

**ANNEXURE-“A”**

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

Title of the Course applied for:- Fellowship Course in Hand Surgery

This to Certify that **Dr. Rajendra Nehete** has worked in the Department of Vedant Hospital LLP Training Centre as per following details

**A) General Experience**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total Period Year / Month</b>
<b>Consultant Plastic Surgeon</b>	1998	Till date	24 yrs

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

<b>Designation</b>	<b>From</b>	<b>To</b>	<b>Total Period Year / Month</b>
<b>Consultant Plastic Surgeon</b>	2005	Till date	17 yrs 6 months

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

**Sign & Stamp  
Head of the Department  
Date: 23-05-2022**

**Sign & Stamp  
Dean/Principal/Head  
Date: 23-05-2022**

**ANNEXURE – “B”**  
**(INSTITUTIONAL INFORMATION)**

**1. Particulars of Director / Dean / Principal:**

*(Who so ever is Head of Institution)*

Name: Dr. Rajendra Nehete Age: 55 yrs (*Date of Birth*) 01/07/1967

PG Degree	Subject	Year	Institution	University
<i>Recognized</i>	MS, (Gen Surgery)	1993	– B.J. Medical College & Sassoon General Hospital	Pune
<i>Recognized</i>	DNB (Gen Surgery)	1993	– B.J. Medical College & Sassoon General Hospital	Delhi
<i>Recognized</i>	MCh, (Plastic Surgery)	1996	Grant Medical College and Sir J. J. Group of Hospitals	Mumbai
<i>Recognized</i>	DNB (Plastic Surgery)	1996	Grant Medical College and Sir J. J. Group of Hospitals	Delhi

**Teaching Experience**

Designation	Institution	From	To	Total experience
Lecturer in Anatomy,	B J Medical College, Pune	June 1993	May 1994	1 year
Lecturer in Plastic Surgery	J. J. Gr. Of Hospitals, Mumbai	May 1996	April 1997	1 year
Asst. Professor	Vasantao Pawar Medical College, Adgaon, Nashik	Aug 1998	March 2015	17 yrs
Asst. Professor	Vasantao Pawar Medical College, Adgaon, Nashik	April 2022		
		Grand Total		19 yrs

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

01	<b>i) Name of the Society/Institution/ College/University Department:</b>	Vedant Hospital LLP
	<b>ii) Postal Address, with PIN:</b>	Nehete Hospital, Shreehari Kute Marg, near Mumbai Naka, Nashik -422002
	<b>iii) Contact Details:</b>	Mob:9423971725, Tele: 0253-2313811 / 2576360
	<b>iv) E-mail ID:</b>	rajendranehete@gmail.com
02	<b>Society/Institution/College Registration Number and date:</b>	<b>i) Public Trust Act 1950:NA</b>
		<b>ii) Society's Registration Act.1860: NA</b>
		<b>iii) Year of establishment: Feb 2005</b>
		<b>iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes– Annex - 3 (soft copy)</b>
03	<b>Hospital Information :</b> <i>(It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms )</i>	Vedant Hospital LLP 663 Feb 2005 – Annex -4
	<b>i) Name of the Hospital</b>	
	<b>ii) Nursing Home Registration No.</b>	
	<b>iii) Establishment Year</b>	

04	<b>i) Name of the College/Institute where course is to be conducted:</b>	Vedant Hospital LLP
	ii) Postal Address, with PIN:	Nehete Hospital, Shreehari Kute Marg, near Mumbai Naka, Nashik
	iii) Contact Details:	Mob:9423971725, Tele: 0253-2313811 / 2576360
	iv) E-mail ID:	rajendranehete@gmail.com
	<b>v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity</b>	Name of the Course(s)- Fellowship Course in Hand Surgery Approved Intake Capacity – 2 Affiliated Since 2012 (if necessary Attach separate List)
05	<b>Affiliation Fee details:</b> (Bank/DD No./DD Date/DD Amount)	Yes. Rs.50,000/- transfer dated 26-10-2021, Ref No: 000197152367 (in HDFC Bank)
06	<b>Financial position of the Society/ Institute in the preceding 03 years:</b>	Audited Statements of Accounts for i) 2018 – 2019 ii) 2019-20 iii) 2020-21 attached? *Yes–attached
07	<b>Budgetary provision for the FC/CC/DC for the next 03 years:</b>	i) 2022-23 Rs 3 lakhs Aprox ii) 2023-24 Rs 3 lakhsAprox iii) 2024-25 Rs 3 lakhs Aprox
08	<b>Management Resolution seeking Recognition of Institute for FC/CC/DCof MUHS, Nashik:</b>	Not Required
09	<b>Other Information:</b>	
	a) Land:	*Yes. If yes, then Area: 12426.78 SQ.FT
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, Yes – Annex-5
	ii) Whether the land is registered?	*Yes– Mark as Appendix ‘F’
	iii) Any loans, mortgage, etc. shown against the title of the land:	No.
	b) Building: i) Total built-up area:	14531.28 sq. ft. Certified copy of Building Plan attached? *Yes – Annex-6

