


Godavari Foundation's
Dr.Ulhas Patil Medical College & Hospital, Jalgaon Kh.
Department of Anatomy

Date:-25.11.2024

Workload Distribution in the Department
Batch -2024

Sr.No.	Responsibility	Faculty
1	Preparation of Departmental Workload Distribution	Dr.Mahajan
2	Teaching Schedule Preparation	Dr.Mahajan,Dr.Ghule
3	Practical / Clinical Conduction	All Teaching Staff
4	Students Extra Academic Activities	Dr.Mahajan,Dr.Ghule,Dr.Rakh, Dr.Sarika
5	Theory Exam Paper Setup	Dr.Mahajan, Dr.Ghule, Dr.Sarika
6	Practical Exam Preparation	All Teaching & Non-Teaching Staff
7	Exam Paper Evaluation : Objective Type	Dr.Zameer, Dr. Poonam,Dr.Raghuraj
8	Exam Paper Evaluation : Subjective Type	Dr.Mahajan, Dr.Ghule, Dr.Preeti, Dr.Sarika, Dr.Rakh
9	Histology / Dissection	Histology- Dr.Ghule Dissection –All Teaching Staff
10	Student Attendance Record	Vandana Patil ,Janhavi Bhirud
11	Student Internal Assessment Record	Dr.Mahajan,Dr.Ghule Vandana Patil, Janhavi Bhirud
12	Other Departmental Records Maintenance	Dr.Mahajan,Dr.Ghule, Vandana Patil , Janhavi Bhirud
13	Museum	Dr.Zameer,Dr.Poonam,Dr.Raghuraj,Mr.Gajanan, Mr.Gopal,Mr.Raju,Mr.Roshan,Mr.Gunwant, Mrs. Ankita



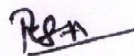

Head of the Department
Department of Anatomy
DUPMC& H
Jalgaon kh.

Godavari Foundation's
Dr. Ulhas Patil Medical College & Hospital
Jalgaon Kh.
Department of Physiology

Date: 20/06/2025

Workload Distribution in the Department

Sr. No.	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. Ranjana C Shingne
2	Teaching Schedule Preparation	Dr. Ranjana C Shingne
3	Practical/Clinical conduction	All Teaching Faculty
4	Students Extra academic activities	Dr. Ranjana C Shingne Dr. Santosh Kumar Jha, Dr. Alok Kumar Yadav Dr. Kapil G Pallod Dr. Gayatri R Patil Dr. Mohammad Imram Haroon
5	Theory Exam Paper setup	All Teaching Faculty
6	Practical Exam Preparation	All Teaching Faculty & Non-Teaching Staff
7	Exam paper Evolution; Objective type	All Teaching Faculty
8	Exam paper Evolution; Subjective type	All Teaching Faculty
9	Students Attendance Record	Dr. Ranjana C Shingne & Suvarna Borole
10	Students Internal assessment Record	Dr. Ranjana C Shingne & Suvarna Borole
11	Other Departmental Records Maintenance	Dr. Ranjana C Shingne, Dr. Santosh Kumar Jha, Dr. Alok Kumar Yadav & Suvarna Borole


Head of the Department
Department of Physiology
DUPMC & H, Jalgaon Kh.
Professor & HOD
Dept. of Physiology
Dr. Ulhas Patil Medical College &
Hospital Jalgaon Kh, Jalgaon.

Godavari Foundation's
DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL
JALGAON KH.
DEPARTMENT OF BIOCHEMISTRY

Date:- 15/12/2024

Workload Distribution in the Department

Batch: - 2024 - 2025

S. No.	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. Nilima Patil
2	Teaching Schedule Preparation	Dr. Randhirkumar Pandey
3	Practical/Clinical conduction	Dr. Prakash Tiruwa Dr. Swati Padghan
4	Students Extra academic activities	Dr. Randhirkumar Pandey
5	Theory Exam Paper setup	Dr. Nilima Patil Dr. Randhirkumar Pandey
6	Practical Exam Preparation	Mr. Dharmendra Chuadhari
7	Exam paper Evolution; Objective type	Dr. Dipti M. Katre
8	Exam paper Evolution; Subjective type	Dr. Nilima Patil Dr. Randhirkumar Pandey
9	CCL	Dr. Dipti M. Katre
10	Students Attendance Record	Mr. Dharmendra Chuadhari
11	Students Internal assessment Record	Dr. Prakash Tiruwa
12	Other Departmental Records Maintenance	Miss. Raashika Saxena Mr. Dharmendra Chuadhari
13	Library	Dr. Prashant S. Mahajan Dr. Aayush Mahajan



**Head of the Department
Department of Biochemistry
DUPMC & H Jalgaon**



Godavari Foundation's
DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON KH
DEPARTMENT OF PHARMACOLOGY


Tel. No. (0257)2366664

Email id – dupmcpharmacology@gmail.com

Date: 15.07.2025

Workload Distribution in the Department

S. No.	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. D.R.Chaudhari
2	Teaching Schedule Preparation	Dr. D.R.Chaudhari
3	Practical/Clinical conduction	Dr.Bite /Dr.Mahajan
4	Students Extra academic activities	Dr.Bite / Dr.Phirake
5	Theory Exam Paper setup	Dr. D.R.Chaudhari
6	Practical Exam Preparation	Dr.Bite Dr. Gaikwad
7	Exam paper Evaluation; Objective type	Dr.Chopade Ms. Namita
8	Exam paper Evaluation; Subjective type	Dr. Chaudhari/ Dr.Chopade/Dr.Bite/ Dr.Phirake
9	Institutional Ethics Committee	Dr. Chaudhari
10	Departmental Research laboratory	Dr.Chopade/Dr.Phirake
11	Students Attendance Record	Mrs.Narkhede
12	Students Internal assessment Record	Mrs.Narkhede
13	Other Departmental Records Maintenance	Mrs.Narkhede, Ms. Namita
14	Library	Mrs.Narkhede
15	Museum	Dr.Bite
16	Pharmacovigilance	Dr. Chaudhari
17	Experimental lab	Dr.Chopade, Dr.Bite
18	Computer assisted learning (CAL Lab)	Dr. Chaudhari,Dr.Gaikwad


Professor & HOD
Department of Pharmacology
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.



Godavari Foundation's
**DR. ULHAS PATIL MEDICAL COLLEGE &
HOSPITAL**

DEPARTMENT OF MICROBIOLOGY

Jalgaon-Bhusawal Road, NH-6, Jalgaon Kh, Tal. & Dist. Jalgaon 425309
Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648
Email ID : microdupmc@gmail.com Web Site : www.dupmc.ac.in

GF/DUPMC/MICRO/2024/

Date: 02/09/2024

Workload Distribution in the Department

S. No.	Responsibility	Faculty
Academic		
1	Preparation of Departmental Workload distribution	Dr. Kailash B Wagh
2	Teaching Schedule Preparation	Dr. Kailash B Wagh
3	Practical/Clinical conduction	Dr. Smita Mundhe
4	Students Extra academic activities	Dr. Kushboo Chaudhary
5	Theory Exam Paper setup	Dr. Kailash B Wagh Dr. Prashanth K Guddeti
6	Practical Exam Preparation	Dr. Smita Mundhe Dr. Bhawani Verma
7	Exam paper Evolution; Objective type	Dr. Smita Mundhe Dr. Bhawani Verma
8	Exam paper Evolution; Subjective type	Dr. Kailash B Wagh Dr. Kushboo Chaudhary Dr. Prashanth K Guddeti
9	Students Attendance Record	Mr. Md Abdullah
10	Students Internal Assessment Record	Dr. Bhawani Verma
11	Students Mentor and Mentee Record	Mr. Md Abdullah
12	Student Practical Journal & Logbook	Dr. Smita Mundhe
CCL Microbiology Laboratory		
13	Culture Media	Dr. Bhawani Verma
14	Bacteriology	Dr. Prashanth K Guddeti
15	Mycobacteriology	Dr. Kailash B Wagh
16	Mycology	Dr. Kushboo Chaudhary
17	Parasitology	Dr. Smita Mundhe
18	Serology	Dr. Bhawani Verma
19	BSL-II Virology Service laboratory	Mr. Md Abdullah
20	Maintenance All Registers	Mr. Ronak Patel
21	Maintenance of Instruments registers	Mr. Ronak Patel
22	Duty Roster and Attendance	Dr. Prashanth K Guddeti
23	OT and CSSD Registers	Dr. Bhawani Verma
24	Emergency Register	Mr. Vaibhav Paliwal
25	Quality Control (EQAS) Registers	Dr. Prashanth K Guddeti
Department		
26	Departmental Research laboratory	Dr. Kailash wagh
27	Museum	Dr. Smita Mundhe
28	Library	Dr. Bhawani Verma Mr. Ronak Patel
29	Staff Attendance and Leave Register	Mr. Vaibhav Paliwal
30	Practical Hall Maintenance	Mr. Ronak Patel
31	Hospital Infection control work	Dr. Kailash wagh


Professor & H.O.D.
 Department of Microbiology
 DUPMC & H, Jalgaon (Kh)
 Hospital Jalgaon Kh (MH)

Godavari Foundation's
DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL
JALGAON KH.
FORENSIC MEDICINE & TOXICOLOGY
DEPARTMENT

GF/DUPMC/FMT/ 2024/

Date: 01/12/2024

SYLLABUS COMPLETION REPORT

To


The Curriculum Committee
DUPMCH
Jalgaon

Sub: Submission of syllabus completion report of Forensic Medicine & Toxicology

Department of Forensic Medicine & Toxicology have successfully completed syllabus to 2nd/3rd M.B.B.S. program batch of 2023-24 including Theory and Practical as per the University guidelines on Date of 26 October 2024. Here with I am submitting syllabus completion report. You are requested to accept the syllabus completion report of the Department of Forensic Medicine & Toxicology.

Thanking you

Dept. Of Forensic Medicine
Dr.Ulhas Patil Medical College,
& Hospital, Jalgaon Kh.


Professor & HOD
Dept. of Forensic Medicine
Dr. Ulhas Patil Medical College & Hospital
Jalgaon Kh, Jalgaon



DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

DEPARTMENT OF COMMUNITY MEDICINE

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi,
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]
Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309

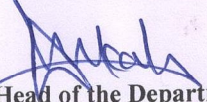
Tel. No. (0257)2366694 Fax No. 0257-2366648

Email ID : dupmc.psm@gmail.com Web Site : www.dupmc.ac.in

Date: 03/03/2025

Workload Distribution in the Department

S. No.	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. Dilip Dhekale
2	Teaching Schedule Preparation	Dr. Dilip Dhekale
3	Practical/Clinical conduction	Dr. Nilesh Bendale
4	Students Extra academic activities	Mr. Vijay More
5	Theory Exam Paper setup	Dr. Dilip Dhekale Dr. Nilesh Bendale
6	Practical Exam Preparation	Mr. Vijay More Dr. Y. Kabara
7	Exam paper Evolution; Objective type	Dr. Ravindra Herkar
8	Exam paper Evolution; Subjective type	Dr. Y. Kabara Dr. Y. Desarda
9	Field Visits	Dr. Girish Ugale Dr. Govind Patil Dr. Abhay Jawale Dr. Subhash Patil
10	Supervision of Internship	Dr. Nilesh Bendale
11	Students Attendance Record	Mrs. Prerana Patil
12	Students Internal assessment Record	Mr. Vijay More Mrs. Prerana Patil
13	Other Departmental Records Maintenance	Mrs. Prerana Patil
14	Library	Dr. Karishma Patil Dr. Ankita Gupta
15	Museum	Dr. Girish Ugale Dr. Govind Patil



 Head of the Department
 Dept. of Community Medicine
 Professor
 Dept. of Preventive & Social Medicine
 Dr. Ulhas Patil Medical College & Hospital
 Jalgaon Kh.

Godavari Foundation's
Dr. Ulhas Patil Medical College & Hospital, Jalgaon KH.
Department Of Ophthalmology

Date:- 31/08/2024

Worklod Distribution In The Department

Sr. No	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. Narayan S. Arvikar
2	Teaching Schedule Preparation	Dr. Narayan S. Arvikar
3	Practical/Clinical conduction	All Teaching Faculty
4	Students Extra academic activities	Dr. Anup S. Yewale Dr. Renuka Nilesh Patil Dr Omprakash Dinkar Chaudhari Dr. Kiran M. Bhirud
5	Theory Exam Paper setup	All Teaching Faculty
6	Practical Exam Preparation	All Teaching Faculty & Non Teaching Staff
7	Exam paper Evolution; Objective type	All Teaching Faculty
8	Exam paper Evolution; Subjective type	All Teaching Faculty
9	Students Attendance Record	Dr. Priti Ramji Lalsare
10	Students Internal assessment Record	Dr. Renuka Nilesh Patil
11	Other Departmental Records Maintenance	Dr. Narayan S. Arvikar
12	Liabrary	Dr. Premchand Bhikulal Pandit

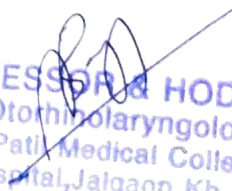

PROFESSOR & HOD
Dept. of Ophthalmology
Dr. Ulhas Patil Medical College
and Hospital, Jalgaon KH.

Godavari Foundation's
Dr. Ulhas Patil Medical College & Hospital Jalgaon Kh.
Department of Otorhinolaryngology (ENT)

Date:- 31/08/2024

Workload Distribution In The Department

Sr. No	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. Annushree Raviprakash Bajaj
2	Teaching Schedule Preparation	Dr. Arun Gopal Yewale Dr. Chaitali Kiran Zambare
3	Practical/Clinical conduction	All Teaching Faculty
4	Students Extra academic activities	Dr. Raisha Gajanan Dalvi Dr. Pankaja Anant Bendale
5	Theory Exam Paper setup	All Teaching Faculty
6	Practical Exam Preparation	All Teaching Faculty & Non-Teaching Staff
7	Exam paper Evolution; Objective type	All Teaching Faculty
8	Exam paper Evolution; Subjective type	All Teaching Faculty
9	Students Attendance Record	Dr. Srushti Deepak Deokate
10	Students Internal assessment Record	Dr. Vikrant Vilas Vaze
11	Other Departmental Records Maintenance	Dr. Sagar Rameshkumar Gangwal


PROFESSOR & HOD
Dept. of Otorhinolaryngology
Dr. Ulhas Patil Medical College
and Hospital, Jalgaon Kh.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. PATIL SMITA SANDEEP
2. Age & Date of Birth: 58 (Years) 14/10/1966
3. Present Designation : SENIOR RESIDENT
- a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes
- b. Department : GENERAL MEDICINE
- c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon
- d. City / District : Jalgaon
- e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice With Private Practice
- f. Date of appearance in last MCI/NMC assessment :
- i. UG / PG / Any Other: UG
- ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON
- iii. Whether appeared and accepted at the same College : Yes / No Yes
- iv. Whether appeared and accepted for the same Designation - Yes / No Yes
- v. Whether retired from Government Medical college : Yes / No No
- vi. If yes, designation at the time of retirement : ---



Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : RESI. HOSTEL- 219, DR. ULHAS PATIL MEDICAL COLLEGE AND HOSPITAL,
 City JALGAON State MAHARASHTRA Pin 425309

b Permanent : 1047, GUJARATHI GALLI, SHRIKRISHNA MANDIR WARD, CHOPADA
 City JALGAON State MAHARASHTRA Pin 425107

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 9822252821

d. E-Mail address : _____

7. Date of joining the present institution : 24/01/2011

8. Joining report verified / attached : Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1988	GRANT MEDICAL COLEGE, MUMBAI UNIVERSITY OF MUMBAI	62382 27/09/1989	MMC,MUMBAI
-	-	-	-	-
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : _____
- b. DM/MCH subject : _____
- c. PhD subject : _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	24/01/2011	24/01/2014	3	0	1
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	25/01/2014	till date	10	10	8
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/others	Topic
1	22/03/2024	SGT	Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medicolegal report in a simulated/ supervised environment.
2	06/06/2024	CLINIC	-Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease. Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation. Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG.
3	05/07/2024	CLINIC	-Describe and discuss the indications for and insert a peripheral intravenous catheter.
4	05/08/2024	CLINIC	"Select, prescribe and communicate treatment option for systemic rheumatologic conditions. Communicate and incorporate patient preferences in the choice of therapy. Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions." Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
5	20/09/2024	CLINIC	"Counsel the patient on malarial prevention. Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history. Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy."

