

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Information to be provided and uploaded by the Training Centre (as applicable) on their
website for verification of Local Inquiry Committee

List of Annexures

No. of Annexures	Particulars	Verified by Committee
ANNEXURE "A"	Professional Teaching Experience Certificate for Fellowship/ Certificate Courses Director/Mentor The information must be made available on the Training Centre website.	✓ Yes/ No
ANNEXURE "B"	INSTITUTIONAL INFORMATION The information must be made available on the Training Centre website.	✓ Yes/ No
ANNEXURE "C"	HOSPITAL INFORMATION The information must be made available on the Training Centre website.	✓ Yes/ No
ANNEXURE "D"	DEPARTMENTAL INFORMATION The information must be made available on the Training Centre website.	✓ Yes/ No
ANNEXURE "E"	Information of Director of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	✓ Yes/ No
ANNEXURE "F"	Information of Mentor of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	✓ Yes/ No
ANNEXURE "G"	Information of Co-ordinator of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	✓ Yes/ No
ANNEXURE "H"	DECLARATION The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	✓ Yes/ No

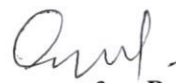
Important Instructions & Declarations:

1. Our Training Centre is fully aware that our Training Centre is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the Training Centre and if it is found by the University at any stage, then our Training Centre is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our Training Centre has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our Training Centre is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on Training Centre website.
3. Our Training Centre hereby undertake that all Annexures information will be made available on Training Centre website for a period of next 05 years. Year-wise information of all Annexures will be made available on Training Centre website for a period of 05 years from time to time. In case if any information (Annexure wise) is called for by the University in intermittent period, our Training Centre will furnish required information to the University immediately.

Date: 21/5/2022

Place: Nagpur




 Signature of Dean/Principal
 Name of the Signatory
 (with Seal of the Training Centre)
 Dr. Ashish Arora
 MD (Chest), DCH, FCCP (USA)
 Senior Pulmonologist
 KRIMS Hospitals, Nagpur, India.

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

Title of the Course applied for:- *Sleep Medicine / Pulmonary Critical Care / Obstructive Airway Diseases*

This to Certify that Dr. *Ashok Arbat* has worked in the Department of *Pulmonology* Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Head of the Department of Pulmonology at	1997	Present	25 yrs	

KRIMS Hospital

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

Designation	From	To	Total period Year/Months	
<i>Asst. Professor</i>	<i>09.02.1994</i>	<i>30.01.2000</i>	<i>6 yr</i>	
<i>Asso. Professor</i>	<i>01.05.2003</i>	<i>12.09.2007</i>	<i>4 yr</i>	
<i>Professor</i>	<i>13.09.2007</i>	<i>01.10.2013</i>	<i>5 yr</i>	

(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 *21/5/2022*

Dr. Ashok Arbat,
MD (Chest), DCH, FCCP (USA)
Senior Pulmonologist
KRIMS Hospitals, Nagpur, India.



Sign & Stamp

Dean/Principal/Head of Institute

Date *21/5/2022*

Dr. Ashok Arbat,
MD (Chest), DCH, FCCP (USA)
Senior Pulmonologist
KRIMS Hospitals, Nagpur, India.