### 3. Central Library

- Total number of Books in library: 310
- Books pertaining to concerned Fellowship subject: 70
- Purchase of latest editions of concerned books in last 3 years: - 7

#### • Journals:

Journals	Total	concerned Fellowship subject
Indian	2	2
Foreign	2	2

- Year / Month up to which latest Indian Journals available: Dec 2016
  - Year / Month up to which latest Foreign Journals available: April 2017
  - Internet / Med pub / Photocopy facility: Available
  - Library opening times: 9 am to 6 pm
  - Reading facility out of routine library hours: Available
- (Obtain list of books & journals duly signed by Dean)

### 4. Recreational facilities: **Not available**

Play grounds	Gymnasium
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**5. Hostel Accommodation :**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms			1	1		
No. of Students			1	1		
Status of Cleanliness			Very Good	Very good		

**6. Residential accommodation for Staff / Paramedical staff :** Available

**7. Ethical Committee (Constitution) :** NO

**8. Medical Education Unit (Constitution) :** 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) Attached details - NA

**ANNEXURE – “C”**

**(HOSPITAL INFORMATION)**

- Name of the Hospital:** Vedant Hospital LLP
- 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	7250	OPD	3500
IPD (Total No. of Patients admitted)	1047	IPD (Total No. of Patients admitted)	700

- Hospital Beds Distribution & No of O.T. :**

In the entire hospital	
No of Beds	30
No of Beds in ICU	3
No of Beds in IRCU	NA
No of Beds in SICU	NA
No of Major O.T.	2
No of Minor O.T.	1

- 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
-------------------	--------------------------
- Daily OPD – 2 PM 8 patients
- Daily admissions 1 to 2
- Daily admissions in Dept. Through casualty at 10am 1 to 2
- Bed occupancy in the Dept. at 10AM Aprox 15
- 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
-------------------	--------------------------
- ..... 3 to 4 cases

- Casualty: / Emergency Department :**

Space	3.265X3.50 sqm
Number of Beds	2
No. of cases (Average daily OPD and Admissions):	3 to 4
Emergency Lab in Casualty (round the clock):	Available
Emergency OT and Dressing Room	Available

Staff (Medical/Paramedical)	Available
Equipment available	Available

**6. Blood Bank : Outsourced**

(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: NA**

- Controlling Department: \_\_\_\_\_
- No of Staff : \_\_\_\_\_
- Equipment Available : Attach separate List
- Working Hours: \_\_\_\_\_

- 8. Central supply of Oxygen / Suction: Available**
- 9. Central Sterilization Department Available**
- 10. Ambulance (Functional) Available (On call)**
- 11. Laundry: Available**
- 12. Kitchen Available /Outsourced**
- 13. Incinerator: Functional / Nonfunctional Not available**
- 14. Bio-Medical waste disposal Outsourced**
- 15. Generator facility Available**
- 16. Medical Record Section: Computerized**
- ICD X classification Used

**Sign & Stamp**  
**Head of the Department**  
Date: 23-05-2022

**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
Date: 23-05-2022

**ANNEXURE – “D”**

**(DEPARTMENTAL INFORMATION)**

- Fellowship Specialty Department to be inspected : NA**
- Date on which independent department of \_\_\_\_\_ :  
functioning concerned specialty was created and started .....**

**3. Faculty details (From start of department till date) : Annexure- I**

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1					

**4. Whether Independent Department of concerned Fellowship subject exists in the Institution :**

Yes/No: ..... Since when: .....

