Intake capacity/ Seat Matrix

Name of College/Institute :Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik.

UG Degree/PG	Council			Max	. Seats			
Degree/ Diploma Courses/Super Specialty			Degree		Diploma		Permitted by MUHS as per Teacher:	
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Degree	nt Ratio Diploma
MBBS	100		UG Degree			31 SALLUMAN	Dogice	Dipioma
NDB3	120	N.A	120	N.A	NI A			
			33336-7370	13.74	N.A	N.A	120	N.A

PG Degree / Diploma & Super Specialty

UG Degree/PG	Intake as per Council			Status of Council				
Degree/ Diploma Courses/Super Specialty			Degree		Diploma		Max. Seats Permitted by MUHS as per Teacher:	
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Stude Degree	nt Ratio
Pathology	5	N.A	5	N.A	N.A	N.A	5	Diploma N.A
Pharmacology	2	N.A	2	NA			3	IN.A
Microbiology	3	N.A		N.A	N.A	N.A	2	N.A
Medicine	5	N.A	0	N.A	N.A	N.A	3	N.A
Dermatology	3	N.A	5	N.A	N.A	N.A	5	N.A
Psychiatry	****	CENTRE MILLOW	3	N.A	N.A	N.A	3	N.A
	3	N.A-	3	N.A	N.A	N.A	3	N.A
Respiratory Medicine	2	N.A	2	N.A	N.A	N.A	4	214-10001-001
Surgery	12	N.A	5	7	N.A	N.A	2	N.A
Orthopaedics						11.71	12	N.A
	9	N.A	6	3	N.A	N.A	9	N.A
otorhinolaryngology ENT)	5	N.A	3	2	N.A	N.A	5	N.A
phthalmology	4	N.A	-			- 111.2	3	IN.A
	7	IV.A	4	N.A	N.A	N.A	4	N.A
naesthesia	8	N.A	4	4	N.A	N.A	0	
adio-diagnosis	5	NI A			II.A	IN.A	8	N.A
g	3	N.A	5	N.A	N.A	N.A	5	N.A
bstetric &	5	N.A	5	N.A	N.A	27.4		
ynecology				N.A	IN.A	N.A	5	N.A
aediatrics	3	N.A	3	N.A	N.A	N.A	3	N.A
					5015-50	11.21	3	N.A

Any Other, Please Specify:- Nil



EXAMINATION RELATED INFORMATION FOR A.Y.2023-2024

For Online Transmission of Question Papers:

Sr. No	Infrastructure facilities at College	Yes/No			
Strong]	Room:	1 03/140			
1	It must have Single Door Entry/Exit(with safety Door/Grill for windows)	Yes			
2	Minimum Area shall be 20 x 20 sq.ft	Yes			
3	Adequate Steel Almirah/Cupboard for storage of Answer Books	Yes			
4	C.C.T.V Camera with recording facility that covern entire area or Downloading and Printing of online transmission of Question Paper process	Yes			
5	Latest version Computer (Minimum 4 and)Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or WinZip				
6					
7	Adequate Number of Papwr Rims for printing Question Papers.	Yes			
8	One Photocopy Machine, UPS Backup.	Yes			
canning Ro					
9					
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2 (two) static IP's, Internet Dongle.	Yes			

To Set Up DEC for Onscreen Evaluation of Answer Books

Sr. No	Infrastructure facilities at College	Yes/No
1	Computers(20) with latest licensed Operating System software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charges and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with name board and locking facilities	Yes
5	Dual internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2 (two) static IP's	Yes
6	Appointment of one Professor/Associate Professor as a Examination Co- ordinator to Co-ordinate this Online Process	Yes
7	Separate Evaluation room for evaluating the Answer Books under CCTV Surveillance	Yes



FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y.2023-24 (As per provisions of the Maharashtra University of Health Sciences Act,1998 and University Rule/Guidelines)

