

## (INSTITUTIONAL INFORMATION)

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

Name: Dr. Shakuntala S. Prabhu Age: 58 yrs (Date of Birth) 28<sup>th</sup> January 1964

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>MD</u> <u>DERMATOLOGY</u>	<u>1990</u>	<u>LTMHC HOSPITAL</u>	<u>BOMBAY UNIVERSITY.</u>

## Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>Bai Jeebai Wadia Hosp for Children</u>	<u>4/2/1992</u>	<u>28/2/1999</u>	<u>7 yrs.</u>
Asso. Professor/Reader	<u>- II -</u>	<u>1/3/1999</u>	<u>30/8/2003</u>	<u>4 yrs</u>
Professor	<u>- II -</u>	<u>1/9/2003</u>	<u>Till date</u>	<u>19 yrs</u>
Any Other	<u>MD</u>		Grand Total	<u>30 yrs.</u>

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

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Bai Jeebai Wadia Hospital for Children.</u>
	ii) Postal Address, with PIN:	<u>Ashaji Dande Marg, Pawl, Mumbai - 12</u>
	iii) Contact Details:	Mob: _____ Tele: <u>0222422603</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>E-943 (Bum). 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? *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>Bai Jeebai Wadia Hospital for Children.</u>
	ii) Nursing Home Registration No. iii) Establishment Year	<u>B.S.F. 541 805, Dt: 25/6/2016</u> <u>1928</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>Bai Jeebai Wadia Hospital for Children.</u>
	ii) Postal Address, with PIN:	<u>A.D. Marg, Pawl, Mumbai - 12.</u>
	iii) Contact Details:	Mob: _____ Tele: <u>022-2412 2603</u>
	iv) E-mail ID:	<u>info@wadiahospitals.org</u> <u>24185664.</u>
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) ..... Approved Intake Capacity... .. Affiliated Since... .. (if necessary Attach separate List) <u>List Attached.</u>
	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) <u>-</u>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS) <u>NEFT.</u>	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for <u>2018-19</u> <u>2019-20</u> *Yes/No- Mark as Appendix 'C' <u>2020-21</u>
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 2022-23. Rs... <u>1.1 lacs</u> ... <u>2023-2024 - 12 lacs</u> <u>2024-2025 - 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>1/4/2025.</u>
		Copy of Management Resolution attached? <u>Yes.</u>
		*Yes/No-- Mark as Appendix 'D' <u>Yes.</u> <u>Appendix D.</u>

Other Information:	
a) Land:	*Yes/No. If yes, then Area: . . . <u>4.26 Hectares</u>
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: . . . <u>284</u> . . . . . Dated . <u>28/3/1928</u> At (Place): . . . <u>Mumbai</u> . . . . . 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:	<u>144 Sq. ft. sq. ft.</u>
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No  — Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 2832 (online 97)  
81
- 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: 8 Am - 10 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:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of	NA		40 Common Rooms		NA	
Students	NA				NA	
Status of Cleanliness	NA		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 :**  
*(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)* NA