

PATANKAR HOSPITAL PVT. LTD.

"Swanand", 986/A/1, Shukrawar Peth, Opp. Sarasbaug, Pune - 411 002.
Tel. : (020) 2444 0787 / 2444 4308 / 9552587174 / 65.

• E-mail : info@patankarhospital.com, patankarnh@rediffmail.com • Website : www.patankarhospital.com



Application for Continuation of Affiliation for Fellowship/Certificate Course(s)

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

To,
The Registrar,
Maharashtra University of Health Sciences,
Vani – Dindori Road, Mhasrul,
Nashik 422 004

Sir,

I am/We are herewith submitting the application with a request under section 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my/our Institute for renewal of Fellowship/Certificate Course in **Fellowship In Reproductive Medicine** with an Intake Capacity of **03** students, from the academic year 2024 -25

Following are the particulars:

Purpose of Present inspection: Renewal of Affiliation/Continuation/Compliance
Verification

(Tick whichever applicable and strike-out whichever not applicable)

Date of last inspection of the department: 29/06/2022

Purpose of Last Inspection: Proposal for continuation of affiliation dated 19/10/2021

Result of last Inspection:

(Copy of University Letter to be attached)

Fellowship/Certificate Course Co-ordinator Details:

Name: Dr.Leena Patankar

Mobile/Telephone no.: 9822062858

Email Id : drleenapatankar@gmail.com

PART - I
(INSTITUTIONAL INFORMATION)

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

Name: Dr. Amit Patankar Age: 52 (Date of Birth) 24/06/1971

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>DNB</u> <u>Obs-Gyn</u>	<u>1999</u>	<u>KIMS</u>	<u>NBE, New Delhi</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
Assistant Professor				
Associate Professor/Reader				
Professor				
Any Other				
				Grand Total

2. **Management/Society/Inst. Information :**

01	i) Name of the Society/Institution/ College/University Department:	<u>PATANKAR HOSPITAL PVT. LTD.</u>
	ii) Postal Address, with PIN:	<u>986/A/1, Shukrawak Peth Opp Sakas Bang, Pune-41</u>
	iii) Contact Details:	<u>Mob: 7410040761</u> , <u>Tele:</u>
	iv) E-mail ID:	<u>info@patankarhospital.com</u>
02	Society/Institution/College Registration Number and date: <u>Private Company</u> <u>U85110PN2007PT129911</u>	i) Public Trust Act 1950:.....
		ii) Society's Registration Act.1860:.....
		iii) Year of establishment: <u>2007</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No <u>Attached as Annexure 1</u> (Required to upload said documents on Training Centre website)
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 <u>Patankar Hospital Pvt. Ltd.</u>
		ii) Nursing Home Registration No. <u>LCBP-0506-0339</u>
		iii) Establishment Year <u>2007</u> <u>Attached as Annexure 2</u>
		(Required to upload said documents on Training Centre website)
04	i) Name of the College/Institute where course is to be conducted:	<u>PATANKAR HOSPITAL PVT. LTD.</u>
	ii) Postal Address, with PIN:	<u>986/A/1, Shukrawak Peth, Opp. Sakas Bang, Pune - 41</u>
	iii) Contact Details:	<u>Mob: 7410040761</u> <u>Tele: 9552587165</u>
	iv) E-mail ID:	<u>info@patankarhospital.com</u>
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>Fellowship in Reproductive Medicine</u> Approved Intake Capacity... <u>03</u> ... Affiliated Since <u>2019</u> (if necessary Attach separate List)
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) <u>NA</u> Required Intake Capacity..... (if necessary Attach separate List)
05	Fee details : Click on link to pay Online https://muhs.unisuite.in/	Valid Online Receipt Attached? *Yes/No. <u>Attached as Annexure 3</u>
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts, for *Yes/No <u>Attached as Annexure 4</u> (Required to upload said documents on Training Centre website)
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) <u>2024-25 Rs. App. 30 lac</u> ii) <u>2025-26 Rs. App 30 lac</u> iii) <u>2026-27 Rs. App 30 lac</u>
08	Management Resolution seeking Recognition of Institute for FC/CC of MUHS, Nashik:	Resolution No. <u>PHO1 APR 19</u> ... dated <u>08/04/2019</u> . Copy of Management Resolution attached? *Yes/No <u>Attached as Annexure 5</u>