**5. Specialty Department Infrastructure Details :**

Facility	Area (sft.)	Available	Not Available
Faculty rooms			Not available
Clinics		Available	
Laboratory Space		Available	
Seminar room		Available	
Department Library		Available	
PG common room		Available	
Preclinical lab (where ever applicable)		Not Required	
Patient waiting room		Available	
<b>Total area</b>	<b>14531.28 Sq. Ft.</b>		

**6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3 years:**

Year	No. of students admitted	No. of Mentors available in the dept. (give names)
2022	One	One, Dr. Rajendra Nehete
2021	One	One, Dr. Rajendra Nehete
2020	No admission	One, Dr. Rajendra Nehete

**7. List of Non-teaching Staff in the department:**

Sr. No.	Name	Designation
1	Mr. Prakash Pawar	Assist. Manager
2	Mrs. Neelam Datrang	Quality Manager
3	Mrs. Rajashree Chaudhari	Accountant & Secretary
4	Mrs. Priti Patil	Accountant & Secretary
5	Ms. Nikita Gadge	Store Incharge & Medclaim

6	Mr. Vyankatesh Shikhare	Mediclaim Dept. (cashless Dept.)
7	Ms. Karuna Mahajan	Housekeeping Incharge
8	Mrs. Gita Bokil	Front Office
9	Ms. Manisha Sathe	Front Office
10	Ms. Nilam Gangurde	Front Office
11	Ms. Aarti Panad	Front Office
12	Mr. Abrar Shaikh	Watchman
13	Mr. Kondiba Chavan	Ward boy
14	Mr. Firoz Khan	Ward Boy
15	Mr. Yogesh Mudhwar	Ward Boy
16	Mrs. Raisa Shaikh	Mavashi
17	Mrs. Panchfulla Deshmukh	Mavashi
18	Mrs. Jyoti Gade	Mavashi
19	Mrs. Vanadna Hirave	Mavashi
20	Mrs. Nanda Magare	Mavashi

**8. List of Equipment(s) in the department of concerned Fellowship subject:**

Equipments: List of Important equipments available and their functional status

(List here only- No annexure to be attached)

**Basic equipment's in the department –**

**OPD:-**

No.	Name of the Equipments	Quantity
1	Stethoscope	1
2	Blood Pressure Apparatus	1
3	Weighing machine	1
4	Height measuring tape	1
5	Medixview - X - ray view box	1
6	Torch	1
7	Goniometer	1
8	Two point discriminator	1
9	Hand dynamometer	1
10	Pinch dynamometer	1
11	Basic set for examination for sensation and power- Soft brush, Sharp Pins, Tuning fork, Smooth pencil	1
12	EMCO - Hand held Doppler	1
13	Magnifier	1
14	Ruler	1

**Casualty:-**

No	Name of the Equipments	Quantity
1	Examination table	1
2	Emergency Trolley	1
3	Ceiling light ( OT ceiling light)	2
4	Ward O2 cylinder with flow meter	1
5	Dental Wire Cutter	1
6	Ring cutter	1

7	Plaster Cutter	1
8	Assorted surgical instruments for dressing plaster cast, K wire removal	1
9	Camera	1

#### X-Ray Facilities –

No	Name of the Equipments	Quantity
1	X-Ray Machine Digital	1
2	X-Ray Cassette	1
3	Lead gown Full	2
4	X-Ray stand	1

#### Wards:-

No	Name of the Equipments	Quantity
1	Blood Pressure Apparatus	2
2	Stethoscope	1
3	Weighing Machine,	1
4	Medixview - X-ray viewing box	1
5	ECG Machine	2
6	Nebulization Machine	1
7	Dressing trolley	2

#### Recovery Room / Surgical ICU:-

No	Name of the Equipments	Quantity
1	Goldway muliti para monitor	3
2	Philips VM 4 Multi monitor	2
3	Cardio 12	1
4	Pulse Oxymeter	3
	1- Novamatrix Pulse Oxymeter	1
	2- Hand Held Pulse Oxymeter	2
5	Defibrillator BPL make	1
6	Emergency Trolley	1
7	New life Elite - O2 Concentrator Machine	1
8	Warmer	1
9	Suction Machine	1