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **AGBPP0089P**

17. Aadhar Card Number: **929890279167**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	1777
May / 2024	65000	1777
June / 2024	65000	1777
July / 2024	65000	1777
August / 2024	65000	1777
September / 2024	65000	1777
October / 2024	65000	1777
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. SMITA SANDEEP PATIL** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of _____ in State _____
and my hours of private practice are from AM to AM and PM to PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. SMITA SANDEEP PATIL** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **she** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. BHOLE SURAJ VISHNU

2. Age & Date of Birth: 31 (Years) 02/05/1993



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached : (Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital, Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : C/O. DR. PARDNYA BHOLE, 5/723, BADRI PLOT, JAMNER ROAD
 City **BHUSAWAL** State **MAHARASHTRA** Pin **425201**

b Permanent : C/O. DR. PARDNYA BHOLE, 5/723, BADRI PLOT, JAMNER ROAD
 City **BHUSAWAL** State **MAHARASHTRA** Pin **425201**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :
 a. Office telephone with STD code : 0257 - 2366657
 b. Residence telephone with STD code : _____
 c. Mobile Phone Number : 9284237052
 d. E-Mail address : surajbholebsl@rediffmail

7. Date of joining the present institution : 10/02/2021

8. Joining report verified / attached : Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
 Yes / No. **YES** **BCME**

(If Yes, provide certificate/s)
 a. at MCI/NMC Regional MET Centre : Yes / ~~No~~
 b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
 c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2017	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	2017/05/1675	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	06/05/2017	
MD/MS MD	2020	N K P SALVE INSTITUTE OF MEDICAL SCIENCES, NAGPUR	2017/05/1675	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	06/05/2017	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**
 b. DM/MCH subject : -
 c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	N K P SALVE INSTITUTE OF MEDICAL SCIENCES, NAGPUR	23/05/2017	10/09/2020	3	3	19
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	10/02/2021	03/08/2022	1	5	22
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	04/08/2022	till date	2	3	29
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	06/09/2023	LECTURE	IM- 8.4 Identify and distinguish viral warts from other skin lesions
2	08/09/2023	SGT	IM- 8.7 Describe and discuss epidemiology, aetiology and the prevalence of secondary HT and the clinical manifestations of the various aetiologies of secondary causes of hypertension
3	09/09/2023	LECTURE	IM- 8.8 Describe, discuss and identify target organ damage due to hypertension, Determine the need for specialist consultation
4	13/09/2023	LECTURE	"Decision making in health care - Identify, discuss and defend medico legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making, decision making in emergency care including situations where patients do not have the capability or capacity to give consent, Identify, discuss and defend, medico legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures"
5	13/09/2023	SGT	"Decision making in health care - Identify, discuss and defend medico legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making, decision making in emergency care including situations where patients do not have the capability or capacity to give consent, Identify, discuss and defend, medico legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures"
6	16/09/2023	LECTURE	IM- 24.10 Describe, discuss and identify target organ damage due to hypertension, Determine the need for specialist consultation
7	22/09/2023	SGT	"Decision making in health care - Identify, discuss and defend medico legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making, decision making in emergency care including situations where patients do not have the capability or capacity to give consent, Identify, discuss and defend, medico legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures"
8	27/09/2023	SGT	IM- 24.10 Describe, discuss and identify target organ damage due to hypertension, Determine the need for specialist consultation
9	29/09/2023	SGT	IM- 26.4 Demonstrate respect to patient privacy
10	30/09/2023	LECTURE	IM- 24.20 Enumerate and describe social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions
11	04/10/2023	LECTURE	IM- 26.4 Bioethics in Clinical Practice - Describe and discuss the role of beneficence, non-maleficence, autonomy and shared responsibility as guiding principles in patient care
12	04/10/2023	SGT	IM- 26.4 Bioethics in Clinical Practice - Describe and discuss the role of beneficence, non-maleficence, autonomy and shared responsibility as guiding principles in patient care
13	06/10/2023	SGT	IM- 26.20 Demonstrate ability to communicate to patients in a respectful, non threatening, non judgemental and empathetic manner
14	07/10/2023	CLINIC	IM- 26.35 Demonstrate empathy in patient encounters
15	07/10/2023	LECTURE	IM- 26.35 Demonstrate empathy in patient encounters
16	11/10/2023	SGT	IM- 26.22 Demonstrate respect to patient privacy - Demonstrate ability to maintain confidentiality in patient care
17	11/10/2023	LECTURE	IM- 26.22 Demonstrate respect to patient privacy - Demonstrate ability to maintain confidentiality in patient care
18	13/10/2023	SGT	IM- 26.8 Organ Donation in India - Identify discuss medico legal, socioeconomic and ethical issues as it pertains to organ donation
19	14/10/2023	LECTURE	IM- 26.13 Organ Donation in India - Identify discuss medico legal, socioeconomic and ethical issues as it pertains to organ donation
20	14/10/2023	CLINIC	IM- 26.13 Organ Donation in India - Identify discuss medico legal, socioeconomic and ethical issues as it pertains to organ donation
21	18/10/2023	SGT	IM- 22.4 "Enumerate the components and describe the genetic basis of the multiple endocrine neoplasia syndrome"
22	18/10/2023	LECTURE	IM- 22.4 "Enumerate the components and describe the genetic basis of the multiple endocrine neoplasia syndrome"
23	20/10/2023	SGT	IM- 26.20 "Demonstrate ability to communicate to patients in a respectful, non threatening, non judgemental and empathetic manner"
24	21/10/2023	LECTURE	IM- 26.18 Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech
25	25/10/2023	SDL	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes
26	27/10/2023	SGT	IM- 26.36 Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech

27	28/10/2023	LECTURE	IM- 26.36 Communicate care options to patient and family with a terminal illness in a simulated environment
28	01/11/2023	SGT	IM- 26.19 Demonstrate ability to work in a team of peers and superiors
29	01/11/2023	LECTURE	IM- 26.19 Demonstrate ability to work in a team of peers and superiors
30	03/11/2023	SGT	IM- 26.43 "Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram"
31	04/11/2023	LECTURE	IM- 26.41 "Demonstrate ability to work in a mentoring relationship with junior colleagues"
32	08/12/2023	SGT	IM- 26.45 "Demonstrate ability to work in a team of peers and superiors - Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers- Demonstrate responsibility and work ethics while working in the health care team"
33	09/12/2023	LECTURE	IM- 2.6 "Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes"
34	13/12/2023	LECTURE	IM- 26.49 "Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment"
35	13/12/2023	SGT	IM- 26.49 "Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment"
36	16/12/2023	LECTURE	IM- 16.11 "Diagnosis of acute diarrhea (Stool culture & Blood culture); Diagnosis of chronic diarrhea (Antibodies, colonoscopy, imaging & biopsy)"
37	20/12/2023	SGT	IM- 16.12 Diagnosis of acute diarrhea (Stool culture & Blood culture); Diagnosis of chronic diarrhea (Antibodies, colonoscopy, imaging & biopsy)
38	20/12/2023	LECTURE	IM- 16.12 Diagnosis of acute diarrhea (Stool culture & Blood culture); Diagnosis of chronic diarrhea (Antibodies, colonoscopy, imaging & biopsy)
39	22/12/2023	SGT	IM- 16.17 "Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including immunotherapy, the indications for surgery in inflammatory bowel disease"
40	22/12/2023	SGT	IM- 16.17 "Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including immunotherapy, the indications for surgery in inflammatory bowel disease"
41	23/12/2023	LECTURE	IM- 24.1 "Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation and course of common diseases in the elderly, Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization management and rehabilitation of acute confusional states, depression, dementia and personality changes in elderly."
42	27/12/2023	SDL	IM- 24.4 "Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of, vascular events and CVA in the elderly"
43	29/12/2023	SGT	IM-24.10 "Describe and discuss the etiopathogenesis causes, clinical presentation, difference in clinical presentation identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly"
44	30/12/2023	LECTURE	IM-24.10 "Describe and discuss the etiopathogenesis causes, clinical presentation, difference in clinical presentation identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly."
45	04/04/2024	CLINIC	Interpret a PPD (Mantoux). Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis. Communicate to the patient and family the diagnosis and treatment
46	05/04/2024	SGT	Describe and discuss supportive therapy in CKD including diet, anti hypertensives, glycemic therapy, dyslipidemia, anemia, hyperkalemia, hyperphosphatemia and secondary hyperparathyroidism.
47	10/04/2024	CLINIC	-Communicate with patients on the importance of medication adherence. Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV. Elicit document and present a medical history that will differentiate the aetiologies of disease.
48	11/04/2024	CLINIC	Enumerate the indications for endoscopy, colonoscopy and other imaging procedures in the investigation of Upper GI bleeding
49	13/04/2024	SGT	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC
50	15/04/2024	SGT	Enumerate, describe and discuss the aetiology of upper and lower GI bleeding
51	18/04/2024	CLINIC	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
52	22/04/2024	LECTURE	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies

53	25/04/2024	CLINIC	Describe the appropriate diagnostic work up based on the presumed aetiology. Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap. Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance). Enumerate the indications and describe the findings in renal ultrasound
54	03/05/2024	SGT	-Enumerate the indications for arthrocentesis
55	04/05/2024	LECTURE	Determine the need for specialist consultation
56	08/05/2024	SGT	"Epidemiology, Genetic Basis, Risk factors for common malignancies in India; Infections causing cancer"
57	08/05/2024	SGT	"Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosexual and gender identity disorders"
58	10/05/2024	SGT	Describe the indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers
59	11/05/2024	LECTURE	Epidemiology, Genetic Basis, Risk factors for common malignancies in India; Infections causing cancer
60	15/05/2024	SGT	Natural history, presentation, course, complication and cause of death for common cancers
61	15/05/2024	SGT	"Describe the common issues encountered in patients at the end of life and principles of management. Describe and distinguish the difference between curative and palliative care in patients with cancer. Describe and discuss the ethical and the medico legal issues involved in end of life care. Describe the therapies used in alleviating suffering in patients at the end of life"
62	31/05/2024	SGT	Observe cross matching and blood / blood component transfusion
63	10/06/2024	LECTURE	-Enumerate the local poisonous snakes and describe the distinguishing marks of each, Describe the initial approach to the stabilization of the patient who presents with snake bite. Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti snake venom.
64	19/06/2024	SGT	-Physiological effects, Evaluation and steps in stabilizing a patient with acute volume loss due to GI bleed; including blood and component transfusion
65	16/07/2024	CLINIC	-Order, perform and interpret an ECG. Order and interpret a Chest Xray and markers of acutem myocardial infarction. Describe discuss and counsel patients appropriately on smoking cessation.
66	27/07/2024	LECTURE	-Enumerate and describe the indications and interpret laboratory and other tests used in personality disorders.
67	02/08/2024	CLINIC	"Articular from periarticular symptoms; Signs and symptoms of articular and periarticular diseases, Indications for Arthrocentesis. Enumerate the indications and interpret plain radiographs of joints. Communicate diagnosis, treatment plan and subsequent follow up plan to patients."
68	17/08/2024	LECTURE	Management (Investigations & treatment) of diabetic emergencies (Hypoglycemia, DKA, HONKS).
69	21/08/2024	CLINIC	"Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations"
70	02/09/2024	LECTURE	"Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with Hyponatremia and hypernatremia"
71	11/09/2024	CLINIC	JVP
72	14/09/2024	CLINIC	Perform a systematic examination that includes : general examination for pallor, oral examination
73	16/10/2024	CLINIC	Clubbing
74	19/10/2024	LECTURE	Demonstrate ability to communicate to patients in a patient, respectful, non- threatening, non-judgmental and empathetic manner

15. Details of employment before joining the present institution:

a. Name of College/Institution : N K P SALVE INSTITUTE OF MEDICAL SCIENCES, NAGPUR

b. Designation : JUNIOR RESIDENT Date on which relieved : 10/09/2020

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: BEPPB6580L

17. Aadhar Card Number: 486189183466

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	80000	3336
May / 2024	80000	3336
June / 2024	80000	3336
July / 2024	80000	3336
August / 2024	80000	3336
September / 2024	80000	3336
October / 2024	80000	3336
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. SURAJ VISHNU BHOLE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital
in the the city of _____ in _____ State and my hours of
private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full-time / Part-time /~~ **Honorary**.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. SURAJ VISHNU BHOLE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued); Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others BCME	YES

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. RANE TEJAS DILIP

2. Age & Date of Birth: 35 (Years) 30/10/1989



3. Present Designation : SENIOR RESIDENT

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : RESIDENT HOSTEL, DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

City JALGAON State MAHARASHTRA Pin 425309

b Permanent : PLOT NO. 47, SARSWATI NAGAR, NEAR NERI NAKA

City JALGAON State MAHARASHTRA Pin 425001

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : -

c. Mobile Phone Number : 7741039365

d. E-Mail address : drtejasrane@gmail.com

7. Date of joining the present institution : 01/02/2022

8. Joining report verified / attached : Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET: Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2015	DR. VASANTRAO PAWAR MEDICAL COLLEGE, NASHIK MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2015/09/4745 09/09/2015	MMC,MUMBAI
MD/MS MD	2019	KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERISTY KARAD	2015/09/4745 09/09/2015	MMC,MUMBAI
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : GENERAL MEDICINE
- b. DM/MCH subject : -
- c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	KRISHINA INSTITUTE OF MEDICAL SCIENCES, KARAD	02/05/2016	03/06/2019	3	1	2
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/02/2022	till date	2	10	2
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and top covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	25/03/2024	LECTURE	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
2	19/04/2024	CLINIC	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
3	14/06/2024	SGT	-Describe, discuss and identify target organ damage due to hypertension. Determine the need for specialist consultation
4	12/07/2024	CLINIC	-Sepsis Syndrome - Discuss and describe the pathophysiology and manifestations of the sepsis syndrome
5	12/08/2024	LECTURE	Describe the approach to the management of hypercalcemia
6	27/09/2024	SGT	Describe and discuss the role of a physician in health care system

15. Details of employment before joining the present institution:

a. Name of College/Institution : **KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD**

b. Designation : **JUNIOR RESIDENT** Date on which relieved : **03/06/2019**

c. Reason for being relieved : **Tendered resignation / Retired / Transferred / Terminated**

d. Relieving order issued by previous institution verified and attached: **Yes / No: Yes**

16. PAN Card Number: **AOEPR8084H**

17. Aadhar Card Number: **709988330204**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	
May / 2024	65000	
June / 2024	65000	
July / 2024	65000	
August / 2024	65000	
September / 2024	65000	
October / 2024	65000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : -
 - b. National Journals : -
 - c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. TEJAS DILIP RANE** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. TEJAS DILIP RANE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/____	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. CHAUDHARI TEJENDRA SUKDEO