Started Capacity Contact Details from the Sanctione		of Inspection	:	- N.	4		
Name of the Fellowship/Certificate Course Course Course Started From the Course Started Started From the Course Started	1. Nan	ne (s) of the Fell	owship	/Certific	ate Course	(s)	
Year University	Sr. No	Name of the Fello	wship/C	ertificate	Course Started from the Academic	Intake Capacity Sanctione d by the	Name of Mentor and Contact Details

2 . Year wise number of students admitted to Fellowship/Certificate course during last 5 years. Dr. Vasantrao Pawar Medical College, Adgaon, Nashik

Fellowship Admission Status

Sr.N o	Academic year	Name of the Fellowship/Certificate Course	Intake Capacity	No. of Students Admitted (in
01	2019-20	-		figure only)
02	2020-21	Orthopaedics Trauma	03	01
		Minimal Access Surgery (Obgy.)	03	01
03	2021-22	Paediatrics Intensive Care	03	01
		Prevention and control of Infectious Diseases	03	01
04	2022-23	N.A	N.A	N.A
05	2023-24	N.A	N.A	N.A

DEAN

M.V.P.S. Dr. Vasantrao Pawar Medical College Hospital & Research Centre, Nashik (Not Applicable)

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor

This to Certify that Dr. in the Department of . details				has work
A) General Experience	ce			
Designation	From	То		Total periodYear/Months
B) Actual experience	e in the subje	ect of conce	rned Fello	wship/Certificate Course applied for
Designation	From	То		Total periodYear/Months
It is mandatory to attac Subjectof concerned Fello Sign & Stamp Head of the Departmen Date: / /	owship/Gertine	d Photocopy (ate Course)	of the Expe	Sign & Stamp Dean/Principal/Head of Institute Date: / /
Name	of Inspect	ors		Simple 51
1)	- mopeou		\ Chairman	Signature of Inspectors
2)			Member	
3)				
*		- I.A I	Member	

Not Applicable

ANNEXURE-IX

FOR Ph.D COURSE(S) FOR A.Y. 20.....-20......

(Please submit separate report for each subject)

	Date	of Inspection	:	125				
acu	ılty:		\	Subject/S	Specialty: .			
١.		e & Address of t						
							82	
							•••••••	
		***************************************		••••••				
ľ	Name o	f Head of the De	partment: -					
	Designa	ation:	1	\				
	Depa	artment / Subject ach Annexure "A	wise details				-	
	Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
	1	11						
	2							
	3							
	4							
	5							
	i) Adec ii)) Ac iii) Any 	•••••	omputers wii f Books / Jou ng available	th Internet irnals are a at the Depa	facility is ava available ? artment:		Yes / No Yes / No	
i	Detail	s of Central Rese	earch Labora	atory:				
		gs/Medicines/Che			e for researc	h?	Yes / No	
		equate number of			ole?		Yes / No	
		cords of Stock boo					Yes / No	
	i) Avail	of Central Anima lable Area in sq. ft	:					
		ctioning Central A			/ No			
i)	Details	of Composition: .	Ethical Com	mittee: (A	ttach Anne	kure "B")		
C:\Us	ers\acad76\Desi	ktop\20.04.2020 \Medical-LIC Format v	vith Annexures (I to XIII) for	A.Y.2022-23	Dog 1	F - 6		

