

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Shrikant Prabhakar Age: 58 (Date of Birth) 28/01/1964

PG Degree	<u>M.D.</u>	Subject	<u>PEDIATRICS</u>	Year	<u>1990</u>	Institution	<u>LTMCMC Hosp.</u>	University	<u>MUMBAI</u>
Recognized / Not Recognized									

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>B.J. WADIA HOSP. FOR CHILDREN</u>	<u>4/2/1992</u>	<u>28/2/99</u>	<u>7y</u>
Asso. Professor/Reader	<u>-11-</u>	<u>1/3/1999</u>	<u>30/8/2003</u>	<u>4yr 6mon/25</u>
Professor	<u>-11-</u>	<u>1/9/2003</u>	<u>1/1/2018</u>	<u>14yr</u>
Any Other	<u>M.D.</u>	<u>-11-</u>	<u>1/8/2018</u>	<u>Gran d Total TILL DATE</u>

Total = 30yr.

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>BAI JERBAI WADIA HOSPITAL FOR CHILDREN</u>
	ii) Postal Address, with PIN:	<u>ACHARYA DONDE MARG, PAREL</u>
	iii) Contact Details:	Mob: _____ Tele: _____
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>943 (B.O.M.)... 2.9.03.1954</u>
		ii) Society's Registration Act. 1860:.....
		iii) Year of establishment: <u>1928</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Marked as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	i) Name of the Hospital
		ii) Nursing Home Registration No.
		iii) Establishment Year
		<u>BAI JERBAI HOSPITAL FOR CHILDREN</u> <u>887541805</u> <u>25.06.2013</u> <u>1928</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>BAI JERBAI WADIA HOSPITAL FOR CHILDREN</u>
	ii) Postal Address, with PIN:	<u>ACHARYA DONDE MARG, PAREL</u>
	iii) Contact Details:	Mob: _____ Tele: <u>022-24126003</u>
	iv) E-mail ID:	<u>info@wadiahospital.org</u> <u>022-2418669</u>
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	<u>Name of the Course(s) .. List Attached</u> <u>Approved Intake Capacity... 10x Affiliated Since... 2015</u> <u>(if necessary Attach separate List)</u>
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	<u>Name of the Course(s) Required</u> <u>Required Intake Capacity..... (if necessary</u> <u>Attach separate List)</u>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS) (<u>NEFT</u>)	<u>Paid Fees details Attached: *Yes/No.</u> <u>(Pending Fees, if any):</u> <u>CBIMH 21291468549, 18/10/2021, Rs. 50000/-</u>
06	Financial position of the Society/ Institute in the preceding 03 years:	<u>Audited Statements of Accounts for 201</u> <u>*Yes/No- Mark as Appendix 'C'</u>
07	Budgetary provision for the FC/CC/DC for the next 03 years	<u>i) 2020-23 Rs ... 11 lacs, 2023-24 - 12 lacs</u> <u>2024-25 13 lacs</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	<u>Resolution No. <u>Circular</u> Dated ... <u>1/4/2015</u></u>
		<u>Copy of Management Resolution attached? <u>Yes</u> 31/07/2018</u> <u>*Yes/No- Mark as Appendix 'D'</u>

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: <u>A. 96 Hectares</u>
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No— Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: <u>284</u> Dated: <u>28/03/1928</u> At (Place): <u>Mumbai</u> Copy of Land Registration Certificate attached? *Yes/No.— Mark as Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs. <u>NIL</u> Copy of Loan/Mortgage Deed attached? *Yes/No. — Mark as Appendix 'G'
b) Building:	<u>194.59392</u> sq. ft.	
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No	— Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 2832
- Books pertaining to concerned Fellowship subject: 25
- Purchase of latest editions of concerned books in last 3 years: -

• Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	7	} 10
3	Foreign	37	

- Year / Month up to which latest Indian Journals available : 2022

- Year / Month up to which latest Foreign Journals available : 2022

- Internet / Med pub / Photocopy facility: available / not available

- Library opening times: 8am - 10pm

- Reading facility out of routine library hours: available / not available

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

4. Recreational facilities:

- Play grounds Gymnasium Available / Not available

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of	2		}		2	
Students	NA		4	0	NA	
Status of Cleanliness	J		Good			

6. **Residential accommodation for Staff / Paramedical staff :** Available / Not Available ✓

7. **Ethical Committee (Constitution) :** YES / NO ✓

8. **Medical Education Unit (Constitution) :** YES / NO ✓
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :** NA
(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)