2. Age & Date of Birth: 43 (Years) 29/10/1981



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **PLOT NO. 79, DIXITWADI, JILHA PETH, JALGAON**

City **JALGAON** State **MAHARASHTRA** Pin **425001**

b Permanent : **79, DIXITWADI, JILHA PETH, JALGAON**

City **JALGAON** State **MAHARASHTRA** Pin **425001**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : **0257 - 2366657**

b. Residence telephone with STD code :

c. Mobile Phone Number : **8275411412**

d. E-Mail address : **tejendrachaudhari@gmail.com**

7. Date of joining the present institution : **25/02/2015**

8. Joining report verified / attached : Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2003	SETH GS MEDICAL COLLEGE, MUMBAI	2005/04/2448	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	15/04/2005	
MD/MS MD	2009	GOVERNMENT MEDICAL COLLEGE, NAGPUR	2005/04/2448	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	11/01/2010	
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	2014	KING GEORGE'S MEDICAL UNIVERSITY	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : **NEUROLOGY**

c. PhD subject : **-**

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, NAGPUR	16/06/2006	15.06.2009	3	0	0
Senior Resident	GENERAL MEDICINE	KING GEORGE'S MEDICAL UNIVERSITY	30.07.2011	29.07.2014	3	0	0
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	25/02/2015	till date	9	9	9
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	16/10/2023	LECTURE	Decision making in health care - Identify, discuss and defend medico legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making, decision making in emergency care including situations where patients do not have the capability or capacity to give consent, Identify, discuss and defend, medico legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures
2	26/10/2023	CLINIC	Orientation to General Exam
3	03/12/2023	CLINIC	"Demonstrate surface marking of lines of pleural reflection, Lung borders and fissures, Trachea, Heart borders, Apex beat & Surface projection of valves of heart"
4	01/03/2024	SGT	Indication for blood transfusion & components; precautions during transfusion including mismatch transfusion
5	19/04/2024	SGT	Describe and discuss the symptoms and signs of acute HIV seroconversion.
6	03/06/2024	CLINIC	-Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation. Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity. Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation.
7	01/07/2024	LECTURE	-Describe the initial approach to the stabilization of the patient who presents with poisoning.
8	02/08/2024	SGT	"Enumerate the indications for and describe the findings of heart failure with the following : 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram"
9	31/08/2024	LECTURE	-Geriatrics Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly
10	31/08/2024	LECTURE	Geriatrics Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly

15. Details of employment before joining the present institution:

a. Name of College/Institution : **KING GEORGE'S MEDICAL UNIVERSITY**

b. Designation : **SENIOR RESIDENT**

Date on which relieved :

29.07.2014

c. Reason for being relieved : **Tendered resignation / Retired / Transferred / Terminated**

Tendered resignation

d. Relieving order issued by previous institution verified and attached:

Yes / No:

Yes

16. PAN Card Number: **AMPPC1726L**

17. Aadhar Card Number: **519109042557**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	100000	5958
May / 2024	100000	5958
June / 2024	100000	5958
July / 2024	100000	5958
August / 2024	100000	5958
September / 2024	100000	5958
October / 2024	100000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : **02**
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. TEJENDRA SUKDEO CHAUDHARI** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
- a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
- b. I practice at _____ Nursing home / Clinic / Hospital
in the the city of **JALGAON** in _____ in State
and my hours of private practice are from AM to AM and **5.30** PM to **8.30** PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time/ Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**_____
(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. TEJENDRA SUKDEO CHAUDHARI** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card ELECTRICITY BILL	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. PATIL UMANG BHARAT

2. Age & Date of Birth: 34 (Years) 11/12/1989



3. Present Designation : SENIOR RESIDENT

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : RESIDENT QTR. DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

City JALGAON State MAHARASHTRA Pin 425309

b Permanent : GAT NO.28 PLOT NO.32 MUKTAINAGAR COLONY SMIT COLLEGE ROAD

City JALGAON State MAHARASHTRA Pin 425001

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 7875080227

d. E-Mail address : umang4999@gmail.com

7. Date of joining the present institution : 14/03/2019

8. Joining report verified / attached : Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2014	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	2014/11/4686	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	07/11/2014	
MD/MS MD	2018	DR. VASANTRAO PAWAR MEDICAL COLLEGE, NASHIK	2014/11/4686	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	31/08/2018	
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : GENERAL MEDICINE
- b. DM/MCH subject : -
- c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	14/03/2019	till date	5	8	19
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	19/10/2023	CLINIC	Bedside urine analysis & perform and interpret aurinary ketone estimation with a dipstick. Demonstrate to and counsel patients correct technique on the of selfmonitoring of blood glucoses
2	29/03/2024	LECTURE	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease Enumerate and describe the causes and pathophysiology of drug induced liver injury.
3	09/04/2024	CLINIC	-Describe and discuss the aetiology of acute and chronic diarrhea including infectious and noninfectious causes, Distinguish between diarrhea and dysentery based on clinical features. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic, bacterial and viral causes of diarrhea. Counsel patients on prevention of HIV transmission. Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
4	11/06/2024	CLINIC	-Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen). Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes.
5	10/07/2024	CLINIC	-Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations. Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis.
6	09/08/2024	LECTURE	"Describe and discuss and identify the clinical features of acute and subacute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy"
7	30/08/2024	LECTURE	TB
8	25/09/2024	CLINIC	"Communicate with patients on the importance of medication adherence. Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV. Elicit document and present a medical history that will differentiate the aetiologies of disease."
9	20/10/2024	CLINIC	"-Epidemiology, Genetic Basis, Risk factors for common malignancies in India; Infections causing cancer."

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tended resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **AYYPP1613J**

17. Aadhar Card Number: **261548510646**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	
May / 2024	65000	
June / 2024	65000	
July / 2024	65000	
August / 2024	65000	
September / 2024	65000	
October / 2024	65000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : -
 - b. National Journals : -
 - c. State/Institutional Journals : -

20. Details of other publications:
- a. Number of Books published : 0
 - b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. UMANG BHARAT PATIL**, am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Uthas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. UMANG BHARAT PATIL** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. PATIL VAIBHAV ANIL

2. Age & Date of Birth: 37 (Years) 30/08/1987



3. Present Designation : ASSOCIATE PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

- a Present : M J COLLEGE ROAD, BHASAKR MARKET, JALGAON
-
- City JALGAON State MAHARASHTRA Pin 425001
- b Permanent : RADHEKRISHNA SOCIETY, MALKAPUR
-
- City MALKAPUR State MAHARASHTRA Pin 443101

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

- a. Office telephone with STD code : 0257 - 2366657
- b. Residence telephone with STD code : _____
- c. Mobile Phone Number : 08275297758
- d. E-Mail address : patilvaibhav102@gmail.com

7. Date of joining the present institution :

12/11/2019

8. Joining report verified / attached :

Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **YES** **rBCW**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : Yes / ~~No.~~
- b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2010	GOVERNMENT MEDICAL COLLEGE, NAGPUR	2018/01/0162	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	18/01/2018	
MD/MS MD	2015	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI	2018/01/0162	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	10/09/2018	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	2019	PADMASHREE DR. D.Y.PATIL MEDICAL COLLEGE,NERUL,NAVI MUMBAI	15/10/2019	MMC,MUMBAI
		PADAMSHREE DR. D.Y.PATIL UNIVERSITY, NAVI MUMBAI (NOTIFIED ON 21.04.2009 PREV. MUHS)	2018/01/0162	
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : CARDIOLOGY

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI	02/07/2012	30/04/2015	2	9	30
Junior Resident	NA	NA					
Senior Resident	CARDIOLOGY	PADMASHREE DR. D.Y.PATIL MEDICAL COLLEGE,NERUL,NAVI MUMBAI	01/09/2016	31/08/2019	3	0	0
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	12/11/2019	03/12/2023	4	0	22
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	04/12/2023	till date	0	11	29
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	23/02/2024	LECTURE	Describe & demonstrate surfaces, sulci, gyri, poles, & functional areas of cerebral hemisphere
2	23/02/2024	LECTURE	-Describe & demonstrate surfaces, sulci, gyri, poles, & functional areas of cerebral hemisphere
3	06/03/2024	SGT	Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis. Describe and enumerate the indications, pharmacotherapy including immunotherapy, the indications for surgery in inflammatory bowel disease
4	22/03/2024	LECTURE	"Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis"
5	22/03/2024	LECTURE	"Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis"
6	19/04/2024	LECTURE	"Discuss and describe the epidemiology, antecedents and risk factors both modifiable and non-modifiable, the pathogenesis, natural history, evolution and complications of atherosclerosis and IHD"
7	02/05/2024	LECTURE	-Diagnosis of acute diarrhea (Stool culture & Blood culture); Diagnosis of chronic diarrhea (Antibodies, colonoscopy, imaging & biopsy)
8	03/05/2024	SGT	-Diagnosis of acute diarrhea (Stool culture & Blood culture); Diagnosis of chronic diarrhea (Antibodies, colonoscopy, imaging & biopsy)
9	09/05/2024	LECTURE	"Describe and discuss the aetiology of acute and chronic diarrhea including infectious and noninfectious causes, Distinguish between diarrhea and dysentery based on clinical features. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic, bacterial and viral causes of diarrhea"
10	10/05/2024	SGT	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhea
11	31/05/2024	SGT	Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including immunotherapy, the indications for surgery in inflammatory bowel disease
12	03/06/2024	LECTURE	-Describe Complications of Rheumatic valvular heart disease. (Other than Infective Endocarditis), Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease
13	12/06/2024	CLINIC	-Perform and interpret a sputum AFB. Perform and interpret a malarial smear. Assist in the collection of blood and wound cultures.
14	10/07/2024	SGT	-Malaria - Discuss and describe the pathophysiology and manifestations of malaria, interpret a malarial smear, Describe and discuss the pharmacology, indications, adverse reactions, interactions of antimalarial drugs and basis of resistance, malarial prevention
15	09/08/2024	SGT	Pharmacological therapies for DM, indications, CI, ADR and Interaction- Based on presentation, severity, complication in a cost effective therapy
16	02/09/2024	LECTURE	-Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with Hyponatremia and hypernatremia
17	10/09/2024	CLINIC	Measure BP accurately
18	25/09/2024	SGT	"Bioethics in Clinical Practice - Describe and discuss the role of beneficence, non-maleficence, autonomy and shared responsibility as guiding principles in patient care"
19	14/10/2024	LECTURE	-Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy
20	26/10/2024	SGT	Demonstrate an understanding of the implications and the appropriate procedures and response to be followed in the event of medical errors
21	28/10/2024	LECTURE	"Discuss and describe the indications for acute thrombolysis, PTCA and CABG"

15. Details of employment before joining the present institution:

a. Name of College/Institution : PADMASHREE DR. D.Y.PATIL MEDICAL COLLEGE,NERUL,NAVI MUMBAI

b. Designation : SENIOR RESIDENT Date on which relieved : 31/08/2019

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated Tendered resignation

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AZZPP7522N

17. Aadhar Card Number: 692197034328

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	100000	5958
May / 2024	100000	5958
June / 2024	100000	5958
July / 2024	100000	5958
August / 2024	100000	5958
September / 2024	100000	5958
October / 2024	100000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- | | |
|-----------------------------------|-----------|
| a. International Journals : | 06 |
| b. National Journals : | - |
| c. State/Institutional Journals : | - |

20. Details of other publications:

- | | |
|----------------------------------|----------|
| a. Number of Books published : | 0 |
| b. Number of Chapters in books : | 0 |

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. VAIBHAV ANIL PATIL** am working in the capacity of **ASSOCIATE PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time/ Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date : _____
Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. VAIBHAV ANIL PATIL** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card ELECTRICITY BILL.	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others rBCW	YES

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___
-----------------	-------------

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. CHAUDHARI VIVEK DIVAKAR

2. Age & Date of Birth: 55 (Years) 26/03/1969



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **370 OMKAR NAGAR OPP GENERAL POST OFFICE, JILHA PETH**

City **JALGAON** State **MAHARASHITRA** Pin **425001**

b Permanent : **370 OMKAR NAGAR OPP GENERAL POST OFFICE, JILHA PETH**

City **JALGAON** State **MAHARASHITRA** Pin **425001**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : **0257 - 2366657**

b. Residence telephone with STD code :

c. Mobile Phone Number : **9823011550**

d. E-Mail address : **vivek.chaudhari@indiatimes.com**

7. Date of joining the present institution :

05/01/2012

8. Joining report verified / attached :

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1992	SETH GS MEDICAL COLLEGE, MUMBAI BOMBAY UNIVERSITY	69060 30/06/1992	MMC, MUMBAI
MD/MS MD	1995	TOPIWALA NATIONAL MEDICAL COLLEGE, MUMBAI BOMBAY UNIVERSITY	10882 01/12/1995	MMC, MUMBAI
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	2000	TOPIWALA NATIONAL MEDICAL COLLEGE, MUMBAI BOMBAY UNIVERSITY	19/04/2011 69060	MMC, MUMBAI
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : **CARDIOLOGY**

c. PhD subject : **-**

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	05/01/2012	till date	12	10	28
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/ /--	--/ /--	--(y) --(m)
Classified Specialist		--/ /--	--/ /--	--(y) --(m)
Advisor		--/ /--	--/ /--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	26/02/2024	LECTURE	Describe the functional and the vascular anatomy of the brain
2	14/03/2024	SGT	Setting up IV infusion and calculating drip rate.
3	15/06/2024	SGT	-Investigation (endoscopy, colonoscopy, imaging) and treatment of GI bleed including pharmacotherapy of acid peptic disease (including H.pylori), pressors, endoscopic interventions and surgery and appropriate level of specialist consultation.Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status.
4	15/07/2024	CLINIC	-Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation. Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity. Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation.
5	14/08/2024	SGT	Pathogenesis, C/F, Precipitating factors, Stabilization, Principle of therapy & Management (Investigations & treatment) of diabetic emergencies (Hypoglycemia, DKA, HONKS).
6	30/09/2024	CLINIC	"Select, prescribe and communicate treatment option for systemic rheumatologic conditions. Communicate and incorporate patient preferences in the choice of therapy. Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions"

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tended resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **ACVPC2417Q**

17. Aadhar Card Number:

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	85000	3856
May / 2024	85000	3856
June / 2024	85000	3856
July / 2024	85000	3856
August / 2024	85000	3856
September / 2024	85000	3856
October / 2024	85000	3856
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : **02**
 - b. National Journals : -
 - c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. VIVEK DIVAKAR CHAUDHARI** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to desciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. VIVEK DIVAKAR CHAUDHARI** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card VOTER CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/____	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.