iii) Number of meetings held in previous year: iv) Whether Records of proceedings are maintained properly? Ves / No V) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No B. Details of Research Advisory Committee: (Attach Annexure "C") i) Date of Composition: ii) Total number of Members: iii) Number of meetings held in previous year: iv) Whether records of proceedings are maintained properly? Ves / No Is Doctoral Committee constituted in the lines of RAC? Yes / No i) If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert D. Is Plagiarism detection software facility available? Yes / No If Yes, Name of the Software 1. Is attendance of the Ph.D. Scholar maintained properly? Yes / No Whether Research Centre is registered under MPCB provisions? Yes / No	ii) Total Number of Members:	74 (1)	
11) Whether Records of proceedings are maintained properly? 12) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No 13) Date of Composition: 14) Total number of Members: 15) Under of meetings held in previous year: 16) Whether records of proceedings are maintained properly? 17 Is Doctoral Committee constituted in the lines of RAC? 18 Doctoral Committee constituted in the lines of RAC? 19 If Yes, Date of Composition: 11 Total number of Members: 11 Is attendance of the Ph.D. Scholar maintained properly? 12 Is attendance of the Ph.D. Scholar maintained properly? 13 Is attendance of the Ph.D. Scholar maintained properly? 24 Whether Research Centre is registered under MPCB provisions? 25 Whether BMM facility is available? 26 Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: 25 DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - 10	iii) Number of meetings held in previous yea	ar:	
betails of Research Advisory Committee: (Attach Annexure "C") Details of Research Advisory Committee: (Attach Annexure "C") Details of Composition: ii) Total number of Members: iii) Number of meetings held in previous year: iv) Whether records of proceedings are maintained properly? Yes / No Is Doctoral Committee constituted in the lines of RAC? Yes / No If Yes, Date of Composition: iii) Name of External Subject Expert. Is attendance of the Software Whether Research Centre is registered under MPCB provisions? Yes / No Whether BMW facility is available? Yes / No Whether BMW facility is available? Yes / No Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign, of Inspectors with Date Name of Inspectors Member Member	iv) Whether Records of proceedings are ma	intained properly?	
B. Details of Research Advisory Committee: (Attach Annexure "C") i) Date of Composition: ii) Total number of Members: iii) Number of meetings held in previous year: iv) Whether records of proceedings are maintained properly? Yes / No Is Doctoral Committee constituted in the lines of RAC? Yes / No i) If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert. 0. Is Plagiarism detection software (acility available? Yes / No If Yes, Name of the Software. 1. Is attendance of the Ph.D. Scholar maintained properly? Yes / No Whether Research Centre is registered under MPCB provisions? Yes / No Whether BMW facility is available? 4. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date Name of Inspectors Member Member	v) Is Human and Animal Ethics Committee, re	egistered under the a	res / No
1) Date of Composition: ii) Total number of Members: iii) Number of meetings held in previous year: iv) Whether records of proceedings are maintained properly? Yes / No Is Doctoral Committee constituted in the lines of RAC? Yes / No If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert. Is altendance of the Software. Is attendance of the Ph.D. Scholar maintained properly? Yes / No If Yes, Name of the Software. Whether Research Centre is registered under MPCB provisions? Yes / No Whether Research Centre is registered under MPCB provisions? Yes / No Whether Research Centre is registered under MPCB provisions? Yes / No Whether Research Centre is registered under the search under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date Name of Inspectors Member Member	8. Details of Research Advisory Committee	o: (Attack Assessed	- COLD
ii) Number of Members: iii) Number of meetings held in previous year: iv) Whether records of proceedings are maintained properly? Is Doctoral Committee constituted in the lines of RAC? If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert. Is altendance of the Software Whether Research Centre is registered under MPCB provisions? Whether Research Centre is registered under MPCB provisions? Whether BMW facility is available? Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date Name of Inspectors Member Member	i) Date of Composition:	e. (Allach Annexure	e "C")
iii) Number of meetings held in previous year: iv) Whether records of proceedings are maintained properly? Is Doctoral Committee constituted in the lines of RAC? Yes / No If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert. Is altendance of the Ph.D. Scholar maintained properly? Yes / No If Yes, Name of the Software Name of External Subject Expert. DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: Name of Inspectors Name of Inspectors Member Member	ii) Total number of Members:		88