9. Intensive care Service provided by the Department: (Emergency): Yes

10. Specialty clinics being run by the department and number of patients in each : NA

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 : **HANDSURGERY SERVICES**

#### 1. Microsurgery

❖ Microvascular Flap surgery - reconstruction of any body part

For eg. Upper limb, Lower limb, Trunk and Genitalia, Cancer reconstruction

- ❖ Limb Reimplantations / Revascularization
- ❖ Microneural surgery for primary and secondary nerve repairs
- ❖ Brachial Plexus Surgery
- ❖ Tuboplasty - Fallopian tube recanalization after Tubectomy
- ❖ Vasovasostomy - Vasectomy reversal Surgery

## **2. Congenital Anomalies (Birth Defect)**

- ❖ Cleft lip and palate
- ❖ Hypospadias
- ❖ Haemangiomas, Vascular malformations
- ❖ Birth Defects of face and other body parts

## **3. Hand surgery**

- ❖ Emergency Amputation, crush and degloving injuries
- ❖ Hand bone fractures
- ❖ Wrist surgery
- ❖ Ligament injuries
- ❖ Correction of birth defects of hand
- ❖ Tendon Injury repairs
- ❖ Tendon transfer Surgery
- ❖ Nerve repairs and Secondary nerve surgeries

## **4. Lower limb**

- ❖ Degloving injuries
- ❖ Flaps for compound fractures / defects of the lower limb
- ❖ Lymphedema

## **5. Vascular Surgery**

- ❖ Aorto - femoral, femoro - popliteal bypass grafting
- ❖ Surgery for Varicose veins / Varicose ulcers

## **6. Ophthalmic plastic surgery (Oculoplastic Surgery)**

- ❖ Post Traumatic / post-surgical / congenital defects of lids
- ❖ Correction of ptosis
- ❖ Baggy eyelids
- ❖ Eyeball socket reconstruction
- ❖ Blow-out fracture of orbit

## **7. Oncology**

- ❖ Cancer Reconstruction - Defects of oral cavity, face and other body parts
- ❖ Breast reconstruction
- ❖ Penile reconstruction

## **8. Burns**

- ❖ Correction of post burns deformities and contractures
- ❖ Post burns scarrings

## **9. Reconstructive Surgery of Scalp**

- ❖ Tumors

- ❖ Alopecia, Scarring
- ❖ Scalp expansion surgeries

**10. Miscellaneous**

- ❖ Bed sore management
- ❖ Correction of leprosy deformities

(b) Ancillary Services: Yes

**ORTHOPAEDIC SERVICES**

- ❖ Fractures & Accident Treatment
- ❖ Osteoarthritis of knee & other joints
- ❖ Rheumatoid Arthritis
- ❖ Spine Problems & Spondylosis
- ❖ Knee-Hip Joint Replacement Surgeries
- ❖ Arthroscopies
- ❖ Spine Surgeries
- ❖ Paediatric Orthopedics
- ❖ Surgeries for Deformity Corrections of upper & lower limbs
- ❖ Sports Medicine (Ligament Injuries)

(f) Others: \_\_\_\_\_

**12. Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	2000 sq ft	12000sq ft
2	Equipments	Available	Available
3	Teaching Space	Available	Available
4	Waiting area for patients	Available	Available

**13. Office space:**

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes	HOD	Yes
Staff (Steno /Clerk).	Yes	Professors	NA
Computer/ Typewriter	Yes	Associate Professors	NA
Storage space for files	Yes	Assistant Professor	NA
		Residents	Yes