1. Name of Faculty : DR. YOUSUF KHAN SHABBIR KHAN
2. Age & Date of Birth: 40 (Years) 14/11/1984
3. Present Designation : ASSISTANT PROFESSOR
- a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes
- b. Department : GENERAL MEDICINE
- c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon
- d. City / District : Jalgaon
- e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice
- f. Date of appearance in last MCI/NMC assessment :
- i. UG / PG / Any Other: UG
- ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON
- iii. Whether appeared and accepted at the same College : Yes / No Yes
- iv. Whether appeared and accepted for the same Designation - Yes / No Yes
- v. Whether retired from Government Medical college : Yes / No No
- vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **RESIDENT HOSTEL DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**

City **JALGAON** State **MAHARASHTRA** Pin **425309**

b Permanent : **DIANGAR PURA, PARPETH, FRONT TO AMAN MEDICAL**

City **MALKAPUR** State **MAHARASHTRA** Pin **423101**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Andhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : **0257 - 2366657**

b. Residence telephone with STD code :

c. Mobile Phone Number :

8698904950

d. E-Mail address :

yskhan1984@gmail.com

7. Date of joining the present institution :

17/09/2021

8. Joining report verified / attached :

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2007	INDIRA GANDHI GOVT. MEDICAL COLLEGE & HOSPITAL, NAGPUR	2017/04/1466	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	28/04/2017	
MD/MS MD	2016	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI	2017/04/1466	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	23/05/2017	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI	01/05/2013	01/05/2016	3	0	1
Junior Resident	GENERAL MEDICINE	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI	03/09/2016	04/10/2016	0	1	2
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	17/09/2021	15/03/2023	1	5	29
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	16/03/2023	till date	1	8	17
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	21/06/2024	SGT	-Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart
2	19/07/2024	SGT	-Describe, discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure, Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodeling and neuro-hormonal adaptations
3	30/07/2024	CLINIC	-Describe and discuss the aetiology of acute and chronic diarrhea including infectious and noninfectious causes, Distinguish between diarrhea and dysentery based on clinical features, Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic, bacterial and viral causes of diarrhea. Counsel patients on prevention of HIV transmission . Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
4	20/08/2024	CLINIC	"Bedside urine analysisv&vPerform and interpret aurinary ketone estimation with a dipstick. Demonstrate(and counsel) patients on the correct technique to administer insulin. Demonstrate to and counsel patients correct technique on the of selfmonitoring of blood glucoses."
5	24/08/2024	CLINIC	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in congestive heart failure
6	09/09/2024	CLINIC	"Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation. Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity. Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation."
7	24/10/2024	CLINIC	"Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis. Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight"

15. Details of employment before joining the present institution:

a. Name of College/Institution : LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI

b. Designation : JUNIOR RESIDENT Date on which relieved : 04/10/2016

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: CHHPS6427D

17. Aadhar Card Number: 205117415589

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. YOUSUF KHAN SHABBIR KHAN** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. YOUSUF KHAN SHABBIR KHAN** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. DAHYABHAI SARANG CHIMANLAL

2. Age & Date of Birth: 65 (Years) 24/07/1959



3. Present Designation : PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: - _____

ii. Name of College _____

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present

RI SI. QTR. DR. UHAS PATHI MEDICAL COLLEGE & HOSPITAL JALGAON KH. Pin 425009

City JALGAON State MAHARASHTRA

b. Permanent:

GARRA ESTATE COMPLEX, RESIDE S. T. DEPTOL. Pin 396321

City BHIMORA State GUJARAT

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport, Author card and Voter ID Passport, Electricity bill, Landline Phone bill will be considered)

6. Contact Details: a. Office telephone with STD code: 0257 - 2366657

b. Residence telephone with STD code:

9773065256

c. Mobile Phone Number:

doctor_mdl1980@yahoo.co.in

d. E-Mail address:

01/06/2017

7. Date of joining the present institution:

Yes / No

YES

8. Joining report verified / attached:

9. Have you attended the Basic Course Workshop (BCMIE), Curriculum Implementation Support Programme (CISP-I/II/III), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **YES**

BCW

(If Yes, provide certificate(s))

Yes / ~~No~~

Yes / ~~No~~

a. at MCINMC Regional MET Centre :

b. at your college under Regional / Nodal Centre observership

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1985	GOVERNMENT MEDICAL COLLEGE, SURAT VEER NARAYAN SOUTH GUJARAT UNIVERSITY	G14360 31/01/1985	CMC, AHMEDABAD
MD/MS MD	1989	GOVERNMENT MEDICAL COLLEGE, SURAT VEER NARAYAN SOUTH GUJARAT UNIVERSITY	G-3801 30/07/1988	CMC, AHMEDABAD
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

Yes / No **YES**

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, SURAT	15/04/1985	31/12/1988	3	8	16
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/06/2017	31/05/2021	4	0	0
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/06/2021	31/05/2024	3	0	0
Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/06/2024	till date	0	6	2
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	04/09/2023	LECTURE	Describe and discuss the etiopathogenesis causes, clinical presentation, difference in clinical presentation identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly.
2	05/09/2023	CLINIC	IM 1.13.1.14 -Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade
3	11/09/2023	LECTURE	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surgery
4	12/09/2023	CLINIC	"Discuss and describe the epidemiology, antecedents and risk factors both modifiable and non-modifiable, the pathogenesis, natural history, evolution and complications of atherosclerosis and IHD."
5	18/09/2023	LECTURE	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of osteoporosis, degenerative joint disease, falls, and common fractures in elderly
6	21/09/2023	LECTURE	"Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of osteoporosis, degenerative joint disease, falls, and common fractures in elderly"
7	25/09/2023	LECTURE	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of osteoporosis, degenerative joint disease, falls, and common fractures in elderly
8	26/09/2023	CLINIC	Perform and interpret AFB sputum
9	03/10/2023	CLINIC	Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders, Enumerate the indications for use of surgery and botulinum toxin in the treatment of movement disorders
10	05/10/2023	LECTURE	Bioethics in Clinical Practice - Describe and discuss the role of beneficence, non-maleficence, autonomy and shared responsibility as guiding principles in patient care
11	10/10/2023	CLINIC	Classification of anemia; Etiology & Prevalence
12	12/10/2023	LECTURE	Decision making in health care - Identify, discuss and defend medico legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making, decision making in emergency care including situations where patients do not have the capability or capacity to give consent, Identify, discuss and defend, medico legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures
13	17/10/2023	CLINIC	Elicit document and present a medical history that will differentiate the etiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co morbidities and target organ disease
14	19/10/2023	LECTURE	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses
15	25/10/2023	LECTURE	Demonstrate appropriate respect to colleagues in the profession
16	26/10/2023	LECTURE	Demonstrate appropriate respect to colleagues in the profession
17	30/10/2023	SDL	Describe and discuss the pathogenesis and development of common arrhythmias involved in failure particularly atrial fibrillation
18	02/11/2023	LECTURE	"Professional Development - Describe and discuss the commitment to lifelong learning as an important part of physician growth, Demonstrate a commitment to continued learning, Demonstrate personal grooming that is adequate and appropriate for health care responsibilities, Demonstrate ability to form and function in appropriate professional networks, Demonstrate ability to pursue and seek career advancement, Demonstrate commitment to learning and scholarship."
19	07/12/2023	LECTURE	"Discuss and describe the epidemiology, antecedents and risk factors both modifiable and non-modifiable, the pathogenesis, natural history, evolution and complications of atherosclerosis and IHD."
20	11/12/2023	LECTURE	Demonstrate commitment to learning and scholarship
21	12/12/2023	CLINIC	"Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)"
22	14/12/2023	LECTURE	Euthanasia, current position in India - Identify, discuss and defend medico legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support

23	18/12/2023	LECTURE	Demonstrate ability to pursue and seek career advancement
24	19/12/2023	CLINIC	Perform and interpret AFB sputum
25	21/12/2023	LECTURE	Diagnosis of acute diarrhea (Stool culture & Blood culture), Diagnosis of chronic diarrhea (Antibodies, colonoscopy, imaging & biopsy)
26	28/12/2023	LECTURE	"Describe and discuss the aetiology of acute and chronic diarrhea including infectious and noninfectious causes. Distinguish between diarrhea and dysentery based on clinical features. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic, bacterial and viral causes of diarrhea"
27	05/01/2024	CLINIC	Wheez, Hoarseness of Voice
28	12/01/2024	CLINIC	AS : Inspection
29	17/01/2024	CLINIC	"Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses"
30	19/01/2024	LECTURE	"Describe and discuss the epidemiology, pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/valvular, ischemic, hypertrophic, inflammatory. Describe and discuss the genetic basis of some forms of heart failure"
31	24/01/2024	CLINIC	Measure BP accurately
32	31/01/2024	CLINIC	"Skill Acquisition - IM injection "
33	07/02/2024	CLINIC	"Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate based on the history "
34	14/02/2024	CLINIC	"Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses"
35	16/02/2024	LECTURE	-Describe Complications of Rheumatic valvular heart disease. (Other than Infective Endocarditis). Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease
36	16/02/2024	LECTURE	-Describe Complications of Rheumatic valvular heart disease. (Other than Infective Endocarditis). Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease
37	19/02/2024	SGT	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes
38	21/02/2024	CLINIC	Measure BP accurately
39	22/02/2024	CLINIC	-Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures
40	26/02/2024	LECTURE	"Describe the functional and the vascular anatomy of the brain"
41	27/02/2024	CLINIC	"Skill Acquisition - IM injection "
42	29/02/2024	CLINIC	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of diseases.
43	05/03/2024	CLINIC	"Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate based on the history "
44	08/03/2024	CLINIC	Practical Assessment + Skill Assessment
45	11/03/2024	CLINIC	AS Palpation
46	11/03/2024	LECTURE	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elder
47	15/03/2024	LECTURE	"Staging of heart failure, Describe, discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure, Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodeling and neuro-hormonal adaptations"
48	15/03/2024	LECTURE	"Staging of heart failure, Describe, discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure, Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodeling and neuro-hormonal adaptations"
49	18/03/2024	CLINIC	Orientation to General Exam
50	21/03/2024	CLINIC	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures. Perform and interpret a 12 lead ECG. Assist and demonstrate the proper technique in collecting specimen for blood culture.
51	22/03/2024	CLINIC	"Perform a systematic examination that includes : general examination for pallor, oral examination "
52	28/03/2024	CLINIC	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease. Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation. Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG

53	29/03/2024	LECTURE	"Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrhythmias, anemia, thyrotoxicosis, dietary factors drugs etc."
54	29/03/2024	LECTURE	"Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrhythmias, anemia, thyrotoxicosis, dietary factors drugs etc."
55	29/03/2024	LECTURE	"Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrhythmias, anemia, thyrotoxicosis, dietary factors drugs etc."
56	01/04/2024	LECTURE	Describe the initial management of a hemorrhagic stroke. Enumerate the indications for surgery in a hemorrhagic stroke.
57	01/04/2024	LECTURE	Describe the initial management of a hemorrhagic stroke. Enumerate the indications for surgery in a hemorrhagic stroke
58	01/04/2024	CLINIC	-Describe the initial management of a hemorrhagic stroke. Enumerate the indications for surgery in a hemorrhagic stroke.
59	01/04/2024	LECTURE	Describe the initial management of a hemorrhagic stroke. Enumerate the indications for surgery in a hemorrhagic stroke
60	03/04/2024	CLINIC	Perform and interpret a sputum AFB. Perform and interpret a malarial smear. Assist in the collection of blood and wound cultures.
61	05/04/2024	CLINIC	Practical Assessment + Skill Assessment
62	06/04/2024	SGT	Describe and discuss the indications for renal dialysis
63	06/04/2024	CLINIC	Investigation (endoscopy, colonoscopy, imaging) and treatment of GI bleed including pharmacotherapy of acid peptic disease (including H.pylori), pressors, endoscopic interventions and surgery and appropriate level of specialist consultation. Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status.
64	08/04/2024	LECTURE	Define and classify headache and describe the presenting features, precipitating factors, aggravating and relieving factors of various kinds of headache
65	17/04/2024	SGT	-Discuss and describe the principles and regimens used in post exposure prophylaxis
66	17/04/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies. Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake."
67	19/04/2024	LECTURE	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy. Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis and hepatic encephalopathy
68	20/04/2024	SGT	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV
69	26/04/2024	CLINIC	Describe and discuss the indications for and insert a peripheral intravenous catheter.
70	29/04/2024	CLINIC	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries). Pathogenesis, C/F, Precipitating factors, Stabilization, Principle of therapy & Management (Investigations & treatment) of diabetic emergencies (Hypoglycemia, DKA, HONKS). Perform and interpret a capillary blood glucose test.
71	02/05/2024	CLINIC	"Demonstrate the correct technique to palpate the thyroid. Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan"
72	09/05/2024	CLINIC	"Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis. Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight"
73	01/06/2024	LECTURE	-Describe the common issues encountered in patients at the end of life and principles of management, Describe and distinguish the difference between curative and palliative care in patients with cancer, Describe and discuss the ethical and the medico legal issues involved in end of life care, Describe the therapies used in alleviating suffering in patients at the end of life
74	03/06/2024	CLINIC	- Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation. Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure
75	03/06/2024	LECTURE	Enumerate the local poisonous snakes and describe the distinguishing marks of each, Describe the initial approach to the stabilization of the patient who presents with snake bite, Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti snake venom.

76	19/06/2024	CLINIC	<p>Communicate with patients on the importance of medication adherence. Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV. Their document and present a medical history that will differentiate the aetiologies of disease.</p> <p>Generate a differential diagnosis based on the clinical history and evolution of the disease that prioritises the most likely diagnosis.</p> <p>Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options.</p>
77	19/06/2024	CLINIC	<p>Generate a differential diagnosis based on the clinical history and evolution of the disease that prioritises the most likely diagnosis.</p> <p>Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options.</p>
78	28/06/2024	SGT	<p>Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options.</p>
79	01/07/2024	LECTURE	<p>Describe the initial approach to the stabilization of the patient who presents with poisoning.</p>
80	01/07/2024	CLINIC	<p>Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hyperventilatory emergencies.</p>
81	19/07/2024	LECTURE	<p>Describe & demonstrate surfaces, sites, EYR, poles, & functional areas of cerebral hemisphere.</p>
82	26/07/2024	SGT	<p>Enumerate, elicit, describe and document clinical features in patients with personality disorders.</p>
83	01/08/2024	CLINIC	<p>Classify migraine and describe the distinguishing features between classical and non-classical forms of migraine. Describe the indications, pharmacology, dose, side effects of abortive therapy and prophylactic therapy in migraine. Describe appropriate diagnostic workup and treatment plan for neurological diseases. Enumerate Systemic manifestations of rheumatological diseases. Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases.</p>
84	01/08/2024	CLINIC	<p>Classify migraine and describe the distinguishing features between classical and non-classical forms of migraine. Describe the indications, pharmacology, dose, side effects of abortive therapy and prophylactic therapy in migraine. Describe appropriate diagnostic workup and treatment plan for neurological diseases. Enumerate Systemic manifestations of rheumatological diseases. Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases.</p>
85	16/08/2024	LECTURE	<p>Chest Pain</p>
86	28/08/2024	SGT	<p>Epidemiology, pathogenesis, genetic basis of Hypothyroidism, interpretation of TFT, Pharmacotherapy, indication, ADR of Thyroxine. Localization programmes of Govt of India.</p>
87	02/09/2024	CLINIC	<p>Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation. Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure."</p>
88	02/09/2024	CLINIC	<p>Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation. Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure."</p>
89	09/09/2024	CLINIC	<p>Pulse examination with demonstration</p>
90	27/09/2024	CLINIC	<p>AS symptomatology</p>
91	01/10/2024	CLINIC	<p>Demonstrate and understanding of the impact of rheumatologic conditions on quality of life, well being, work and family.</p> <p>document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy.</p> <p>Perform a systematic examination that includes: an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart</p>
92	07/10/2024	LECTURE	<p>Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism</p>
93	14/10/2024	CLINIC	<p>B. P. Respiratory rate</p>

15. Details of employment before joining the present institution:

GOVERNMENT MEDICAL COLLEGE, SURAT

31/12/1988

a. Name of College/Institution : _____ Date on which relieved : _____

b. Designation : SENIOR RESIDENT _____ Date on which relieved : _____

Tendered resignation

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____ Yes / No: _____

Yes

d. Relieving order issued by previous institution verified and attached: _____

16. PAN Card Number: ABKPS9032P

17. Aadhar Card Number: 343749873226

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025	105000	5958
April / 2024	105000	5958
May / 2024	105000	5958
June / 2024	105000	5958
July / 2024	105000	5958
August / 2024	105000	5958
September / 2024	105000	5958
October / 2024	105000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals : **04**

a. International Journals :

b. National Journals :

c. State/Institutional Journals :

