

(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) 28/01/1964

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>MD PAEDIATRICS</u>	<u>1990</u>	<u>LTMML STION HOSPITAL</u>	<u>MUMBAI UNIVERSITY / MUHS</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>B.J. WADIA HOSPITAL CHILDREN</u>	<u>4/2/92</u>	<u>28/03/99</u>	<u>7 YRS.</u>
Asso. Professor/Reader		<u>1/3/99</u>	<u>30/8/03</u>	<u>4 YRS.</u>
Professor	<u>J</u>	<u>1/9/03</u>	<u>TILL DATE</u>	<u>19 YRS.</u>
Any Other	<u>MD</u>		Grand Total	<u>20 YRS.</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. P. MARGI, PAREL, MUMBAI - 400012</u>
	iii) Contact Details:	Mob: _____ Tele: <u>2412600/2413980</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>E. 94. 3. BOM. ... 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
		ii) Nursing Home Registration No.
		iii) Establishment Year
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:	
	iii) Contact Details:	Mob: _____ Tele: <u>24126003</u>
	iv) E-mail ID:	<u>info@wadiahospitals.org</u> <u>24139809</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): <u>CDINH21291495536, 18/10/21, 15</u>
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> <u>2020-21</u> *Yes/No - Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 2021-23. Rs <u>11. Lacs</u> ... 2023 - 2024 <u>12 LAC</u> 2024 - 2025 <u>13 LAC</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>CIRCULAR</u> .. Dated. <u>01.10.2018</u>
		Copy of Management Resolution attached? <u>YES</u> *Yes/No - Mark as Appendix 'D'

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: . . . <u>4.96 HECTORS</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' <u>Yes</u>
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: . . . <u>284</u> Dated <u>28/03/28</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>19.4596</u> sq. ft.	
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)
- Books pertaining to concerned Fellowship subject: 55
- Purchase of latest editions of concerned books in last 3 years: - 03

Journals:

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

Yes
available / not

- Library opening times:

8AM to 10PM

- Reading facility out of routine library hours: available

Yes
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			40 Common			
Students	NA		Room		NA	
Status of Cleanliness			Good			

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)