

(INSTITUTIONAL INFORMATION)

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

Name: DR MEHENROSH J. JASSAWALA Age: 68 yrs (Date of Birth) 06.07.1954

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	OBSTETRICS GYNAECOLOGY	1982	SETIA GSMC, Mumbai	BOMBAY UNIVERSITY

Teaching Experience

Designation	Institution	From	To	Total Exp.
REGISTRAR	NWMA MUMBAI	01/7/1982	15/8/1985	3 yrs
HON Asst. Professor	NWMA MUMBAI	16/8/1985	21/3/1997	11 yrs 7 months
HON Asso. Professor/Reader	NWMA MUMBAI	1/4/1997	28/2/2003	5 yrs 11 months
HON Professor	NWMA MUMBAI	01/03/2003	TILL DATE	19 yrs 9 months
Any Other			Grand Total	

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	NOWROSJEE WADIA MATERNITY HOSPITAL
	ii) Postal Address, with PIN:	ACHARYA DONDE MARG, PAREL, 400012
	iii) Contact Details:	Mob: 2414 6964/65/66/67 Tele:
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: E. 244/BOM..DG: 29/03/1954
		ii) Society's Registration Act. 1860:.....
		iii) Year of establishment: 1926
		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
04	i) Name of the Training Centre /Institute where course is to be conducted:	NOWROSJEE WADIA MATERNITY HOSPITAL
		ii) Postal Address, with PIN:
		iii) Contact Details:
		iv) E-mail ID:
		v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity
		vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)
		Audited Statements of Accounts for *Yes/No - Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 2021-22 Rs. 12.16 Lakh ii) 2022-23 Rs. 12.5 Lakh 2023-24 Rs. 13 Lakh
		Resolution No. Dated
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Copy of Management Resolution attached? YES.
		*Yes/No - Mark as Appendix 'D' TRUST DEED ATTACHED

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: . 16.684. 07 SQ.Ft.
	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: Dated At (Place): 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 Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G'
	b) Building: i) Total built-up area:	1605.44 sq. ft. Certified copy of Building Plan attached? *Yes/No REFER TO TRUST DEED - Mark as Appendix 'H'

3. **Central Library**

- Total number of Books in library: 630
- Books pertaining to concerned Fellowship subject: 46
- Purchase of latest editions of concerned books in last 3 years: - _____

• **Journals:**

1	Journals	Total	concerned Fellowship subject
2	Indian	30	12
3	Foreign	06	01

- Year / Month up to which latest Indian Journals available : _____
- Year / Month up to which latest Foreign Journals available : _____
- Internet / Med pub / Photocopy facility: available available / not available
8:00am - 8:00pm.
- Library opening times: _____
- Reading facility out of routine library hours: available 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			10	20		
Students			05	20		
Status of Cleanliness			Good	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 :**
(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)