20. Details of other publications:

a. Number of Books published : **0**

b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference : **0**

National conference : **0**

Interational conference : **0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference : **0**

National conference : **0**

Interational conference : **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. SARANG CHIMANLAL DAHYABHAI** am working in the capacity of **PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full-time / Part-time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. SARANG CHIMANLAL DAHYABHAI is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Documents		Submitted
Sl		YES
1	Recent Passport size photo of Employee, Signed by Dean /Principal of college	YES
2	Photo ID proof (Govt /Authentic /resid) Passport PAN Card Voter ID Aadhar Card CARD	YES
3	Certified copy of Appointment order of the present Institute	YES
4	Proof of Residence Passport Voter Card / Electricity / Landline phone Bill /Aadhar Card DEANS ALLOTMENT LETTER	YES
5	Joining report at the present institute	YES
6	Copies of MRRS, PG, PhD degrees (as applicable)	YES
7	Copies of MRRS, PG, PhD degree Registration Certificates (as applicable)	YES
8	Copy of experience certificates of all teaching appointments before joining present post.	NO
9	Relieving order from the previous institute/posting.	YES
10	Copy of PAN Card, AADHAR Card	NO
11	Letter head (in case of teachers who are practicing)	NO
12	Copy of letter from affiliating University recognizing as UG teacher	NO
13	Copy of letter from affiliating University recognizing as PG teacher. (for P.G. Assessment)	NO
14	Copy of MET certificates: IBCW , BCME , CISP , ACME , Others IBCW	YES

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	<u> / / </u>
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. KALDATE ADITI MUKUNDRAO
2. Age & Date of Birth: 32 (Years) 30/05/1992



3. Present Designation : SENIOR RESIDENT
- a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes
- b. Department : GENERAL MEDICINE
- c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon
- d. City / District : Jalgaon
- e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice
- f. Date of appearance in last MCI/NMC assessment :
- i. UG / PG / Any Other: _____
- ii. Name of College _____
- iii. Whether appeared and accepted at the same College : Yes / No No
- iv. Whether appeared and accepted for the same Designation - Yes / No No
- v. Whether retired from Government Medical college : Yes / No No
- vi. If yes, designation at the time of retirement : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : QTR DR ULHAS PATHIL MEDICAL COLLEGE & HOSPITAL

City JALGAON State MAHARASHTRA Pin 425309

b Permanent : PLOT NO. 52/53, SURVEY NO. 53/1, FLAT NO. 501, TIRUMALA HILL APARTMENT,

GARKHEDA, AURANGABAD

City GARKHEDA State MAHARASHTRA Pin 431001

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 8208934497

d. E-Mail address : _____

7. Date of joining the present institution : 28/11/2024

8. Joining report verified / attached : Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET: Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2016	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, AURANGABAD MGM UNIVERSITY OF HEALTH SCIENCES, NAVI MUMBAI	2017/05/2071	MMC, MUMBAI
MD/MS MD	2022	MAHARASHTRA POST GRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, M.U.H.S. NASHIK MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	17/05/2017 2017/05/2071	MMC, MUMBAI
DNB	-	-	17/05/2017	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : _____

c. PhD subject : _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

Yes / No **YES**

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	28/11/2024	till date	0	0	6
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1			

15. Details of employment before joining the present institution:

a. Name of College/Institution : _____

b. Designation : _____ Date on which relieved : _____

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____

d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number:

17. Aadhar Card Number:

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024		
May / 2024		
June / 2024		
July / 2024		
August / 2024		
September / 2024		
October / 2024		
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published :
- b. Number of Chapters in books :

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference :
- State conference :
- National conference :
- Interational conference :

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference :
- State conference :
- National conference :
- Interational conference :

24. Awards/ prizes:

DECLARATION

1. I, **DR. ADITI MUKUNDRAO KALDATE** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. ADITI MUKUNDRAO KALDATE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **she** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
		YES
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. JOSHI ABHAY BHANUDAS

2. Age & Date of Birth: 44 (Years) 27/07/1980



3. Present Designation : ASSOCIATE PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached : (Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present:

PLOT NO. 03, GAT NO. 41/A, DRI PTTI NAGAR, NEAR NH 6,

City: JALGAON

State: MAHARASHTRA

Pin: 425001

b. Permanent:

PLOT NO. 03, GAT NO. 41/A, DRI PTTI NAGAR, NEAR NH 6,

City: JALGAON

State: MAHARASHTRA

Pin: 425001

5. Copy of Proof of Residence submitted and original verified Yes/No **YES**

(Only copies of Passport/Andhar sand Voter ID/Passport/Electriny bill/Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code:

0257 - 2366657

b. Residence telephone with STD code:

9561088332

c. Mobile Phone Number:

drabjoshi@gmail.com

d. E-Mail address:

08/01/2015

7. Date of joining the present institution:

Yes / No

YES

8. Joining report verified / attached:

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programs (CISP-4/5/11), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre:

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2001	BI MEDICAL COLLEGE, PUNE UNIVERSITY OF PUNE	2003/03/1297	MMC,MUMBAI
MID/MIS MID	2008	GOVERNMENT MEDICAL COLLEGE, MIRAJ SHIVAJI UNIVERSITY KOLHAPUR	2003/03/1297 12/11/2008	MMC,MUMBAI
DNB Subject: NEPHROLOGY	2011	NATIONAL BOARD OF EXAMINATIONS, NEW DELHI	2003/03/1297	MMC,MUMBAI
DIPLOMA	-	-	05/11/2012	-
DM/MCH	-	-	-	-
PHD	-	-	-	-

a. MD/MIS subject: **GENERAL MEDICINE**

b. DM/MCH subject: -

c. PHD subject: -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, MIRAJ	27/05/2005	01/05/2008	2	11	6
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	08/01/2015	09/02/2023	8	1	2
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	10/02/2023	till date	1	9	24
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	15/09/2023	CLINIC	Demonstrate in a mannequin and interpret results of an arterial blood gas examination
2	15/09/2023	CLINIC	Demonstrate in a mannequin and interpret results of an arterial blood gas examination
3	21/09/2023	CLINIC	Interpret a PPD (Mantoux)
4	15/12/2023	CLINIC	"Counsel the patient on malarial prevention. Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy"
5	22/12/2023	CLINIC	"Articular from periarticular symptoms; Signs and symptoms of articular and periarticular diseases. Indications for Arthrocentesis Enumerate the indications and interpret plain radiographs of joints"
6	29/02/2024	LECTURE	Diagnostic plan for evaluation of anemia including BMA & Biopsy
7	10/06/2024	CLINIC	-Perform and interpret a sputum gram Communicate and counsel patient on family on the diagnosis and therapy of pneumonia.
8	11/06/2024	CLINIC	-Measure the blood pressure accurately, recognise and discuss alterations in blood Demonstrate and measure jugular venous distension
9	08/07/2024	LECTURE	-Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification, common corrosives poisoning.
10	08/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
11	04/09/2024	CLINIC	Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations. Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis.
12	16/09/2024	LECTURE	-"Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hyperkalemia" f
13	30/09/2024	LECTURE	-"Define the various acute coronary syndromes and describe their evolution, natural history and outcomes"
14	25/10/2024	SGT	"Discuss and describe the medications used in patients with an acute coronary syndrome based on the clinical presentation"

15. Details of employment before joining the present institution:

a. Name of College/Institution : GOVERNMENT MEDICAL COLLEGE, MIRAJ

b. Designation : JUNIOR RESIDENT Date on which relieved : 01/05/2008

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated Tendered resignation

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AJHPJ2339P

17. Aadhar Card Number: 289744129156

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	100000	5958
May / 2024	100000	5958
June / 2024	100000	5958
July / 2024	100000	5958
August / 2024	100000	5958
September / 2024	100000	5958
October / 2024	100000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : -
 - b. National Journals : **02**
 - c. State/Institutional Journals : -

20. Details of other publications:
- a. Number of Books published : **0**
 - b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. ABHAY BHANUDAS JOSHI** am working in the capacity of **ASSOCIATE PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of JALGAON in ----- in State
and my hours of private practice are from AM to AM and 5.30 PM to 8.30 PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. ABHAY BHANUDAS JOSHI** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) :	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

4. Complete Residential Address of the employee:
- a Present : RESIDENT HOSTEL DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL
- City JALGAON State MAHARASHTRA Pin 425309
- b Permanent : AT POST HIWARA KHURD
- City HMEHKAR State MAHARASHTRA Pin _____
5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)
6. Contact Details :
- a. Office telephone with STD code : 0257 - 2366657
- b. Residence telephone with STD code : _____
- c. Mobile Phone Number : 9511847827
- d. E-Mail address : amitarsode1994@gmail.com
7. Date of joining the present institution : 20/02/2024
8. Joining report verified / attached : Yes / No YES
9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
Yes / No. **NO**
(If Yes, provide certificate/s)
- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2018	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, AURANGABAD	2018/06/3233	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	23/06/2022	
MD/MS MD	2020	PRAWARA MEDICAL COLLEGE, LONI	2018/06/3233	MMC,MUMBAI
		PRAWARA INSTITUTE OF MEDICAL SCIENCES (DEEMED UNIV.), LONI	06/04/2023	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	PRAWARA MEDICAL COLLEGE, LONI	30/05/2019	01/06/2022	3	0	3
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	20/02/2024	till date	0	9	14
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	25/06/2024	CLINIC	-Demonstrate and understanding of the impact of rheumatologic conditions on quality of life, well being, work and family. Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy. Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart
2	15/07/2024	LECTURE	-Enumerate the commonly observed drug overdose in your area and describe their toxicology. clinical features, prognosis and approach to therapy
3	23/07/2024	CLINIC	-Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen).Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes.
4	23/08/2024	SGT	Pharmacotherapy, indication, ADR of Thyroxine. Iodization programmes of Govt of India SGT IM 12.3
5	29/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom"
6	12/09/2024	CLINIC	"Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease. Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation. Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG."

15. Details of employment before joining the present institution:

a. Name of College/Institution : PRAWARA MEDICAL COLLEGE, LONI

b. Designation : JUNIOR RESIDENT Date on which relieved : 01/06/2022

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: **BEOPA7463L**

17. Aadhar Card Number: **847868118580**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	1777
May / 2024	65000	1777
June / 2024	65000	1777
July / 2024	65000	1777
August / 2024	65000	1777
September / 2024	65000	1777
October / 2024	65000	1777
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. AMIT MADHAV ARSODE** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. AMIT MADHAV ARSODE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College :

Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
-----------------	-------------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : **DR. KOTHALKAR AMOL DEVIDASRAO**

2. Age & Date of Birth: **44** (Years) **07/04/1980**



3. Present Designation : **ASSOCIATE PROFESSOR**

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : **Yes**

b. Department : **GENERAL MEDICINE**

c. College / Institute : **Dr.Ulhas Patil Medical College And Hospital,Jalgaon**

d. City / District : **Jalgaon**

e. Appointment : (i) Regular/Contractual/Ad-hoc basis **Regular**
(ii) Full time/Part time **Full time**
(iii) With Private Practice / Without Private Practice **Without Private Practice**

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: **UG**

ii. Name of College **DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON**

iii. Whether appeared and accepted at the same College : Yes / No **Yes**

iv. Whether appeared and accepted for the same Designation - Yes / No **Yes**

v. Whether retired from Government Medical college : Yes / No **No**

vi. If yes, designation at the time of retirement : **---**

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential / Address of the employee:

a. Present: RESID. QUATER 104 DRU HAS PATH MEDICAL COLLEGE & HOSPITAL, JALGAON

City JALGAON State MAHARASHTRA Pin 425309

b. Permanent: SHRI CLINIC ,BEHIND BUS STAND MU THE LAYOUT,

City BUDANA State MAHARASHTRA Pin 443001

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport, Aadhar and Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number :

9423744488

d. E-Mail address :

hypomaniac07@gmail.com

7. Date of joining the present institution :

08/11/2016

Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2002	GOVERNMENT MEDICAL COLLEGE, NAGPUR	2003/08/3094	MMC,MUMBAI
MD/MS MD	2009	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES S.S. MEDICAL COLLEGE, REWA AWADHESH PRATAP SINGH VISHWAIDYALAYA, REWA	13/08/2003 09-7388 04/08/2009	MMC,MUMBAI
DNB	-	-	-	-
DIPLOMA Subject : D.N.B	2015	SRI SATHYA INSTITUTE OF HIGHER MEDICAL SCIENCES NATIONAL BOARD OF EXAMINATIONS NEW DELHI	-	MMC, MUMBAI
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : -

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	S.S. MEDICAL COLLEGE, REWA	15/06/2006	14/06/2009	3	0	0
Senior Resident	GENERAL MEDICINE	SRI SATHYA INSTITUTE OF HIGHER MEDICAL SCIENCES	02/03/2012	01/03/2015	3	0	0
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	08/11/2016	02-06-2021	4	6	25
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	03/06/2021	till date	3	6	0
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/ /--	--/ /--	--(y) --(m)
Classified Specialist		--/ /--	--/ /--	--(y) --(m)
Advisor		--/ /--	--/ /--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture SGT SDL Clinic others	Topic
1	09/10/2023	LECTURE	Time management - Demonstrate ability to manage time appropriately, Demonstrate ability to balance personal and professional priorities
2	26/02/2024	SGT	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surg
3	28/02/2024	SGT	Discuss and describe the etiologies of various kinds of pneumonia and their microbiology depending on the setting and immune status of the host, Discuss and describe the pathogenesis, presentation, Natural history and complications of pneumonias
4	07/06/2024	SGT	-Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis, Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including immunotherapy, the indications for surgery in inflammatory bowel disease
5	05/07/2024	SGT	-Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC
6	06/08/2024	CLINIC	"Demonstrate and understanding of the impact of rheumatologic conditions on quality of life, well being, work and family. Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy. .Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart"
7	20/09/2024	SGT	Enumerate and describe professional qualities and roles of a physician

15. Details of employment before joining the present institution:

a. Name of College/Institution : SRI SATHYA INSTITUTE OF HIGHER MEDICAL SCIENCES

b. Designation : SENIOR RESIDENT Date on which relieved : 01/03/2015

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated Tendered resignation

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AUJPK0471A

17. Aadhar Card Number: 618712333020

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	100000	5958
May / 2024	100000	5958
June / 2024	100000	5958
July / 2024	100000	5958
August / 2024	100000	5958
September / 2024	100000	5958
October / 2024	100000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : **02**
 - b. National Journals : **-**
 - c. State/Institutional Journals : **-**

20. Details of other publications:
- a. Number of Books published : **0**
 - b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference : **0**
National conference : **0**
International conference : **0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference : **0**
National conference : **0**
International conference : **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. AMOL DEVIDASRAO KOTHALKAR** am working in the capacity of **ASSOCIATE PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital
in the the city of _____ in _____ State and my hours of
private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad-hoc or Full-time / Part-time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. AMOL DEVIDASRAO KOTHALKAR** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

SI
1
Recd
2

CHECKLIST

SI	Documents	Submitted
		YES
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college. PAN	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card , AADHAR Card	NO
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	<u> / / </u>	
-----------------	-----------------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. JHAVAR ANKUR ANIL

2. Age & Date of Birth: 37 (Years) 10/04/1987



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : 543/2, NEAR IDBI BANK, DESHMUKHWADI,

City PACHORA State MAHARASHTRA Pin 424201

b Permanent : 543/2, NEAR IDBI BANK, DESHMUKHWADI,

City PACHORA State MAHARASHTRA Pin 424201

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code :

