
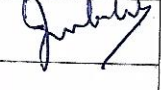


**Maharashtra University of Health Sciences, Nashik**  
**Local Inquiry Committee format for Continuation of Affiliation/Recognition for**  
**Affiliated Training Center's conducting Fellowship and Certificate Course(s) for**  
**the A.Y. 20 - 20**

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

Date of LIC	:	D	D	/	M	M	/	Y	Y	Y	Y
		2	9		0	6		2	0	2	2

Name & Designation of Inspectors :			Signature
1)	Dr. Muralidhar Parshuram Tambe	Chairman	
2)	Dr. Deepali Abhijit Ambike	Member	
3)		Member	
4)		Member	

**1. Training Centre Information:**

A	Name of the affiliated training centre	:	Patankar Hospital Pvt. Ltd. Pune
i	Name of Society / Trust	:	Private company U85110PN2007P7129911
ii	Address	:	986 / A / 1 Shukrawar Peth, Opp saras baug, pune 411002.
iii	Email Address	:	info@patankarhospital.com
iv	Telephone No.(s)	:	7410040761 , 9552587165
v	Website	:	www.patankarhospital.com
vi	Year of Establishment	:	D D / M M / Y Y Y Y 2007
B	Name of the Director/ Dean/ Principal	:	Dr. Amit Patankar
i	Mobile No.	:	9823053044
ii	Office Landline	:	020-24440787
iii	E-mail	:	info@patankarhospital.com
C	Name of Co-ordinator	:	Dr. Leena Patankar
i	Mobile No.	:	9822062858
ii	Email ID	:	info@patankarhospital.com



7. Any Other Observations & Overall Remarks of The Local Inquiry Committee (Not More Than 3 Lines): (To be filled by the Local Inquiry Committee)

Sr. No.	Particular	-	Remarks
01.	Recommendation for Recognition of the Institute (If applicable)	:	1) Ethics Committee has only 4 members and no outside members
02.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	The Institute has all the infrastructure and training facilities for the said course as per MUNS norms.

Annexure ..A... to.....H.. are to be certified by LIC members & Dean/ Principal of Respective Training Centre.

This is certify that the Annexure .....A to...H.... are verified & found corrected which is uploaded on the college website. Any discrepancies occurring regarding permission for Continuation of affiliation/ Extension of affiliation as per Minimum Standard Requirement (MSR) undersigned will be responsible for the above said matter.



Chairman of LIC



Member of LIC

Member of LIC

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**Information to be provided and uploaded by the Training Centre (as applicable) on their**  
**website for verification of Local Inquiry Committee**

**List of Annexures**

No. of Annexures	Particulars	Verified by Committee
ANNEXURE "A"	<b>Professional Teaching Experience Certificate for Fellowship/ Certificate Courses Director/Mentor</b> The information must be made available on the Training Centre website.	Yes/ <del>No</del>
ANNEXURE "B"	<b>INSTITUTIONAL INFORMATION</b> The information must be made available on the Training Centre website.	Yes/ <del>No</del>
ANNEXURE "C"	<b>HOSPITAL INFORMATION</b> The information must be made available on the Training Centre website.	Yes/ <del>No</del>
ANNEXURE "D"	<b>DEPARTMENTAL INFORMATION</b> The information must be made available on the Training Centre website.	Yes/ <del>No</del>
ANNEXURE "E"	<b>Information of Director of Training Centre</b> The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ <del>No</del>
ANNEXURE "F"	<b>Information of Mentor of Training Centre</b> The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ <del>No</del>
ANNEXURE "G"	<b>Information of Co-ordinator of Training Centre</b> The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ <del>No</del>
ANNEXURE "H"	<b>DECLARATION</b> The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ <del>No</del>

**Important Instructions & Declarations:**

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

*A Patil*

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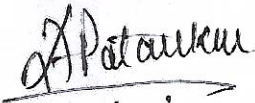
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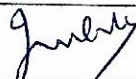
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Date: 29/06/22  
Place: Pune

  
Signature of Dean/Principal  
Name of the Signatory  
(with Seal of the Training Centre)

### DECLARATION BY LIC

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

Name of Inspector		Sign. of Inspector with date
1) DR. MURALIDHAR TAMBE	Chairman	 29.06.22
2) DR. DEEPALI AMBIKE	Member	 29.06.22
3)	Member	

**Note:** All Annexures must be certified by LIC Team & Dean/ Director/ Coordinator of Respective Training Centre.

Date: 29.6.2022

## Short Report

To,

The Registrar M.U.H.S.,

Nashik

**Sub:** - Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting Patankar Hospital Pvt Ltd, Pune Training Centre on dated 29.6.22 and sending a Short Report regarding reaching at Training Centre at time 10.00 a.m. And the Training Centre is Open/ ~~Closed~~ at the time of inspection.

1. Number of Teaching Staff / Mentor present : One

Dr. Mrs. Deepali Ambike  
(29.06.22)  
(Name & Sign of LIC Member)

.....  
(Name & Sign of LIC Member)

Dr. M.P. Tambe 29.6.22  
.....  
(Name & Sign of LIC Chairman)