical College, Mumbai.

Intake Capacity: 150 Recognized/Permitted 120/30 If permitted, Stage of renewal: .....**APPROVED TEACHING STAFF AVAILABLE:**

Departments	Professor			Associate Professor			Assistant Professor			Senior Resident			Tutor /JR		
	R	AA	D	R	AA	D	R	AA	D	R	AA	D	R	AA	D
Anatomy	1	1	0	2	5	0	3	7	0	1	1	0	4	6	0
Physiology	1	1	0	1	5	0	3	7	0	1	1	-	2	6	-
Biochemistry	1	1	0	1	4	0	2	0	0	4	0	4	-	-	-
Pharmacology	1	1	0	2	4	0	3	2	0	4	0	Not	-	-	-
Pathology	1	2	0	4	9	0	4	13	0	5	6	0	-	-	-
Microbiology	1	1	0	3	4	0	4	6	0	4	5	0	12	10	-
Forensic Medicine	1	0	1	1	2	0	1	1	0	3	1	2	0	3	0
Community Medicine	1	2	0	3	3	0	6	6	0	4	4	0	5	29	-
Gen. Medicine	1	4	0	6	6	0	11	10	0	6	5	1	54	54	-
Paediatrics	1	1	0	3	5	0	5	6	0	3	7	-	-	-	-
Respiratory Medicine	1	0	1	1	0	1	1	0	1	1	3	0	3	9	0
D.V.L.	1	1	0	1	1	0	1	1	0	1	6	0	3	9	0
Psychiatry	1	1	0	2	3	0	3	5	0	2	5	0	4	24	0
Gen. Surgery	1	3	0	5	4	0	9	8	0	5	6	0	10	41	-
Orthopaedics	3	3	0	3	2	0	5	4	0	3	3	0	9	9	0
E.N.T.	1	1	0	2	2	0	4	0	4	4	4	0	18	17	1
Ophthalmology	1	1	0	2	3	0	3	5	0	2	6	0	-	-	-
Obst. & Gynae.	1	2	0	4	2	1	7	3	4	4	6	0	8	24	-
Anaesthesia	1	4	0	3	11	0	4	19	0	10	7	3	0	0	0
Radio-diagnosis	1	1	0	1	4	0	1	1	0	3	8	0	10	30	-
Dentistry															
Emergency Medicine															
Total															

R = Required, AA=Approved Available, D=Deficiency.

- Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
- Staff requirement should also include requirement for any running PGcourse in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of approved faculty) \* 100/ (Total Required faculty)

Available approved faculty % = 100 – Deficiency % = \_\_\_\_\_

(Faculty includes Professors, Associate Professors and Assistant Professors)

  
Signature of Dean  
Dean:

B. Y. L. Nair Ch. Hospital

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**Name of College/Institute Topiwala National Medical College, Mumbai.**

Intake Capacity: 150 Recognized/Permitted 120/30 If permitted, Stage of renewal: .....