0257 - 2366657

b. Residence telephone with STD code :

8007477767

c. Mobile Phone Number :

ankur40021@yahoo.com

d. E-Mail address :

13/06/2019

7. Date of joining the present institution :

Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2009	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, AURANGABAD	2010/04/1165	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	15/04/2010	
MD/MS D.N.B.	2014	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, AURANGABAD	2010/04/1165	MMC,MUMBAI
		NATIONAL BOARD OF EXAMINATIONS NEW DELHI	30/01/2015	
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

Yes / No **YES**

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, AURANGABAD	01/08/2010	31/07/2013	3	0	0
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	13/06/2019	till date	5	5	20
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	23/10/2023	LECTURE	Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram

15. Details of employment before joining the present institution:

- a. Name of College/Institution : MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, AURANGABAD
- b. Designation : JUNIOR RESIDENT Date on which relieved : 31/07/2013
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated Tendered resignation
- d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: ALMPJ8038N

17. Aadhar Card Number: 566431033696

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
a. International Journals : -
b. National Journals : -
c. State/Institutional Journals : -

20. Details of other publications:
a. Number of Books published : 0
b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference :
- State conference :0
- National conference :0
- Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference :
- State conference :0
- National conference :0
- Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. ANKUR ANIL JHAVAR** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. ANKUR ANIL JHAVAR** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST**CHECKLIST**

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty
Date :

Signature of the HoD.
Date :

Signature of Head of Institute
Date :
NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College :

Dr. Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date

____/____/____

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty :

DR. PHIRKE AMOL MAHESH

2. Age & Date of Birth:

35 (Years) 20/12/1988



3. Present Designation :

SENIOR RESIDENT

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : **Yes**

b. Department :

GENERAL MEDICINE

c. College / Institute :

Dr. Ulhas Patil Medical College And Hospital, Jalgaon

d. City / District :

Jalgaon

e. Appointment :

(i) Regular/Contractual/Ad-hoc basis

Regular

(ii) Full time/Part time

Full time

(iii) With Private Practice / Without Private Practice

Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other:

UG

ii. Name of College

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No

Yes

iv. Whether appeared and accepted for the same Designation - Yes / No

Yes

v. Whether retired from Government Medical college : Yes / No

No

vi. If yes, designation at the time of retirement : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **RESIDENT HOSTEL 311 DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**
 City **JALGAON** State **MAHARASHTRA** Pin **425309**

b Permanent : **GHIRNI ROAD, RADHAKRISHNA SOCIETY,**
 City **MALKAPUR** State **MAHARASHTRA** Pin **443101**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport, Aadhar card, Voter ID, Passport, Electricity bill, Landline Phone bill will be considered)

6. Contact Details :
 a. Office telephone with STD code : **0257 - 236657**
 b. Residence telephone with STD code :
 c. Mobile Phone Number : **7057860770**
 d. E-Mail address :

7. Date of joining the present institution : **04/11/2018**
 Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
 Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
 b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
 c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2011	ACPM MEDICAL COLLEGE, DHULE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2013040894 -	MMC,MUMBAI -
MD/MS D.N.B.	-	GOVERNMENT MEDICAL COLLEGE, KOLHAPUR -	- -	- -
DNB	-	- -	- -	- -
DIPLOMA	-	- -	- -	- -
DM/MCH	-	- -	- -	- -
PhD	-	- -	- -	- -

- a. MD/MS subject : -
 b. DM/MCH subject : -
 c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No NO

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, KOLHAPUR	28/03/2014	28/03/2017	3	0	1
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	04/11/2018	till date	6	0	30
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics coverd in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	28/12/2023	CLINIC	Perform and interpret a 12 lead ECG
2	08/06/2024	CLINIC	-Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing Communicate and counsel patient on family on the diagnosis and therapy of pneumonia. Select, describe and prescribe based on culture and sensitivity appropriate empaling antimicrobial based on thepharmacology and antimicrobial spectrum.
3	14/06/2024	CLINIC	-Describe mechanisms of action, types, doses, side effects, indications and contraindications of the drugs modulating the renin angiotensin and aldosterone system.
4	06/07/2024	LECTURE	-Perform and interpret a sputum AFB
5	07/08/2024	SGT	Definition, classification of Diabetes; Epidemiology, Pathogenesis, Genetics, Risk factors and Clinical evolution of Type-1 & -2 DM

15. Details of employment before joining the present institution:

a. Name of College/Institution : GOVERNMENT MEDICAL COLLEGE, KOLHAPUR

b. Designation : JUNIOR RESIDENT

Date on which relieved :

28/03/2017

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

Tendered resignation

d. Relieving order issued by previous institution verified and attached:

Yes / No:

Yes

16. PAN Card Number: BQFPP9392E

17. Aadhar Card Number: 508943334307

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	1777
May / 2024	65000	1777
June / 2024	65000	1777
July / 2024	65000	1777
August / 2024	65000	1777
September / 2024	65000	1777
October / 2024	65000	1777
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. AMOL MAHESH PHIRKE** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital
in the the city of _____ in _____ State and my hours of
private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. AMOL MAHESH PHIRKE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
		YES
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	NO
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	NO
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card , AADHAR Card	NO
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. ANSARI BASHEERUDDIN SHAMSUDDIN

2. Age & Date of Birth: 38 (Years) 17/11/1986



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present: GREEN PARK, NEAR NOORANI MASJID, KHADKA ROAD, BHUSAWAL

City BHUSAWAL State MAHARASHTRA Pin 425201

b Permanent: GREEN PARK, NEAR NOORANI MASJID, KHADKA ROAD, BHUSAWAL

City BHUSAWAL State MAHARASHTRA Pin 425201

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport Aadhar card Voter ID Pasport Electricity bill Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code: 0257 - 2366657

b. Residence telephone with STD code:

9986574856

c. Mobile Phone Number:

ansaribashiruddin@yahoo.com

d. E-Mail address:

09/04/2021

7. Date of joining the present institution:

Yes / No **YES**

8. Joining report verified attached:

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate(s))

a. at MCI/NMC Regional MET Centre:

b. at your college under Regional / Nodal Centre observership

c. Any other MET certificates may be attached

~~Yes~~ / No.

~~Yes~~ / No.

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2009	RAJARSHEE CHHATRAPATI SHAHU MAHARAJ GOVERNMENT MEDICAL COLLEGE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2011/06/2205	MMC,MUMBAI
MD/MS MD	2014	GOVERNMENT MEDICAL COLLEGE, LATUR MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	28/06/2011	MMC,MUMBAI
DNB	2017	NATIONAL BOARD OF EXAMINATIONS NEW DELHI	12/11/2014	MCI,DELHI
Subject: CARDIOLOGY		NATIONAL BOARD OF EXAMINATIONS NEW DELHI	2011/06/2205	
DIPLOMA	-	-	-	-
Subject: -	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject: **GENERAL MEDICINE**

b. DM/MCH subject: -

c. PhD subject: -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	GSVM MEDICAL COLLEGE, KANPUR	09/04/2019	25/10/2019	0	6	17
Senior Resident	GENERAL MEDICINE	RAJARSHEE CHHATRAPATI SHAHU MAHARAJ GOVERNMENT MEDICAL COLLEGE	12/02/2020	30/06/2020	0	4	18
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	GOVT. MEDICAL COLLEGE, AURANGABAD	04/09/2014	20/02/2015	0	5	17
Assistant Professor	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, AKOLA	28/11/2019	31/01/2020	0	2	3
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	09/04/2021	till date	3	7	25
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	11/03/2024	LECTURE	Describe the functional anatomy of the locomotor system of the brain
2	12/06/2024	SGT	-Natural history, complications, laboratory tests, pharmacotherapy and bariatric surgery of obesity and prevention of obesity
3	18/06/2024	CLINIC	-Order, perform and interpret an ECG
4	11/07/2024	CLINIC	-Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures. Perform and interpret a 12 lead ECG. Assist and demonstrate the proper technique in collecting specimen for blood culture
5	10/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
6	26/09/2024	CLINIC	"Classify migraine and describe the distinguishing features between classical and non-classical forms of migraine. Describe the indications, pharmacology, dose, side effects of abortive therapy and prophylactic therapy in migraine. Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases. Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases."

15. Details of employment before joining the present institution:

a. Name of College/Institution : RAJARSHEE CHHATRAPATI SHAHU MAHARAJ GOVERNMENT MEDICAL COLLEGE

b. Designation : SENIOR RESIDENT Date on which relieved : 30/06/2020

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated -

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AXPPA5723Q

17. Aadhar Card Number: 864540807485

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	85000	3856
May / 2024	85000	3856
June / 2024	85000	3856
July / 2024	85000	3856
August / 2024	85000	3856
September / 2024	85000	3856
October / 2024	85000	3856
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : 02
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. ANSARI BASHEERUDDIN SHAMSUDDIN** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of in in State
and my hours of private practice are from AM to AM and PM to PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~ **Regular** /
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. ANSARI BASHEERUDDIN SHAMSUDDIN is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. SARODE ASHISH SANJAY

2. Age & Date of Birth: 36 (Years) 11/06/1988



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital, Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present : AT-POST - MASKAVAD SIM

City RAVER State MAHARASHTRA Pin 425502

b. Permanent : AT-POST - MASKAVAD SIM

City RAVER State MAHARASHTRA Pin 425502

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number : 9890143442

d. E-Mail address :

7. Date of joining the present institution :

09/01/2019

Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2012	MAHATMA GANDHI MISSION'S MEDICAL COLLEGE, NAVI MUMBAI	2012/07/1999	MMC,MUMBAI
MD/MS MD	2017	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES PADMAHREE DR.D.Y.PATIL MEDICAL COLLEGE,NERUL,NAVI MUMBAI	03/07/2012	MVC,MUMBAI
DNB	-	PADMAHREE DR.D.Y.PATIL UNIVERSITY, NAWI MUMBAI (NOTIFIED ON 21.04.2009 PREV. MUHS)	24/10/2018	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	PADMASHREF DR. D.Y. PATIL MEDICAL COLLEGE, NERUL, NAVI MUMBAI	02/06/2014	01/06/2017	3	0	0
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	09/01/2019	31/12/2020	1	11	23
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/01/2021	till date	3	11	2
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics cover in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	07/09/2023	CLINIC	"Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)"
2	07/09/2023	CLINIC	"Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)"
3	20/09/2023	CLINIC	"Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures"
4	29/09/2023	CLINIC	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease
5	29/09/2023	CLINIC	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease
6	14/12/2023	CLINIC	Interpret a PPD (Mantoux), Communicate to the patient and family the diagnosis and treatment
7	14/12/2023	CLINIC	Interpret a PPD (Mantoux). Communicate to the patient and family the diagnosis and treatment
8	21/12/2023	CLINIC	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases
9	21/12/2023	CLINIC	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases
10	21/12/2023	CLINIC	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease Describe appropriate diagnostic workup and treatment plan for rheumatological diseases. Enumerate Systemic manifestations of rheumatological diseases
11	07/03/2024	SGT	Etiology and distinguishing features of UGI and LGI Bleed
12	10/06/2024	LECTURE	-Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti snake venom
13	15/06/2024	CLINIC	-Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in congestive heart failure
14	09/07/2024	CLINIC	-Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade. Demonstrate and measure jugular venous distension.
15	09/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
16	30/09/2024	LECTURE	"Enumerate the causes of describe the clinical and laboratory features of metabolic alkalosis"

15. Details of employment before joining the present institution:

a. Name of College/Institution : PADMASHREE DR. D.Y.PATIL MEDICAL COLLEGE,NERUL,NAVI MUMBAI

b. Designation : JUNIOR RESIDENT Date on which relieved : 01/06/2017

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated -

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: **BZFPS4511P**

17. Aadhar Card Number: **390681649354**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		2817
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference :
- State conference :0
- National conference :0
- Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference :
- State conference :0
- National conference :0
- Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. ASHISH SANJAY SARODE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. ASHISH SANJAY SARODE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable).	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/SR/ Tutor/ Demonstrator Declaration Form

Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Name of the College :

Submission date

____/____/____

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty :
2. Age & Date of Birth:

DR. JAYBHAYE ASHWINI VIJAS

37 (Years) 01/01/1987



3. Present Designation :

SENIOR RESIDENT

Yes

- a. Appointment Order : Certified copy of order at this institute attached (Yes/No) _____ Yes
- b. Department : GENERAL MEDICINE _____
- c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon _____
- d. City / District : Jalgaon _____
- e. Appointment : (i) Regular/Contractual/Ad-hoc basis _____ Regular
(ii) Full time/Part time _____ Full time
(iii) With Private Practice / Without Private Practice _____ Without Private Practice

- f. **Date of appearance in last MCI/NMC assessment :**

i. UG/ PG / Any Other : UG

ii. Name of College : DR.ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation : Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present:

RESIDENT HOSTEL DR. UHAS PAUL MEDICAL COLLEGE & HOSPITAL

City **JALGAON** State **MAHARASHTRA** Pin **425309**

b. Permanent:

BEHIND GAJANANVATIKA-3, JAI CHAVANDA RESIDENCY, JAWAHAR NAGAR

City **AKOLA** State **MAHARASHTRA** Pin **444001**

5. Copy of Proof of Residence submitted and original verified Yes/No **YES**

(Only copies of Passport Aushar card and Voter ID/Passport Electricity bill/Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code: **0257 - 2366657**

b. Residence telephone with STD code:

c. Mobile Phone Number: **9970292392**

d. E-Mail address: **ashpearty@gmail.com**

15/09/2022

Yes / No **YES**

7. Date of joining the present institution:

Yes / No

YES

8. Joining report verified / attached:

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-fii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate(s))

a. at MCI/NMC Regional MET Centre:

~~Yes~~ / No

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No

c. Any other MET certificates may be attached

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2011	INDIRA GANDHI GOVT. MEDICAL COLLEGE & HOSPITAL, NAGPUR MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2019/01/0090 11/01/2019	MMC,MUMBAI
DNB	2022	COLLEGE OF PHYSIAN AND SURGEONS,MUMBAI	2019/01/0090	MMC,MUMBAI
Subject : GENERAL MEDICINE		COLLEGE OF PHYSICIANS & SURGERYS, MUMBAI	20/08/2022	
Subject: DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PHD	-	-	-	-

a. MD/MS subject: -

b. DM/MCH subject: -

c. PHD subject: -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

- a. Copies of MBBS & PG Degree certificates verified & attached :
 b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES
 Yes / No YES

12. Details of Teaching Experience till date.

Designation*	Department	Institution	From	To	Total			
					Y	M	D	
Junior Resident	GENERAL MEDICINE	LOKMANYA TILAK MEDICAL COLLEGE, MUMBAI	01/08/2018	08/01/2022	3	5	8	
Senior Resident	GENERAL MEDICINE	DR. UTHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	15/09/2022	till date	2	2	19	
Demonstrator	NA	NA	NA		0	0	0	
Tutor	NA	NA						
Assistant Professor	NA	NA						
Associate Professor	NA	NA						
Professor	NA	NA						
Dean/Principal	NA	NA						

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/ / --	--/ / --	--(y) --(m)
Classified Specialist		--/ / --	--/ / --	--(y) --(m)
Advisor		--/ / --	--/ / --	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If Yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topic covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	28/03/2024	LECTURE	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia. Describe and discuss the aetiology and pathophysiology of liver injury. Describe and discuss the pathologic changes in various forms of liver disease.
2	15/06/2024	CLINIC	-Investigation (endoscopy, colonoscopy, imaging) and treatment of GI bleed including pharmacotherapy of acid peptic disease (including H.pylori), pressors, endoscopic interventions and surgery and appropriate level of specialist consultation. Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status.
3	13/07/2024	LECTURE	-FUO- Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host, neutropenic host, nosocomial host and a host with HIV disease. Enumerate the indications and describe the findings in tests of inflammation and specific rheumatologic tests, serologic testing for pathogens including HIV, bone marrow aspiration and biopsy. Enumerate the indications for use of imaging in the diagnosis of febrile syndromes.
4	14/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
5	28/09/2024	LECTURE	Describe and discuss the role of justice as a guiding principle in patient care

