

Name of College/Institute Shree Bhausaheb Hire Government Medical College Dhule

Name of the Department: Anesthesia

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr Sandipthorat	Associate Professor	Associate Professor	
2	Dr Anil Patil	Associate Professor	Associate professor	
3	Dr. Rupali Patil	Assistant Professor	-	
4	Dr. Gulabsing Pawara	Assistant Professor	-	

Total IPG Intake Capacity = 7

Whether Teachers Students ratio is fulfilled

No

Summary -**Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	0	1
2	Associate Professor	4	2	2
3	Assistant Professor	6	2	4
4	Senior Resident	6	4	2
5	Junior Resident	21	21	0

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	0	1
2	Associate Professor	4	2	2
3	Assistant Professor	6	2	4
4	Senior Resident	6	4	2
5	Junior Resident	21	21	0

Signature of HOD

Signature of Dean

Intake capacity/ Seat Matrix

Name of College/Institute: Shri Bhausahab Hire Government Medical Collage ,Dhule

PG Degree / PG 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	Recognized	Permitted	Recognized	Permitted	Degree	Diploma

Any Other, Please Specify:

Signature of Dean

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not
Approved)**

**UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....
Name of the Dept.; Anesthesia Subject: A n e s t h e s i a
Whether UG.... /UG+PG...../UG+PG+SuperSpecialty... Name of the
College:Shri Bhausahab Hire Govt Medical Collage, Dhule
College Code:..... Intake Capacity:07**

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
									UG(Yrs.)					
									Asst. Prof.	Asso. Prof.	Prof.	Total		
1	M.D Anesthesia	Dr.Sandip Arun Thorat	Associate professor	9822542870	drsandiathorat@gmail.com	18.12.75 48Yrs	SC	Asso. Prof 14.10.2015	11YR	8yrs 2 month	NA	19 yrs month	2YR	regular
2	M.D Anesthesia	Dr. Anil Pandharinath Patil	Associate professor	9657535906	lavinapatil99@gmail.com	06.02.70 53Yrs	OBC	Asso. Prof 05.10.2018	10Yrs	5Yr 2 M	NA	15Yrs 2 M	-	regular
3	M.D Anesthesia	Dr. Rupali Patil	Assistant Professor	9820316109	rupali.s.patil@gmail.com	29.11.85 38Yrs	OBC	Assist.Pr of 04.09.2014	9YR 3M	NA	NA	9YR 3 M	2YR	regular
4	M.D Anesthesia	Dr. Gulabsing Chandrasing Pawara	Assistant Professor	9420655959	gulabpawara234@gmail.com	10.06.92 31 yrs	ST	Assist.Pr of 14.08.2023	4 M	NA	NA	4 M	-	Temporary

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

ANNEXURE-IV-A

EXAMINATION RELATED INFORMATION FOR A.Y. 20.....-20.....

For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	
2	Minimum Area shall be 20 x 20 sq. ft.	
3	Adequate Steel Almira/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.	
Scanning Room :		
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	
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	
4	Collapsible gate for the main entrance with Name board and locking facility.	
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.	
6	Appointment of one Professor as a <u>Examination Co-ordinator</u> to Co-ordinate this Online process	

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection	:	
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1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01				
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20..... – 20....			
2	A.Y. 20..... – 20....			
3	A.Y. 20..... – 20....			
4	A.Y. 20..... – 20....			
5	A.Y. 20..... – 20....			

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 Certifythat Dr has worked in the Department of Training Centre as per following details

A) General Experience

Designation	From	To	Total periodYear/Months	

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

Designation	From	To	Total periodYear/Months	

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

Sign&Stamp
Head ofthe Department
Date : / /

Sign & Stamp
Dean/Principal/Head ofInstitute
Date: / /

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