14. Clinical Load of Dept. :1 to 2 surgeries Per day

15. Submission of data to national authorities if any : NA

**ANNEXURE – “E”**

**Information of Director of Training Centre**

**It shall be verified by the Head of the concerned Training Center,**

<b>Sr. No.</b>	<b>Particular</b>	<b>-</b>	<b>Information to be filled</b>
01.	Name of Director	:	<b>Dr. Rajendra Nehete</b>
02.	Date of Birth	:	<b>01/07/1967</b>
03.	Address	:	<b>Nehete Hospital, Shreehari Kute Marg, Near Mumbai Naka, Nashik</b>
04.	Tel. No./ Mob. No.	:	<b>0253-2576360/ 2313811, 94239 71725</b>
05.	e-mail id	:	<b><u>rajendranehete@gmail.com</u></b>
06.	Nationality	:	<b>Indian</b>
07.	Qualification in details : (attached document proof)	:	<b>Documents Attached- annex 7</b>
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	<b>Attached- annex 8</b>
09.	Present Appointment	:	<b>Consultant Plastic Surgeon</b>
10.	Publications (List & Proof)	:	<b>Attached- annex 9</b>
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	<b>NA</b>
12.	Any other relevant information	:	<b>NA</b>

**Date: - 23-05-2022**

**Dr. Rajendra Nehete  
Name & Sign. of Director**

**For the use of affiliated Training Center:**

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

**Sign & Stamp  
Head of the Department  
Date: 23-05-2022**

**Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 23-05-2022**

**Training Centre Round Seal**

**ANNEXURE – “F”****Information of Mentor of Training Centre****It shall be verified by the Head of the concerned Training Center,**

<b>Sr. No.</b>	<b>Particular</b>	<b>-</b>	<b>Information to be filled</b>
01.	Name of the Mentor	:	<b>Dr. Rajendra Nehete</b>
02.	Date of Birth	:	<b>01/07/1967</b>
03.	Address	:	<b>Nehete Hospital, Shreehari Kute Marg, Near Mumbai Naka, Nashik</b>
04.	Tel. No./ Mob. No.	:	<b>0253-2576360/ 2313811, 94239 71725</b>
05.	e-mail id	:	<b><u>rajendranehete@gmail.com</u></b>
06.	Nationality	:	<b>Indian</b>
07.	Qualification in details : (attached document proof)	:	<b>Documents Attached- annex 7</b>
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	<b>Attached- annex 8</b>
09.	Present Appointment	:	<b>Consultant Plastic Surgeon</b>
10.	Publications (List & Proof)	:	<b>Attached- annex 9</b>
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	<b>NA</b>
12.	Any other relevant information	:	<b>NA</b>

**Date: - 23-05-2022****Dr. Rajendra Nehete  
Name & Sign. of Director****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 Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

**Sign & Stamp**  
**Head of the Department**  
Date: 23-05-2022

**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
Date: 23-05-2022

**Training Centre Round Seal**

**ANNEXURE – “G”**  
**Information of Co-ordinator of Training Centre**  
**It shall be verified by the Head of the concerned Training Center,**

Sr. No	Particular	Information to be filled
1	Name of the Co-ordinator	Dr. Rajendra Nehete
2	Date of Birth	01/07/1967
3	Address	Nehete Hospital, Shreehari Kute Marg, Near Mumbai Naka, Nahsik, 422002
4	Mob. No.	9423971725
5	E-mail id	<a href="mailto:rajendranehete@gmail.com">rajendranehete@gmail.com</a>
6	Nationality	Indian
7	Qualification in details : (attach documentary proof)	<b>Documents Attached- annex 7</b>
8	Present Appointment	Consultant Plastic Surgeon
9	Any other relevant information	NA

**Date: 23-05-2022**

**Sign. of Co-ordinator**

**Sign & Stamp**  
**Head of the Department**  
 Date: 23-05-2022

**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
 Date: 23-05-2022

**Training Centre Round Seal**

## **ANNEXURE – “H” DECLARATION**

I, the Dean / Director/ Principal of the Vedant Hospital LLP Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with 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 teacher's information attached in respective **Annexure-.... &....** are not working in / at any other Training Centre /Institute or presented

themselves at any inspection for the Academic Year **2022 to 23**, as per my knowledge and Information provided by the concerned teachers. The teachers in the **Annexure-A & E,F, G** are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure-.... &....** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC 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 Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 23<sup>rd</sup> Day of May 2022 At Nashik.

**Date: 23-05-2022**

**Place: Nashik**

**Signature of Dean/Principal/Director  
Name of the Signatory : Dr. Rajendra Nehete  
(With Seal of the Training Centre)**