15. Details of employment before joining the present institution:

a. Name of College/Institution : LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI

b. Designation : JUNIOR RESIDENT Date on which relieved : 08/01/2022

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated -

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AUZPJ6131G

17. Aadhar Card Number: 341063103536

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	
May / 2024	65000	
June / 2024	65000	
July / 2024	65000	
August / 2024	65000	
September / 2024	65000	
October / 2024	65000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference : -
- State conference : 0
- National conference : 0
- Interational conference : 0

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference : -
- State conference : 0
- National conference : 0
- Interational conference : 0

24. Awards/ prizes:

DECLARATION

1. I, **DR. ASHWINI VILAS JAYBHAYE** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital
in the the city of _____ in _____ State and my hours of
private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date : _____

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. ASHWINI VILAS JAYBHAYE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **she** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :
Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
		YES
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date

__ / __ / ____

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty :

DR. SARODE ATUL GUNNAVANT

2. Age & Date of Birth:

57 (Years) 02/06/1967



3. Present Designation :

ASSISTANT PROFESSOR

a. Appointment Order: Certified copy of order at this institute attached. (Yes/No):

Yes

b. Department :

GENERAL MEDICINE

c. College / Institute :

Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District :

Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis

Regular

(ii) Full time/Part time

Full time

(iii) With Private Practice / Without Private Practice

With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other:

-

ii. Name of College

-

iii. Whether appeared and accepted at the same College : Yes / No

No

iv. Whether appeared and accepted for the same Designation - Yes / No

No

v. Whether retired from Government Medical college : Yes / No

No

vi. If yes, designation at the time of retirement :

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present : AT POST-SAVADA, TAL.RAVER

City SAVADA State MAHARASHTRA Pin 425502

b. Permanent : AT POST-SAVADA, TAL.RAVER

City SAVADA State MAHARASHTRA Pin 425502

5. Copy of Proof of Residence submitted and original verified Yes/No **YES**
(Only copies of Passport/Adhar and Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number : 9422292004

d. E-Mail address : dratal_sarode@yahoo.co.in

7. Date of joining the present institution : 21/12/2023

Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCMCE), Curriculum Implementation Support Programme (CISP-I/II/III), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No

b. at your college under Regional / Nodal Centre observance ~~Yes~~ / No

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1989	DR. PANSARAO DRESHMURTI MEMORIAL MEDICAL COLLEGE, AMRAVATI UNIVERSITY	64529 09/08/1990	MMC, MUMBAI
M.D./MS MD	1996	KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD SIVAJI UNIVERSITY KODHARUR	64529 27/04/2009	MMC, MUMBAI
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	15/12/2007	28/02/2010	2	2	17
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	21/12/2023	till date	0	11	12
Associate Professor	NA	NA					
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	28/06/2024	SGT	-Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy
2	26/07/2024	SGT	-Describe and discuss the pathogenesis and development of common arrhythmias involved in failure particularly atrial fibrillation
3	29/07/2024	LECTURE	-Determine the severity of valvular heart disease based on the clinical and laboratory and imaging features and determine the level of intervention required including surgery
4	16/08/2024	CLINIC	"Describe and discuss the indications for and insert a peripheral intravenous catheter."
5	28/08/2024	CLINIC	"Describe the indications for surgery, radiation and chemotherapy for common malignancies Describe the need, tests involved, their utility in the prevention of common malignancies "
6	14/09/2024	LECTURE	"Describe and discuss the pathophysiology and manifestations of these diseases"
7	23/09/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom. Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections, malignancies, skin and oral lesions, Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC."

15. Details of employment before joining the present institution:

a. Name of College/Institution : _____

b. Designation : _____ Date on which relieved : _____

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____

d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **ADQPS6627C**

17. Aadhar Card Number: **72309778493**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	85000	3856
May / 2024	85000	3856
June / 2024	85000	3856
July / 2024	85000	3856
August / 2024	85000	3856
September / 2024	85000	3856
October / 2024	85000	3856
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

a. International Journals :

b. National Journals :

c. State Institutional Journals :

20. Details of other publications:

a. Number of Books published : 0

b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. ATUL GUNAVANT SARODE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Uthas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05:00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/NCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
- a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
- b. I practice at Nursing home / Clinic / Hospital
in the city of ----- in State
and my hours of private practice are from AM to AM and PM to PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Registrar / ~~Contractual / Ad-hoc or Full-time / Part-time / Honorary.~~**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information. I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**

2. I also confirm that DR. ATUL GUNNAVANT SARODE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.

3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date : _____

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued), Passport/PAN Card/Voter ID/Aadhar Card CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MHBBS, PG, PHD degrees (as applicable)	YES
7.	Copies of MBBS,PG,PHD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution posting	NO
10.	Copy of PAN Card /AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher (for P.G. Assessment)	NO
14.	Copy of M.T certificates: DR, W, DR, MR, CR, SP, AC, ME, Others	NO

Signature of Faculty

Date :

Signature of the HoD,

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. KALASARE NIKHIL RAMESHRAO

2. Age & Date of Birth: 36 (Years) 20/11/1988



3. Present Designation : SENIOR RESIDENT

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: - _____

ii. Name of College - _____

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : - _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : STAFF QUATER, C-B-10, DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

City JALGAON State MAHARASHTRA Pin 425309

b Permanent : EKTA NAGAR, RISOD

City RISOD State MAHARASHTRA Pin 444506

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number : 9960620848

d. E-Mail address : nikhilkalsare@gmail.com

7. Date of joining the present institution :

26/03/2024

8. Joining report verified / attached :

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2011	GRANT MEDICAL COLEGE, MUMBAI	2013/12/3542	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	10/12/2013	
MD/MS MD	2020	GRANT MEDICAL COLEGE, MUMBAI	2013/12/3542	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	-	
DNB Subject : <u>CARDIOLOGY</u>	2023	KIMS HOSPITAL NATIONAL BOARD OF EXAMINATION IN MEDICAL SCIENCES, NEW DELHI	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	GRANT MEDICAL COLLEGE, MUMBAI	13/09/2017	14/09/2020	3	0	2
Senior Resident	CARDIOLOGY	KIMS HOSPITAL	17/12/2020	31/12/2023	3	0	15
Senior Resident	CARDIOLOGY	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	26/03/2024	till date	0	8	7
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	26/06/2024	SGT	-Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent
2	22/07/2024	LECTURE	-Describe the medico legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico legal report on a suspected poisoning
3	24/07/2024	SGT	-Definition, classification of Diabetes; Epidemiology, Pathogenesis, Genetics, Risk factors and Clinical evolution of Type-1 & -2 DM
4	24/08/2024	LECTURE	Principles of Thyroid function tests, Principles of RAI uptake, alteration of physiological function along with physiology of HPT axis
5	13/09/2024	SGT	"Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis"
6	13/09/2024	SGT	Demonstrate in a mannequin and interpret results of an arterial blood gas examination. Demonstrate in a mannequin and interpret results of a pleural fluid aspiration. Demonstrate the correct technique in a mannequin and interpret results of a blood culture.

15. Details of employment before joining the present institution:

- a. Name of College/Institution : KIMS HOSPITAL
- b. Designation : SENIOR RESIDENT Date on which relieved : 31/12/2023
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated -
- d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: **DOCPK0730N**

17. Aadhar Card Number: **488488520638**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	1777
May / 2024	65000	
June / 2024	65000	
July / 2024	65000	
August / 2024	65000	
September / 2024	65000	
October / 2024	65000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published :
- b. Number of Chapters in books :

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :

National conference :

Interational conference :

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :

National conference :

Interational conference :

24. Awards/ prizes:

DECLARATION

1. I, **DR. NIKHIL RAMESHRAO KALASARE** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. NIKHIL RAMESHRAO KALASARE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. CHAUDHARI NITIN LAXMAN

2. Age & Date of Birth: 43 (Years) 25/11/1981



3. Present Designation : SENIOR RESIDENT

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

- a Present : **RESIDENT HOSTEL DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**
-
- City **JALGAON** State **MAHARASHTRA** Pin **425309**
-
- b Permanent : **VIVEKANAND NAGAR, JILHA PETH**
-
- City **JALGAON** State **MAHARASHTRA** Pin **425201**
-

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

- a. Office telephone with STD code : **0257 - 2366657**
- b. Residence telephone with STD code : _____
- c. Mobile Phone Number : **8380007270**
- d. E-Mail address : _____

7. Date of joining the present institution : **14/05/2019**

8. Joining report verified / attached : Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET: Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2006	SETH G.S.MEDICAL COLLEGE & KEMH MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2006/04/2338 21/04/2006	MMC,MUMBAI
MD/MS MD	2009	INDIRA GANDHI MEDICAL COLLEGE & HOSPITAL, NAGPUR MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2006/04/2338 21/04/2006	MMC,MUMBAI
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM	2013	B J MEDICAL COLLEGE,AHMEDABAD GUJARAT UNIVERSITY	21/04/2006 2006/04/2338	MMC,MUMBAI
PhD	-	-	-	-

- a. MD/MS subject : **GENERAL MEDICINE**
- b. DM/MCH subject : **MEDICAL ONCOLOGY**
- c. PhD subject : **-**

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	14/05/2019	till date	5	6	20
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

4. Complete Residential Address: _____

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture SGT SDL Clinic others	Topic
1	23/09/2023	LECTURE	"Demonstrate in a mannequin and interpret results of a pleural fluid Aspiration"
2	20/10/2023	LECTURE	"Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity. Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the pulse for rate and rhythm abnormalities, neck palpation of the thyroid and lymph nodes and cardiovascular findings."
3	21/02/2024	SGT	Diagnosis of acute diarrhea (Stool culture & Blood culture): Diagnosis of chronic diarrhea (Antibodies, colonoscopy imaging & biopsy)
4	27/03/2024	LECTURE	Describe the common issues encountered in patients at the end of life and principles of managements. Describe and distinguish the difference between curative and palliative care in patients with care. Describe and discuss the ethical and the medico legal issues involved in the end of care. Describe the therapies used in allevating suffering in patients at the end of life
5	12/04/2024	LECTURE	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss
6	13/06/2024	CLINIC	-Interpret a PPD (Mantoux) Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis. Communicate to the patient and family the diagnosis and treatment
7	19/06/2024	CLINIC	-Describe and discuss the indications for nitrates, anti platelet agents, gpIIb IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes
8	12/07/2024	CLINIC	-Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology. Calculate energy content of different food items, identify food items with high and low glycemic index and explain the importance of these in the diet. Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease.
9	10/08/2024	LECTURE	Demonstrate and counsel patients on the correct technique to administer insulin
10	27/09/2024	CLINIC	"Articular from periarticular symptoms; Signs and symptoms of articular and periarticular diseases. Indications for Arthrocentesis. Enumerate the indications and interpret plain radiographs of joints. Communicate diagnosis, treatment plan and subsequent follow up plan to patients."

15. Details of employment before joining the present institution:

a. Name of College/Institution : _____

b. Designation : _____ Date on which relieved : _____

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____

d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **AIDPC7299J**

17. Aadhar Card Number:

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	1777
May / 2024	65000	1777
June / 2024	65000	1777
July / 2024	65000	1777
August / 2024	65000	1777
September / 2024	65000	1777
October / 2024	65000	1777
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. NITIN LAXMAN CHAUDHARI** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. NITIN LAXMAN CHAUDHARI** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. GAIKWAD NITIN SAMADHAN

2. Age & Date of Birth: 33 (Years) 21/01/1991



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: - _____

ii. Name of College - _____

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : - _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present :

RESIDENT HOSTEL DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL.

City **JALGAON**

State **MAHARASHTRA**

Pin **425309**

b Permanent :

DR. NITIN GAIKWAD, C/O ARJUN PATIL, 6/2 PRATAP NAGAR NEAR PAWAR

MEDICAL WAKI ROAD

State **MAHARASHTRA**

Pin **443001**

City **JAMNER**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code :

0257 - 2366657

b. Residence telephone with STD code :

7020434409

c. Mobile Phone Number :

nitingaikwad2191@gmail.com

d. E-Mail address :

22/04/2024

7. Date of joining the present institution :

Yes / No

YES

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2012	DR. PANJABRAO DESHMUKH MEMORIAL MEDICAL COLLEGE, AMRAWATI	2014/08/3772	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	19/08/2019	
MD/MS MD	2022	SMT. KASHIBAI NAVALE MEDICAL COLLEGE AND HOSPITAL, NARHE, PUNE	2014/08/3772	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	29/08/2022	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached : Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached : Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	SMT.KASHIBAI NAWALE MEDICAL COLLEGE AND HOSPITAL,NARHE,PUNE	02/05/2019	01/05/2022	3	0	0
Senior Resident	GENERAL MEDICINE	SYMBIOSIS MEDICAL COLLEGE FOR WOMEN	28/07/2022	23/05/2023	0	9	27
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	22/04/2024	31/10/2024	0	6	9
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/11/2024	till date	0	1	2
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture SGT SDL Clinic others	Topic
1	28/06/2024	SGT	-Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
2	26/07/2024	CLINIC	-Counsel the patient on malarial prevention. Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history. Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy.
3	29/07/2024	LECTURE	-Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia. Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism. Describe the approach to the management of hypercalcemia
4	16/08/2024	SGT	Pathogenesis, C.F. Precipitating factors, Stabilization, Principle of therapy & Management
5	27/08/2024	CLINIC	"Epidemiology, Genetic Basis, Risk factors for common malignancies in India: Infections causing cancer."
6	14/09/2024	CLINIC	"Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing. Communicate and counsel patient on family on the diagnosis and therapy of pneumonia. Select, describe and prescribe based on culture and sensitivity appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum."
7	16/09/2024	LECTURE	"Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hyperkalemia"
8	21/09/2024	LECTURE	"Describe and discuss the role of non maleficence as a guiding principle in patient care"

15. Details of employment before joining the present institution:

a. Name of College/Institution : SYMBIOSIS MEDICAL COLLEGE FOR WOMEN

b. Designation : SENIOR RESIDENT Date on which relieved : 23/05/2023

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AOIPG3683B

17. Aadhar Card Number: 577888589116

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	19503	
May / 2024		
June / 2024		
July / 2024		
August / 2024		
September / 2024		
October / 2024		
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published :
- b. Number of Chapters in books :

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :0

National conference :0

Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. NITIN SAMADHAN GAIKWAD** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Uhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. NITIN SAMADHAN GAIKWAD** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. MAHAJAN PANKAJ RAMCHANDRA

2. Age & Date of Birth: 45 (Years) 15/12/1978



3. Present Designation : ASSOCIATE PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : PLOT NO.10 RING ROAD OPP BANK OF INDIA LOKMANYA HOUSING SOCIETY,
JALGAON
 City JALGAON State MAHARASHTRA Pin 425001

b Permanent : MAIN ROAD
 City YAWAL State MAHARASHTRA Pin _____

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 9970094634

d. E-Mail address : dr_pankajmahajan15@gmail.com

7. Date of joining the present institution : 08/12/2012

8. Joining report verified / attached : Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2000	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI UNIVERSITY OF MUMBAI	2002/03/1792 27/03/2002	MMC,MUMBAI
MD/MS MD	2007	RURAL MEDICAL COLLEGE,LONI UNIVERSITY OF PUNE	2002/03/1792 05/02/2008	MMC,MUMBAI
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : GENERAL MEDICINE
- b. DM/MCH subject : -
- c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	RURAL MEDICAL COLLEGE, LONI	02/05/2004	30/05/2007	3	0	29
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	08/12/2012	09/11/2015	2	11	2
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	10/11/2015	02-06-2021	5	6	23
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	03/06/2021	till date	3	6	0
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	28/02/2024	SGT	Define, discuss, describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia.
2	03/04/2024	SGT	Identify and describe the priorities in the management of ARF including diet, volume management, alteration in doses of drugs, monitoring and indications for dialysis
3	15/04/2024	SGT	Describe the functional anatomy of the locomotor system of the brain
4	05/06/2024	CLINIC	-Demonstrate and counsel patient on the correct use of inhalers. Counsel and communicate to patients with empathy lifestyle changes in atherosclerosis / post coronary syndromes. Elicit document and present an appropriate history including the evolution, risk factors including immune status and occupational risk.
5	03/07/2024	SGT	- Describe and discuss the influence of special populations on the febrile response including: the elderly, immune suppression, malignancy and neutropenia, HIV and travel.
6	03/08/2024	CLINIC	"Select, prescribe and communicate appropriate medications for relief of joint pain. Select, prescribe and communicate preventive therapy for crystalline arthropathies" Communicate diagnosis, treatment plan and subsequent follow up plan to patients.