**TOTAL (APPROVED + NOT APPROVED) TEACHING STAFF**  
**AVAILABLE:**

Departments	Professor			Associate Professor			Assistant Professor			Senior Resident			Tutor /JR		
	R	TA	D	R	TA	D	R	TA	D	R	TA	D	R	TA	D
Anatomy	1	1	0	1	5	0	3	7	0	1	1	0	4	6	0
Physiology	1	1	0	1	5	0	3	7	0	1	1	0	2	6	0
Biochemistry	1	1	0	1	4	0	2	0	0	2	0	2	3		
Pharmacology	1	1	0	2	5	0	3	5	0	4	4	0	3	14	0
Pathology	1	2	0	4	9	0	4	13	0	5	6	0	33	32	0
Microbiology	1	1	0	3	4	0	4	6	0	4	5	0	12	10	-
Forensic Medicine	1	0	1	1	2	0	1	1	0	3	1	2	0	3	0
Community Medicine	1	2	0	3	3	0	6	6	0	4	4	0	5	29	0
Gen. Medicine	1	4	0	6	6	0	11	10	0	6	5	1	54	54	0
Paediatrics	1	1	0	3	5	0	5	6	0	3	7	0	-	-	-
Respiratory Medicine	1	0	1	1	2	0	1	2	0	1	3	0	3	9	0
D.V.L.	1	1	0	1	1	0	1	2	0	1	6	0	3	9	0
Psychiatry	1	1	0	2	3	0	3	3	0	2	5	0	4	24	0
Gen. Surgery	1	3	0	5	4	0	9	8	0	5	6	0	10	40	0
Orthopaedics	1	3	0	3	2	0	5	4	1	3	3	0	9	9	0
E.N.T.	1	1	0	2	2	0	4	4	0	4	4	0	18	18	0
Ophthalmology	1	1	0	2	3	0	3	5	0	2	6	0	4	18	0
Obst. & Gynae.	1	2	0	4	2	1	7	7	0	4	6	0	8	24	0
Anaesthesia	1	4	0	3	10	0	4	19	0	4	7	0	-	-	-
Radio-diagnosis	1	1	0	1	4	0	1	4	0	3	8	0	10	30	0
Dentistry															
Emergency Medicine															
Total	20	31	2	49	81	1	80	119	1	64	88	5	185	335	0

R = Required, TA=Total Available, D=Deficiency.

- Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
- Staff requirement should also include requirement for any running PG course in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of faculty 4) \* 100/ (Total Required faculty 149) =

Available total faculty % = 100 - Deficiency % = 2.62%

(Faculty includes Professors, Associate Professors and Assistant Professors)

Deficiency in residents and tutors % = (Total deficiency of residents and tutors 5) \* 100/(Total Required residents and tutors 249) =

Available residents and tutors % = 100 - Deficiency % = 2%

  
Signature of Dean

Dean:

B. Y. L. Naik Ch. Hospital



Name of College/Institute.....

Name of the Department:

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
	List Attached			

Summary – List Attached

**Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor			
2	Associate Professor			
3	Assistant Professor			
4	Senior Resident			
5	Junior Resident			

**Approved + Non Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor			
2	Associate Professor			
3	Assistant Professor			
4	Senior Resident			
5	Junior Resident			

**Signature of HOD**

**Signature of Dean**



Dean:  
B. Y. L. Nair Ch. Hospital

## Intake capacity/ Seat Matrix

Name of College/Institute: Topiwala National Medical College, Mumbai.

UG Degree/PG Degree/ Diploma Courses/Super Specialty	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma		Degree	Diploma
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted		
<b>UG Degree</b>								
<b>MBBS</b>	150	Not Applicable	120	30	Not Applicable		Not Applicable	
<b>BPMT</b>	25	Not Applicable	25	-	Not Applicable		Not Applicable	
<b>PG Degree / Diploma &amp; SuperSpecialty</b>								
MD Anatomy	5		5				5	
MD Anaesthesiology	26		23	3			26	
MD Community Medicine	10		10				10	
MD Skin & VD	3		2	1			3	
MD General Medicine	18		14	4			18	
MS General Surgery	14		10	4			14	
MD Microbiology	4		4				4	
MS Obst. & Gyn.	8		7	1			8	
MS Ophthalmology	6		4	2			6	
MS Orthopaedics	3		2	1			3	
MS ENT	6		6				6	
MD Paediatrics	14		12	2			14	
MD Pathology	11		11				11	
MD Pharmacology	5		5				5	
MD Physiology	4		4				4	
MD Psychiatry	8		8				8	
MD Radio-Diagnosis	10		10				10	
MD Pulmonary Medicine	3		2	1			3	
Mch. CVTS	3		1	2			3	
DM Cardiology	3		3				3	
DM Endocrinology	2		2				2	
DM Medical Gastroenterology	3		3				3	
Mch. Neuro Surgery	4		4				4	
DM Nephrology	3		1	2			3	
DM Neurology	1		1				1	
Mch Pediatrics Surgery	2		2				2	
Mch Plastic & Reconstructive Surgery	4		4				4	
Mch Urology	3		3				3	

Any Other, Please Specify: .....

