

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Shakuntala S. Prabhu Age: 58 (Date of Birth) 28/01/1964

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>Pediatrics</u>	<u>1990</u>	<u>Ltmce & SIOM Hospital</u>	<u>Mumbai University / MUHS Nashik</u>

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>Bai Jerbai Wadia Hospital</u>	<u>4/02/1992</u>	<u>28/3/1999</u>	<u>7 Years</u>
Asso. Professor/Reader	<u>-/- for children</u>	<u>1/3/1999</u>	<u>30/8/2003</u>	<u>4 Years</u>
Professor	<u>-/-</u>	<u>1/09/2003</u>	<u>till date</u>	<u>19 Years</u>
Any Other	<u>MD</u>		Grand Total	<u>30 Years</u>

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>A.D. Marg, Parel, Mumbai - 400012</u>
	iii) Contact Details:	Mob: <u>24126003</u> Tele: <u>24139809</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950 <u>E-943 (BOM) 29/03/1954</u>
		ii) Society's Registration Act. 1860:.....
		iii) Year of establishment: <u>1928</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? <input checked="" type="radio"/> 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	<u>B. J. Wadia Hospital for Children</u>
	ii) Nursing Home Registration No.	<u>887541805 (dated 25/06/2013)</u>
	iii) Establishment Year	<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>A.D. Marg, Parel, Mumbai 400012</u>
	iii) Contact Details:	Mob: <u>24126003</u> Tele: <u>24139809</u>
	iv) E-mail ID:	
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>List attached</u> Approved Intake Capacity <u>100</u> Affiliated Since <u>2015</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) Required Required Intake Capacity (if necessary Attach separate List)
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS) <u>(NEFT)</u>	Paid Fees details Attached: *Yes/No. (Pending Fees, if any;) <u>(BINH21291447857, 18/10/21, 50000/-)</u>
06	Financial position of the Society/ Institute in the preceding 03 years:	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) 2022 - 23 Rs <u>11.2 lacs</u> 2023 - 2024 - <u>12 lacs</u> 2024 - 2025 - <u>13 lacs</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>Circular Resolution</u> Dated <u>1.4.15</u> <u>31/7/2018</u>
		Copy of Management Resolution attached? *Yes/No - Mark as Appendix 'D'

09	Other Information:	<input checked="" type="checkbox"/>
	a) Land:	*Yes/No. If yes, then Area: .. <u>4.96</u> .. Hectars
	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? * <input checked="" type="checkbox"/> Yes/No— Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: .. <u>284</u> .. Dated <u>28.3.1928</u> At (Place): Copy of Land Registration Certificate attached? * <input checked="" type="checkbox"/> 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/ <input checked="" type="checkbox"/> No — Mark as Appendix 'G'
	b) Building: i) Total built-up area: sq. ft. Certified copy of Building Plan attached? * <input checked="" type="checkbox"/> Yes/No — Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 2832 (97 online)
10
- Books pertaining to concerned Fellowship subject: _____
- Purchase of latest editions of concerned books in last 3 years: - _____

• Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	<u>7</u>	
3	Foreign	<u>37</u>	

- 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 to 10pm

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

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

4. Recreational facilities:

Available / Not available

- Play grounds Gymnasium

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students	NA		40	Common Room		
Status of Cleanliness			Good		NA	

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)