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: 553265 sq.ft. + 101611
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No Attached as Annexure 6 (Required to upload said documents on Training Centre website)
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: dated ... N.6 at (Place): Copy of Land Registration Certificate attached? *Yes/No (Required to upload said documents on Training Centre website)
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs..... /mortgaged for Rs..... NO Copy of Loan/Mortgage Deed attached? *Yes/No. (Required to upload said documents on Training Centre website)
b) Building: i) Total built-up area:	Area in. 5489 . sq. ft. + 13654 sq. ft. Certified copy of Building Plan attached? *Yes/No Attached as Annexure 7 (Required to upload said documents on Training Centre website)	

3. **Central Library**

- Total number of Books in library: 500
- Books pertaining to concerned Fellowship subject: 99
- Purchase of latest editions of concerned books in last 3 years: -

• Journals:

Journals	Total	concerned Fellowship subject
Indian	07	
Foreign	01 (online)	

- Year / Month up to which latest Indian Journals available: Dec 2022
 - Year / Month up to which latest Foreign Journals available: Dec 2018
 - Internet / Med pub / Photocopy facility: available / not available
 - Library opening times: 10:00 am to 7:00 pm
 - Reading facility out of routine library hours: available / ~~not available~~
- (Obtain list of books & journals duly signed by Dean)

4. **Recreational facilities:** ~~Available~~ / Not available

Play grounds Gymnasium

5. **Hostel Accommodation:** Not available

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms						
No. of Students						
Status of Cleanliness						

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

7. **Ethical Committee (Constitution):** YES/NO Attached as Annexure 8

8. **Medical Education Unit (Constitution):** YES/NO (Specify number of meetings held annually & minutes thereof) Attached as Annexure 9

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

PART – II

(HOSPITAL INFORMATION)

1. Name of the Hospital: PATANKAR HOSPITAL PVT. LTD.

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	3182	OPD	1202
IPD (Total No. of Patients admitted)	1460	IPD (Total No. of Patients admitted)	460

3. Hospital Beds Distribution & No. of O.T.:

In the entire hospital	
No. of Beds	40
No. of Beds in ICU	-
No. of Beds in IRCU	-
No. of Beds in SICU	-
No. of Major O.T.	2
No. of Minor O.T.	1

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
<input type="checkbox"/> Daily OPD – 2 PM	90
<input type="checkbox"/> Daily admissions	4-5
• Daily admissions in Dept. Through casualty at 10am	5-6
• Bed occupancy in the Dept. at 10AM	20
• Number of patients in ward (IPD)	15
• Percentage bed occupancy at 10Am	50%

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty : (For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
•
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Ovum Pick-up - 2
Embryo Transfer - 2



5. Casualty: / Emergency Department:

Space	110 sq. ft.
Number of Beds	02
No. of cases (Average daily OPD and Admissions):	04
Emergency Lab in Casualty (round the clock):	Available / Not Available
Emergency OT and Dressing Room	Yes
Staff (Medical/Paramedical)	2 Doctors / 3 Nurses
Equipment available	

6. Blood Bank: Not available

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

7. Central Laboratory:

- Controlling Department: Laboratory
- No of Staff: 30 Attached as Annexure 10
- Equipment Available: Attach separate List Attached as annexure 10
- Working Hours: 8:00 AM to 8:00 PM