Signature of Dean

Dean:

B. Y. L. Ch. Hospital

**ANNEXURE-IV**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**

**Name of the Dept. :** ..... **Subject:** ..... **Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....**  
**Name of the College :** ..... **College Code :** ..... **Intake Capacity:** .....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience		Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	MET Workshop attended in last 5 years	Photo graph with Signature	
									UG(Yrs.)					From	To				Temp/ Regular & date
	List Attached																		

**Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.**

**Signature of Dean with Seal**

## Ancillary staff

Name of the College / Institute: Topiwala National Medical College, Mumbai

Unit	Post	Required	EXT.	DEF.
Central Record Section	Medical Record Officer	1	0	1
	Statistician	5	3	2
	Coding Clerks	-	-	-
	Recording Clerks	12	12	-
	Drafteries	-	-	-
	Peon	4	1	3
	Steno-Typist	1	0	1
Central Animal House	Veterinary Officer	1	-	-
	Animal Attendant	2	-	-
	Technicians for Animal Operation Room	1	-	-
	Sweepers	2	-	-
Central Library	Librarian with Degree in Lib. Sci.	1	1	0
	Deputy Librarian	2	0	2
	Documentalist	-	-	-
	Cataloguer	-	-	-
	Library Assistant	7	5	2
	Dafteries	4	3	1
	Peons	4	2	2
Central Photographic cum Audio Visual Unit	Photographer	1	-	-
	Artist Modelleur	1	-	-
	Dark Room assistant	1	-	-
	Audio Visual Technician	1	-	-
	Storekeeper cum Clerk	1	-	-
	Attendant	1	-	-
Medical Education Unit	Officer Incharge (Principal/Dean)	1	1	-
	Co-Ordinator	1	1	-
	(Head of Deptt. nominated by Principal / Dean)	1	1	-
	Faculty college faculty on part time basis.	6	6	-
	Supporting Staff:			
	Stenographer	1	2	-
	Computer Operator	1	1	-
	Tech. in Audio Visual Photograph & Artist	2	-	-
Central Sterilization Services Dept.	Matron	1	-	-
	Staff Nurse	4	-	-
	Technical Asst.	8	1	-
	Technician	8	1	-
	Ward Boy	8	4	-
	Sweeper	4	1	-
Laundry	Supervisor	2	Municipal Power Laundry	-
	Dhobi/Washerman/woman	12		-
	Packer	12		-
Blood Bank	Professor/Reader	1	2	-
	Lecturer	2	2	-
	Technician	6	12	-
	Lab Attendants	6	4	2
	Storekeepers	6	0	6
	Record Clerk	3	1	2
Central Casualty Service	Casualty Medical Officers	4	8	-
	Operation Theatre staff	8	4	-
	Stretcher bearers Recept. cum Clerk	6	0	-
		2	0	-
	Ward Boys	6	20	-
	Nursing and Para Medical staff	6	20	-
	Clinical staff for casualty beds	10	0	-
Central Workshop	Superintendent who shall be qualified	1	Municipal Workshop	-
	Engineer	4		-
	Senior Technician	2		-
	Junior Technicians	1		-
	Carpenter	1		-
	Black Smith	4		-
	Attendants	10		-