iv) Whether records of phoceedings are maintained properly? Is Doctoral Committee constituted in the lines of RAC? Is Post of Composition: ii) Total number of Members; iii) Name of External Subject Expert. Is Plagiarism detection software facility available? If Yes, Name of the Software. Is attendance of the Ph.D. Scholar maintained properly? Whether Research Centre is registered under MPCB provisions? Whether Research Centre is registered under MPCB provisions? Yes / No Whether Research to third is registered under MPCB provisions? Yes / No Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: Name of Inspectors Sign. of Inspectors with Date Chairman Chairman Member Member	iii) Number of meetings held in previous yea	ar:	
i) If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert	iv) Whether records of proceedings are mai	ntained properly?	
ii) If Yes, Date of Composition: ii) Total number of Members: iii) Name of External Subject Expert	9. Is Doctoral Committee constituted in the	lines of RAC2	500 CO 1500
ii) Total number of Members: iii) Name of External Subject Expert. iii) Name of External Subject Expert. iii) Name of the Software facility available? If Yes, Name of the Software. 1. Is attendance of the Ph.D. Scholar maintained properly? 2. Whether Research Centre is registered under MPCB provisions? 3. Whether BMW facility is available? 4. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: Name of Inspectors Sign. of Inspectors with Date 1) Chairman 2) Member Member			res / No
iii) Name of External Subject Expert. Is Plagiarism detection software (acility available? Yes, Name of Inspectors Name of Inspectors Name of Inspectors Is Plagiarism detection software (acility available? Yes, No If Yes, Name of Inspectors with Date Name of Inspectors Name of Inspectors Nes / No Yes / No	ii) Total number of Members:		
Is Plagiarism detection software (acility available? If Yes, Name of the Software. Is attendance of the Ph.D. Scholar maintained properly? Whether Research Centre is registered under MPCB provisions? Whether BMW facility is available? Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date Name of Inspectors Member Member	iii) Name of External Subject Expert		
If Yes, Name of the Software. Is attendance of the Ph.D. Scholar maintained properly? Whether Research Centre is registered under MPCB provisions? Whether BMW facility is available? Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign, of Inspectors with Date Chairman Chairman Member Member	10. Is Plagiarism detection software facility	available?	Vos / No
1. Is attendance of the Ph.D. Scholar maintained properly? 2. Whether Research Centre is registered under MPCB provisions? 3. Whether BMW facility is available? 4. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: Name of Inspectors Sign. of Inspectors with Date 1) Chairman 2) Member Member	If Yes, Name of the Software		res / No
Whether Research Centre is registered under MPCB provisions? Wether BMW facility is available? Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department: DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: Name of Inspectors Sign. of Inspectors with Date 1) Chairman 2) Member Member	1. Is attendance of the Ph.D. Scholar maintain	ined properly?	Vee / Ne
Name of Inspectors Name of Inspectors Name of Inspectors Name of Inspectors Name of Member	2. Whether Research Centre is registered u	nder MPCB provisi	res / No
Name of Inspectors Name of Inspectors Name of Inspectors Name of Member	whether BMW facility is available?		Voc / No
DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: Name of Inspectors Sign. of Inspectors with Date 1) Chairman 2) Member Member	Any other important thing related to Rese	arch/Department/Fa	acilities which
DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date	will be helpful to carry out good quality r	esearch under this	department:
DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date			
DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date			
DECLARATION BY LIC We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date			
We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overal observations of the Inspection Committee are as follows: - Name of Inspectors Sign. of Inspectors with Date			
Name of Inspectors Sign. of Inspectors with Date Chairman 2) Member Member	D	ECLARATION BY LI	C
Name of Inspectors Sign. of Inspectors with Date Chairman 2) Member Member	We, the LIC Members, hereby certify that we ha	we therewall in	Final Control
Name of Inspectors Sign, of Inspectors with Date Chairman Member Member	Centre the available other facilities remind :	ive thoroughly inspec	cted and verified the Department/College/Research
Name of Inspectors Sign. of Inspectors with Date 1) Chairman 2) Member 3) Member	observations of the Inspection C	struments and equip	ment, available at the research centre. The overall
Name of Inspectors Sign. of Inspectors with Date Chairman Member Member	observations of the inspection Committee are as	follows: -	
Name of Inspectors Sign. of Inspectors with Date Chairman Member Member			
Name of Inspectors Sign. of Inspectors with Date Chairman Member Member			\
1) Chairman 2) Member 3) Member			\
1) Chairman 2) Member 3) Member		•••••	
1) Chairman 2) Member 3) Member			
2) Member 3) Member	Name of Inspectors		Sign, of Inspectors with Date
3) Member	1)	Chairman	
Member	2)	Member	
4 Member	3)	Member	
Member	4	Member	
		Member	\