8. Central supply of Oxygen / Suction: Available / ~~Not available~~

9. Central Sterilization Department Available / ~~Not available~~

10. Ambulance (Functional) ~~Available~~ / Not available

11. Laundry: Manual/Mechanical/~~Outsourced~~:

12. Kitchen ~~Available~~ / Outsourced / ~~Not Available~~

13. Incinerator: Functional / Non functional Capacity:/Outsourced

14. Bio-Medical waste disposal Outsourced / ~~any other method~~

15. Generator facility Available / ~~Not available~~

16. Medical Record Section: ~~Computerized~~ / Non computerized

ICD X classification ~~Used~~ / Not used

A Patankar
Sign & Stamp

Head of the Department

Date:

A Patankar
Sign & Stamp

Dean/Principal/Head of Institute

Date:



College / Institute Round Seal



PART - III
(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected :.....ART Department.....
2. Date on which independent department of functioning concerned specialty was created and started :.....April 2010.....

3. Faculty details (From start of department till date):

Sr. No.	Name	Full Time/Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr. Parag Binjwade	Full time	Mentor	MD (Ob-Gyn) clinical course	34 yrs
2	Dr. Leena Patankar	Full time	course coordinator	MD (Ob-Gyn) M.Sc. (Cell. Embryology UK)	20 yrs

4. Whether Independent Department of concerned Fellowship/Certificate subject exists in the Institution: Yes/No:Yes..... Since when: since 2010

5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	100 sq ft	Yes	-
Clinics	300 sq ft	Yes	-
Laboratory Space	1100 sq ft	Yes	-
Seminar room	400 sq ft	Yes	-
Department Library	150 sq ft	Yes	-
PG common room	150 sq ft	Yes	-
Preclinical lab (where ever applicable)	-	-	-
Patient waiting room	400 sq ft	Yes	-
Total area	2600 sq ft	Yes	-

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

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Please write name of course	A.Y. 2018 - 2019	-	-
		A.Y. 2019 - 2020	-	-
		A.Y. 2020 - 2021	3	1
		A.Y. 2021 - 2022	3	1
		A.Y. 2022 - 2023	3	2

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-Teaching Staff in the department:

Sr. No.	Name	Designation
1	Mrs. Sanika Bhokare	Embryologist
2	Mrs. Bhagyashree Uttekar	Embryologist

8. **List of Equipment(s) in the department of concerned Fellowship subject:**
 Equipment's: List of Important equipment's available and their functional status
 (List here only- No annexure to be attached). *List attached*

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.

9. **Intensive care Service provided by the Department:** (Emergency) *NO*

10. **Specialty clinics being run by the department and number of patients in each :** *NO*

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

11. **Services provided by the Department:**

a) Services

i. _____

ii. _____

iii. _____

(b) Ancillary Services

(c) Others: _____

12. **Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	✓	✓
2	Equipment's	✓	✓
3	Teaching Space	✓	✓
4	Waiting area for patients	✓	✓

13. **Office space:**

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	<input checked="" type="radio"/> Yes <input type="radio"/> No	HOD	160 sq ft
Staff (Steno /Clerk).	<input checked="" type="radio"/> Yes <input type="radio"/> No	Professors	100 sq ft
Computer/ Typewriter	<input checked="" type="radio"/> Yes <input type="radio"/> No	Associate Professors	100 sq ft
Storage space for files	<input checked="" type="radio"/> Yes <input type="radio"/> No	Assistant Professor	100 sq ft
		Residents	100 sq ft

14. **Clinical Load of Dept.** : No of Surgeries / Procedures *...05....* Per day

15. **Submission of data to National Authorities if any:** _____

16. Overall Impression: (To be filled by the Local Inquiry Committee)

Particular	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		
Library facilities		
Equipment		
Overall Department Assessment		

**17. 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	-	
01	Recommendation for Recognition of the Institute (If applicable)	:	
02	Recommendation for Starting New Fellowship / Certificate Courses (If applicable)	:	
03	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	
04	Recommendation for Increase in Intake of Fellowship / Certificate Courses (If applicable)	:	