## Name of the College / Institute : Topiwala National Medical College, Mumbai.

## Total Non-Teaching Staff

Departments	Technical Assistant/ Technician			Storekeeper/ Record Keeper cum Clerk cum Computer Operator			Laboratory Attendant			Steno Typist cum Computer Operator			Sweeper			Others				
	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def		
Anatomy	1	1	0	-	-	-	4	3	1	1	1	0	2	2	0			4	7	0
Physiology	1	1	0	1	0	1	0	1	0	0	0	0	2	2	0					
Biochemistry	2	2	0	1	1	0	1	0	1	1	0	0	2	4	0					
Pathology	4	3	1	1	1	0	2	3	0	1	1	0	2	2	0					
Microbiology	7	15	0	1	1	0	2	2	0	2	1	1	1	1	0					4
Pharmacology	1	1	0	1	1	0	1	2	0	1	1	0	1	2	0					
Forensic Medicine	1	1	0	1	1	0	0	0	0	1	0	1	5	5	0					
Comm. Medicine	1	1	0	1	1	0	1	1	0	1	0	1	1	1	0			1	1	0
Medicine	3	3	0	3	0	3	4	1	3	1	1	0	-	-	-			1	0	1
TB & Chest Psychiatry	3	1		3	1		4	0	1									2	1	1
	-	-	-	1	1	0	-	-	-	1	1	0	1	1	0			1	1	0
																		1	1	0
																		1	1	0
Gen. Surgery																		1	1	0
Orthopaedics	1			1	1		1											1	1	0

Departments	Technical Assistant/ Technician			Storekeeper/ Record Keeper cum Clerk cum Computer Operator			Laboratory Attendant			Steno Typist cum Computer Operator			Sweeper			Others						
	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def				
Ophthalmology	1	0	1	1	1	0	-	-	-	1	0	1	-	-	-	-	-	-	Audiometry Tech. Speech Therapy Refractionist	1	1	0
Radiotherapy (optional)	8	24	0	2	1	0	-	-	-	1	1	0	-	-	-	-	-	-	Social Workers Dark Room Asst Physicist Dark room Asst.			
Anesthesia	04	02	02	1	1	0	-	-	-	1	1	1	1	1	0	-	-	-	Physiotherapist Occupational Therapist Workshop Worker Clinical Psychologist MSW Public Health Nurse Vocational Counsellor Multi - Rehabilitation Worker Speech Therapist			
Dentistry																						
<b>TOTAL</b>																						



Signature of Dean

Dean  
B. Y. I. Hospital

**EXAMINATION RELATED INFORMATION FOR A.Y. 20.....-20.....****For Online Transmission of Question Papers:**

Sr. No.	Infrastructure facilities at College	Yes /No
<b>Strong Room : Not Available / Under Renovation</b>		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	2 NA
2	Minimum Area shall be 20 x 20 sq. ft.	
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	
7	Adequate Number of Paper Rims for printing Question Papers.	
8	One Photocopy Machine, UPS Backup.	
<b>Scanning Room :</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software(OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Not Available
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Not Available
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Not Available
4	Collapsible gate for the main entrance with Name board and locking facility.	Not Available
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	Not Available
6	Appointment of one Professor as a <b><u>Examination Co-ordinator</u></b> to Co-ordinate this Online process.	Appointed
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Not Available



Dean:  
B. Y. L. Nair Ch. Hospital







**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- .....

This to Certify that Dr ..... has  
worked in the Department of ..... Training Centre as per  
following details**A) General Experience**

Designation	From	To	Total period Year/Months	
File Attached				

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



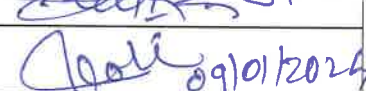
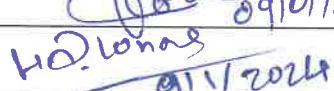
Designation	From	To	Total period Year/Months	

(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 : / /



 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 9.11.24  
 Topiwala National Medical College  
 Nair Road, Mumbai-400 008

Name of Inspectors		Signature of Inspectors
1) Dr. Jadhav Sandip Eknath	Chairman	 09/11/2024
2) Dr. Sunil Sonu Hatkar	Member	 09/11/24
3) Chandrashekhar Kashinath Koli	Member	 09/10/2024
4) Vd. Hiteshwar Dharmaji Lonare	Member	 09/11/2024

**FOR Ph.D COURSE(S) FOR A.Y. 20.....-20.....**

(Please submit separate report for each subject)

<b>Date of Inspection</b>	<b>:</b>	
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**Faculty:** ..... **Subject/Specialty:** .....