ANNEXURE-IX-A

Not APPlicable

College Letter Head

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1					Y		
2							
3							
4	III						
5							

D	-	4	~	
v	a	ι	e	

Signature, Name and stamp of Dean/Principal/Director

Not Applicable

ANNEXURE-IX-B

College Letter Head

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Name of Ethical Committee Member	Designation
	Name of Ethical Committee Member

Date:

Signature, Name and stamp of Dean/Principal/Director

ANNEXURE-IX-C

Not Applicable

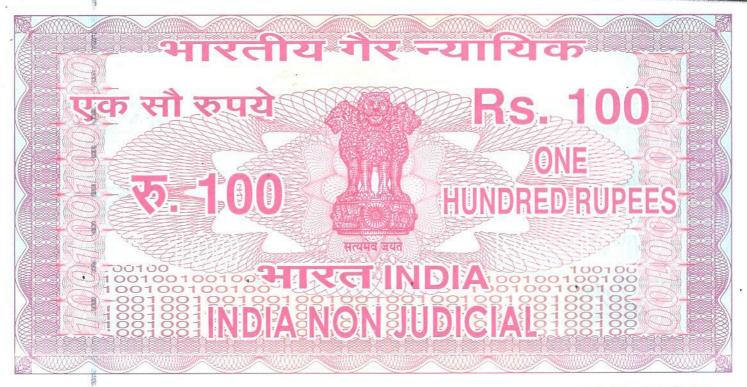
College Letter Head

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3	R.	S
4		*
5		

Date:

Signature, Name and stamp of Dean/Principal/Director



महाराष्ट्र MAHARASHTRA

O 2023 O

82AA 340700



ANNEXURE-X

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik, solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure- I-A, IB, II & IV are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-2024 as per my

जोडपत्र-१

फ्क्त प्रतिज्ञायत्रासाठी (अनुच्छेत्-४)

सदरचे मुद्रांक हे साठेखत,करारनामा,विसारपावती,भ	गागीदारी पत्र, उसनवार पायती या कारणसाठी वापरता येणार नाही. र्राज्य
प्रतिज्ञापत्र कोणाकडे सादर करावयाचे :	राहितार मिम्यू ए. एव नामि किटीकण
प्रतिज्ञापत्रासाठीचे कारण :	क्षेड दिलीं भ
मुद्रांक विकत घेणा-याचे नांव व रहिवसी पत्ता :	शिव्हला राज्याची काम
ຄາເວົ	
मुटांक विक्री बाबतची नोंद वही अनु.क्रमांक व दिनांक :- र्श्व (२)	co 2 1 9c192123
Region	3h
मुद्रांक विकत घेणा-याची सही :	प. क्रे –९०// १९९० नाशिक
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारण	गासाठी मुद्रांक खरेदी केल्यापासून सहा महिन्यात वापरणे बंधनकारक आहे.

knowledge and information provided by the concerned teachers. The teachers in the Annexure-I-A, IB, II & IV are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure-I-A, IB, II & IV are not practicing in College working hours or out-side the City where the

I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 20th day of January 2024 at Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik.

Date: 20/01/2024

ADGAON

NASHIK

Place: Nashik

College /Institute is situated.

Signature of Dean/Prin

Signature of Dean/Principal
Name of the Signatory- Dr. Sudhir D. Bhamre
(with Seal of the College / Institute)

M.V.P.S. Dr. Vasantrao Pawar Medical College Hospital & Research Centre, Nashik