

(INSTITUTIONAL INFORMATION)

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

Name: DR. MEHERNOBH J. JASAWALLA Age: 68 yrs (Date of Birth) 08.07.1954

PG Degree	MD	Subject	Year	Institution	University
Recognized / Not Recognized		<u>Obs & Gyn</u>	<u>1982</u>	<u>Seth. G. S. Medical College Mumbai</u>	<u>Mumbai</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
<u>REGISTRAR</u>	<u>NW MH Mumbai</u>	<u>01/7/82</u>	<u>15/8/85</u>	<u>3 yrs</u>
Asst. Professor	<u>NW MH</u>	<u>16/8/85</u>	<u>31/3/92</u>	<u>11 yrs 7 m.</u>
Asso. Professor/Reader	<u>NW MH</u>	<u>1/4/97</u>	<u>28/2/2003</u>	<u>5 yrs 9 m.</u>
Professor	<u>NW MH</u>	<u>1/3/2003</u>	<u>31/1/2017</u>	<u>14 yrs 10 m.</u>
Any Other			Grand Total	

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Noroojee Wadia Maternity Hospital</u>
	ii) Postal Address, with PIN:	<u>Acharya Dhonde Marg Mumbai 400012</u>
	iii) Contact Details:	Mob: <u>022-24146967</u> Tele: <u></u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: <u>E-344/BOM, DE 29/08/95</u>
		ii) Society's Registration Act.1860:.....
		iii) Year of establishment: <u>1962</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>Noroojee Wadia Maternity Hospital</u>
	ii) Nursing Home Registration No. iii) Establishment Year	<u>E-944(BOM.)</u> <u>1962</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>NOROOJEE WADIA MATERNITY HOSPITAL</u>
	ii) Postal Address, with PIN:	<u>ACHARYA DHONDE MARG</u>
	iii) Contact Details:	Mob: <u>PAREL MUMBAI</u> Tele: <u>400012</u>
	iv) E-mail ID:	<u>02224146967/66/65</u>
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>MAS</u> Approved Intake Capacity... .. <u>ARP</u> Affiliated Since... .. (if necessary Attach separate List) <u>FETAL MEDICINE</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)
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	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>2019-2020</u> *Yes/No- Mark as Appendix 'C' <u>2020-2021</u>
07	Budgetary provision for the FC/CC/DC for the next 03 years	<u>2021-22 Rs 12.5 LAKH</u> <u>2021-2022</u> <u>2022-23 Rs 12.5 LAKH</u> <u>2023-24 Rs 13 LAKH</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>2024 RS-13</u> Dated
		Copy of Management Resolution attached? <u>YES</u>
		*Yes/No- - Mark as Appendix 'D' <u>TRUST DEED ATTACHED</u>

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: <u>1668.401 / 30 P 4</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 'F'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: <u>2881</u> Dated <u>.....</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 <u>.....</u> Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G'
b) Building:	<u>160.54</u> sq. ft.	
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No <u>Refer to Trust Deed</u> Mark as Appendix 'H'	

3. Central Library

- Total number of Books in library: LIST ATTACHED
- Books pertaining to concerned Fellowship subject: _____
- Purchase of latest editions of concerned books in last 3 years: - _____

• Journals:

	Journals	Total	concerned Fellowship subject
1	Indian	<u>30</u>	<u>3</u>
2	Foreign	<u>06</u>	<u>1</u>

- Year / Month up to which latest Indian Journals available : 2020
- Year / Month up to which latest Foreign Journals available : 2020

- Internet / Med pub / Photocopy facility: available / not
- Library opening times: 8am - 8pm
- 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			10	20		
Students			5	27		
Status of Cleanliness			Good	Good		

6. **Residential accommodation for Staff / Paramedical staff :** Available / Not Available

7. **Ethical Committee (Constitution) :**

YES / NO

8. **Medical Education Unit (Constitution) :**

YES / NO

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)