	Name of the LIC Chairman/Members	Signature
01		
02		
03		

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. Pooja Binwale..... has worked in the Department of Patankar Hospital Pvt. Ltd..... College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Lecturer in Dept. of Obs & Gyn	Feb 2006	June 2014		
Lecturer for Reproductive Medicine ICOG fellowship	Jan 2012	Dec 2017	6	00

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

A Patankar

Sign & Stamp Head of
the Department

Date:



A Patankar

Sign & Stamp
Dean/Principal/Head of Institute

Date:



Recommended / Not Recommended

Signature with date of LIC Chairman/Member

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. Leena Patankar has worked in the Department of..... College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
Resident	Jan 1995	Dec 1997	02	00
DNB- DGO Guide	DNB - Feb 2006	June 2012	06	00
	DGO - Aug 2012	Aug - 2017	05	00

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Endoscopic Surgeon (level III)	2000	till date	20	08
Lecturer for Reproductive medicine ICG fellowship	June 2012	Dec 2017	05	11

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

APatankar

Sign & Stamp Head of
the Department

Date:



APatankar

Sign & Stamp
Dean/Principal/Head of Institute

Date:



Recommended / Not Recommended

Signature with date of LIC Chairman/Member

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. Amit Patankar has worked in the Department of College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
Resident	1/3/1995	1/3/1996	01	00
Registrar	26/8/1996	28/8/1997	01	00

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Endoscopic surgeon	2000	Till date	20	08
Lecturer for Reproductive medicine ICOG Fellowship	June 2012	Dec 2017	05	11

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

A. Patankar
Sign & Stamp Head of
the Department

Date:



A. Patankar
Sign & Stamp
Dean/Principal/Head of Institute

Date:



Recommended / Not Recommended

Signature with date of LIC Chairman/Member

✓

ANNEXURE - "I"

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Parag Anand Biniwale
02.	Date of Birth	: 25/04/1967
03.	Address	: 942/4-B Anupam Model Colony, Pune
04.	Tel. No./ Mob. No.	: +91 9822023061
05.	e-mail id	: parag.biniwale@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MD [Ob-Gyn] Clinical course in surgical Pelviscopy
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: Medical professional experience - 32 yrs
09.	Present Appointment	: Mentor
10.	Publications (List & Proof)	: Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -

Date: -

Date: 25/04/2022
Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide Clause No. 7 of the University Ordinance No. 01/2022 (Amended).

2 *APataunker*
Sign & Stamp
Head of the Department
Date:

APataunker
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:



Training Centre Round Seal



Annexure – I

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff.

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Amit Patankar
02.	Date of Birth	:	24/6/1971
03.	Address	:	"Swanand" 86/A/1 Shukrawar Peth Pune
04.	Tel. No./ Mob. No.	:	+91 9823053044
05.	e-mail id	:	dramitpatankar@gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	DNB [Ob-Gyn] NBE New Delhi 1999
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	23 yrs
09.	Present Appointment	:	Senior Consultant
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	07 years
12.	Any other relevant information	:	-

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :-

A Patankar
Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

Date :-

A Patankar
Sign. of Head of Institute



Annexure – I

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / ~~Certificate~~ course along with its supporting documents & to be submitted along with list of Teaching staff.

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Leena Patankar
02.	Date of Birth	:	27/03/1971
03.	Address	:	"Swanand" 986/A/1, Shukrawar Peth, Pune
04.	Tel. No./ Mob. No.	:	+91 9822062858
05.	e-mail id	:	drleenapatankar@gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MD [Ob-Gyn] 1998 MSc Clinical Embryology UK
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	19 years 3 months
09.	Present Appointment	:	Senior consultant & co-ordinator
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	5 years
12.	Any other relevant information	:	-

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :-

APatankar
Sign. of Teaching Staff

Countersigned & Stamp by Head of Institute

Date :-

APatankar
Sign. of Head of Institute