**1. Name & Address of the College/Research Centre: -**

File Separately Attached for Community Medicine & Anatomy

.....

.....

**Name of Head of the Department: -** .....

**Designation:** .....

**2. Department / Subject wise details of available PhD Guides: -**  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1							
2							
3							
4							
5							

**4. Details of available infrastructure for Research:**

- i) Adequate number of Computers with Internet facility is available? Yes / No
  - ii) Adequate number of Books / Journals are available? Yes / No
  - iii) Any other specific thing available at the Department:.....
- .....
- .....
- .....

**5. Details of Central Research Laboratory:**

- i) Available Area (in sq. ft) : .....
- ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes / No
- iii) Is Adequate number of Instruments are available? Yes / No
- iv) Is Records of Stock book available? Yes / No

**6. Details of Central Animal House:**

- i) Available Area in sq. ft: .....
- ii) Functioning Central Animal House? Yes / No

**7. Details of Institutional Ethical Committee: (Attach Annexure "B")**

- i) Date of Composition: .....
- ii) Total Number of Members: .....
- iii) Number of meetings held in previous year: .....
- iv) Whether Records of proceedings are maintained properly? **Yes / No**
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes / No**

**8. Details of Research Advisory Committee: (Attach Annexure "C")**

- i) Date of Composition: .....
- ii) Total number of Members: .....
- iii) Number of meetings held in previous year: .....
- iv) Whether records of proceedings are maintained properly? **Yes / No**

**9. Is Doctoral Committee constituted in the lines of RAC? **Yes / No****

- i) If Yes, Date of Composition: .....
- ii) Total number of Members: .....
- iii) Name of External Subject Expert.....

**10. Is Plagiarism detection software facility available? **Yes / No****

If Yes, Name of the Software.....

**11. Is attendance of the Ph.D. Scholar maintained properly? **Yes / No****

**12. Whether Research Centre is registered under MPCB provisions? **Yes / No****

**13. Whether BMW facility is available? **Yes / No****



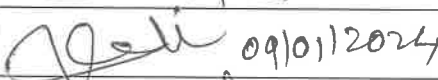
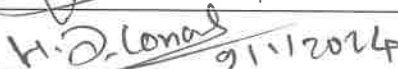
**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

.....  
 .....  
 .....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....  
 .....  
 .....

Name of Inspectors		Sign. of Inspectors with Date
1) Dr. Jadhav Sandip Eknath	Chairman	 09/11/2024
2) Dr. Sunil Sonu Hatkar	Member	 09/11/24
3) Chandrashekhar Kashinath Koli	Member	 09/10/2024
4) Vd. Hiteshwar Dharmaji Lonare	Member	 09/11/2024

**College Letter Head**

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**List of Ph.D. Guides Available at Ph.D. Research Centre**

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Attached						
2							
3							
4							
5							

**Date:**

**Signature, Name and stamp of  
Dean/Principal/Director**

**College Letter Head****Details of Institutional Ethical Committee**

A) Details of Institutional Ethical Committee

<b>Sr.No.</b>	<b>Name of Ethical Committee Member</b>	<b>Designation</b>
1		
2		
3		
4		
5		

**Date:****Signature, Name and stamp of  
Dean/Principal/Director**

**College Letter Head****Details of Research Advisory/ Doctoral Committee**

<b>Sr.No.</b>	<b>Name of Research Advisory/ Doctoral Committee/Subject expert Member</b>	<b>Designation</b>
1		
2		
3		
4		
5		

**Date:****Signature, Name and stamp of  
Dean/Principal/Director**