15. Details of employment before joining the present institution:

a. Name of College/Institution : RURAL MEDICAL COLLEGE, LONI

b. Designation : JUNIOR RESIDENT Date on which relieved : 30/05/2007

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: ARNPM5444L

17. Aadhar Card Number: 373553258959

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	100000	5958
May / 2024	100000	5958
June / 2024	100000	5958
July / 2024	100000	5958
August / 2024	100000	5958
September / 2024	100000	5958
October / 2024	100000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : **04**
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference : -
- State conference : **0**
- National conference : **0**
- Interational conference : **0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference : -
- State conference : **0**
- National conference : **0**
- Interational conference : **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. PANKAJ RAMCHANDRA MAHAJAN** am working in the capacity of **ASSOCIATE PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of **JALGAON** in ----- in State
and my hours of private practice are from AM to AM and **5.30** PM to **8.30** PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. PANKAJ RAMCHANDRA MAHAJAN** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date

__/__/____

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty :

DR. JAWALE RAHUL VASUDEO

2. Age & Date of Birth:

40 (Years) 30/03/1984



3. Present Designation :

ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached : (Yes/No) :

Yes

b. Department :

GENERAL MEDICINE

c. College / Institute :

Dr.Ulhas Patil Medical College And Hospital, Jalgaon

d. City / District :

Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis

Regular

(ii) Full time/Part time

Full time

(iii) With Private Practice / Without Private Practice

With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other : UG

ii. Name of College

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No

Yes

iv. Whether appeared and accepted for the same Designation - Yes / No

Yes

v. Whether retired from Government Medical college : Yes / No

No

vi. If Yes, designation at the time of retirement : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

- a Present : PLOT NO. 04 VRUNDAVAN COLONY, JALGAON ROAD
-
- City BHUSAWAL State MAHARASHTRA Pin 425201
- b Permanent : PLOT NO. 04 VRUNDAVAN COLONY, JALGAON ROAD
-
- City BHUSAWAL State MAHARASHTRA Pin 425201

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

- a. Office telephone with STD code : 0257 - 2366657
- b. Residence telephone with STD code : _____
- c. Mobile Phone Number : 9272739156
- d. E-Mail address : docrvj@gmail.com

7. Date of joining the present institution :

20/11/2019

8. Joining report verified / attached :

Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2005	SETH GS MEDICAL COLLEGE, MUMBAI	2007/05/1568	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	15/05/2007	
MD/MS MD	2011	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	2007/05/1568	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	07/09/2011	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	02/05/2008	01/05/2011	3	0	0
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	08/09/2011	07/09/2012	1	0	0
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	20/11/2019	till date	5	0	14
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT SDL/Clinic/ others	Topic
1	06.03.2024	LECTURE	Distinguish based on the clinical presentation Crohn's disease from Ulcerative Crohn's disease from ulcerative Colitis. Describe and enmuerate the indications, Pharmacology and sideeffects of pharmacology including immunotherapy, the indications for syrgery in inflammatory bowel disease
2	07.06.2024	SGT	-Identify and describe the peripheral smear in microcytic anemia
3	06.07.2024	CLINIC	-Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease.
4	07.08.2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies. Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake."
5	21.09.2024	CLINIC	"Investigation (endoscopy, colonoscopy, imaging) and treatment of GI bleed including pharmacotherapy of acid peptic disease (including H.pylori), pressors, endoscopic interventions and surgery and appropriate level of specialist consultation. Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status."

15. Details of employment before joining the present institution:

- a. Name of College/Institution : GOVERNMENT MEDICAL COLLEGE, AURANGABAD
- b. Designation : ASSISTANT PROFESSOR Date on which relieved : 07/09/2012
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated Tendered resignation
- d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: ALBPJ4710E

17. Aadhar Card Number: 206850993224

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. RAHUL VASUDEO JAWALE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of BHUSAWAL in ----- in State
and my hours of private practice are from 08.00 AM to 9.30 AM and 05.30 PM to 8.30 PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular~~ / ~~Contractual~~ / ~~Ad-hoc~~ or ~~Full time~~ / ~~Part time~~ / ~~Honorary~~.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. RAHUL VASUDEO JAWALE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. MANWATKAR RAJESH TUKARAM

2. Age & Date of Birth: 51 (Years) 19/03/1973



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

- a Present : PLOT NO. 27. S N 125A, DATTA DHAM OPP TALATHI KARYALAY, BHUSAWAL
-
- City BHUSAWAL State MAHARASHTRA Pin 425201
- b Permanent : PLOT NO. 27. S N 125A, DATTA DHAM OPP TALATHI KARYALAY, BHUSAWAL
-
- City BHUSAWAL State MAHARASHTRA Pin 425201

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

- a. Office telephone with STD code : 0257 - 2366657
- b. Residence telephone with STD code : _____
- c. Mobile Phone Number : 9422780520
- d. E-Mail address : _____

7. Date of joining the present institution : 03/05/2021

8. Joining report verified / attached : Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No: **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1995	SRI BHAI SAHEB HIRE GOVERNMENT MEDICAL COLLEGE, DHULE UNIVERSITY OF PUNE	080166 18/07/1996	MMC, MUMBAI
MD/MS MD	2000	RJ MEDICAL COLLEGE, PUNE UNIVERSITY OF PUNE	080166 06/10/2000	CMC, CHHATISGARH
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : GENERAL MEDICINE
- b. DM MCH subject : -
- c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	08/04/2010	22/01/2012	1	9	15
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	03/05/2021	till date	3	7	0
Associate Professor	NA	NA					
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	21/10/2023	CLINIC	Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation
2	04/11/2023	CLINIC	"Discuss and describe the epidemiology, antecedents and risk factors both modifiable and non-modifiable, the pathogenesis, natural history, evolution and complications of atherosclerosis and IHD."
3	13/04/2024	CLINIC	Select, prescribe and communicate appropriate medications for relief of joint pain. Select, prescribe and communicate preventive therapy for crystalline arthropathies
4	14/06/2024	CLINIC	-Counsel the patient on malarial prevention. Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history. Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepaticencephalopathy.
5	12/07/2024	LECTURE	-Staging of heart failure. Describe, discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure, Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodeling and neuro-hormonal adaptations
6	12/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
7	27/09/2024	SGT	"List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia"

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **AHIPM2968G**

17. Aadhar Card Number: **861226728659**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. RAJESH TUKARAM MANWATKAR** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Uhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the city of in State
and my hours of private practice are from AM to AM and PM to PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date : _____

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. RAJESH TUKARAM MANWATKAR is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card ELECTRICITY BILL	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. BHARUDE SANDIP ASHOK

2. Age & Date of Birth: 40 (Years) 23/05/1984



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : RAILWAY STATION SAINATH NAGAR, SHENDURANI
 City JAMNER State MAHARASHTRA Pin 425001

b Permanent : RAILWAY STATION SAINATH NAGAR, SHENDURANI
 City JAMNER State MAHARASHTRA Pin 424204

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :
 a. Office telephone with STD code : 0257 - 2366657
 b. Residence telephone with STD code : _____
 c. Mobile Phone Number : 9022848444
 d. E-Mail address : _____

7. Date of joining the present institution : 21/11/2019
 Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
 Yes / No **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
 b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
 c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2006	ACPM MEDICAL COLLEGE, DHULE	2008/05/1909	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	09/05/2008	
MD/MS D.N.B.	2018	FORTIS HOSPITAL LIMITED, MULUND	-	MMC,MUMBAI
		NATIONAL BOARD OF EXAMINATIONS NEW DELHI	-	
DNB	-	-	-	-
DIPLOMA Subject : FCPS MEDICINE	2011	COLLEGE OF PHYSIAN AND SURGEON,MUMBAI	2008/05/1909	MMC,MUMBAI
		CPS MUMBAI	26/04/2011	
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : CARDIOLOGY
 b. DM/MCH subject : -
 c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					V	M	D
Junior Resident	CARDIOLOGY	FORTIS HOSPITAL LIMITED, MULUND	10/07/2014	09/07/2017	3	0	0
Junior Resident	CARDIOLOGY	FORTIS HOSPITAL LIMITED, MULUND	09/01/2018	03/07/2018	0	5	26
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	21/11/2019	31/01/2023	3	2	10
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/02/2023	till date	1	10	2
Associate Professor	NA	NA					
Professor	NA	NA					
Dean Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and top covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	27/10/2023	CLINIC	Measure BP accurately, JVP
2	22/04/2024	LECTURE	Discuss and describe the pharmacology, dose, side effects and interactions used in the drug therapy of Parkinson's syndrome
3	21/06/2024	CLINIC	-Articular from periarticular symptoms; Signs and symptoms of articular and periarticular diseases. Indications for Arthrocentesis.Enumerate the indications and interpret plain radiographs of joints.Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
4	19/07/2024	SGT	-Demonstrate in a mannequin and interpret results of an arterial blood gas examination. Demonstrate in a mannequin and interpret results of a pleural fluid aspiration. Demonstrate the correct technique in a mannequin and interpret results of a blood culture.
5	29/07/2024	LECTURE	-Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia
6	23/08/2024	CLINIC	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures Perform and interpret a 12 lead ECG

15. Details of employment before joining the present institution:

a. Name of College/Institution : **FORTIS HOSPITAL LIMITED, MULUND**

b. Designation : **JUNIOR RESIDENT** Date on which relieved : **03/07/2018**

c. Reason for being relieved : **Tendered resignation / Retired / Transferred / Terminated** **Tendered resignation**

d. Relieving order issued by previous institution verified and attached: Yes / No: **Yes**

16. PAN Card Number: **AZHPB0368C**

17. Aadhar Card Number: **439220267732**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

19. Number of Research articles in Indexed Journals :

- a. International Journals : **02**
- b. National Journals : **-**
- c. State/Institutional Journals : **-**

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference **0**

National conference **0**

International conference **0**

23. Poster presentations: in zonal/ State/ National/ International Conference

Zonal conference :

State conference **0**

National conference **0**

International conference **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. SANDIP ASHOK BHARUDE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to desciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. SANDIP ASHOK BHARUDE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable).	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. PATIL SANJAY PANDHARINATH

2. Age & Date of Birth: 56 (Years) 22/04/1968



3. Present Designation : PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital, Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : PLOT NO. 19 GANPATI NAGAR

City JALGAON State MAHARASHTRA Pin 425001

b Permanent : PLOT NO. 19 GANPATI NAGAR

City JALGAON State MAHARASHTRA Pin 425001

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number : 9823152675

d. E-Mail address : sanpat2000@gmail.com

7. Date of joining the present institution :

8. Joining report verified / attached : Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-3/1/11), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate/s)

a. at MCINMC Regional MET Centre : ~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

c. Any other MET certificates may be attached ~~Yes~~ / No.

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1989	SAGPUR UNIVERSITY	65285 18.01/1991	MMC,MUMBAI
MD/MS MD	1998	GOVERNMENT MEDICAL COLLEGE, SAGPUR SAGPUR UNIVERSITY	65285 23.07/2013	MMC,MUMBAI
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PHD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PHD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualifications are to be furnished for them to be accepted. Strike out whichever section is not applicable

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached : Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached : Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	INDIRA GANDHI MEDICAL COLLEGE & HOSPITAL, NAGPUR	11/02/1991	16/02/1992	1	0	6
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	23/05/2009	31/12/2012	3	7	8
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/01/2013	15/04/2018	5	3	15
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	16/04/2018	12/01/2022	3	8	27
Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	13/01/2022	till date	2	10	20
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	08/09/2023	CLINIC	"Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease"
2	30/09/2023	CLINIC	"Articular from periarticular symptoms; Signs and symptoms of articular and periarticular diseases, Indications for Arthrocentesis
3	09/12/2023	CLINIC	"Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing Communicate and counsel patient on family on the diagnosis and therapy of Select, describe and prescribe based on culture and sensitivity appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum"
4	18/03/2024	LECTURE	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
5	18/03/2024	LECTURE	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
6	20/03/2024	SGT	Natural history, complications, laboratory tests, pharmacotherapy and bariatric surgery of obesity and prevention of obesity
7	08/06/2024	SGT	-Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight
8	08/07/2024	CLINIC	-Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation. Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure.
9	07/08/2024	SGT	Pathogenesis, C/F, Precipitating factors, Stabilization, Principle of therapy
10	24/09/2024	CLINIC	"Describe and discuss the aetiology of acute and chronic diarrhea including infectious and noninfectious causes. Distinguish between diarrhea and dysentery based on clinical features. Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic, bacterial and viral causes of diarrhea. Counsel patients on prevention of HIV transmission. Communicate diagnosis, treatment plan and subsequent follow up plan to patients."

15. Details of employment before joining the present institution:

a. Name of College/Institution : INDIRA GANDHI MEDICAL COLLEGE & HOSPITAL, NAGPUR

b. Designation : JUNIOR RESIDENT Date on which relieved : 16/02/1992

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: AFHPP5878H

17. Aadhar Card Number: 282388780673

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	110000	7713
May / 2024	110000	7713
June / 2024	110000	7713
July / 2024	110000	7713
August / 2024	110000	7713
September / 2024	110000	7713
October / 2024	110000	7713
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : **06**
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference :
- State conference :**0**
- National conference :**0**
- Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference :
- State conference :**0**
- National conference :**0**
- Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. SANJAY PANDHARINATH PATIL** am working in the capacity of **PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of **JALGAON** in ----- in State
and my hours of private practice are from AM to AM and **5.30** PM to **8.30** PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full-time / Part-time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. SANJAY PANDHARINATH PATIL is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college	YES
2.	Photo ID proof (Govt Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable)	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	<u> / / </u>
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. BHIRUD SAURABH PRADEEP

2. Age & Date of Birth: 39 (Years) 03/09/1985



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: -

ii. Name of College -

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : CHANDRAMA, PLOT NO. 3 SR NO. 485/2/5, BEHIND M J COLLEGE, RAKA PARK

City JALGAON State MAHARASHTRA Pin 425001

b Permanent : CHANDRAMA, PLOT NO. 3 SR NO. 485/2/5, BEHIND M J COLLEGE, RAKA PARK

City JALGAON State MAHARASHTRA Pin 425001

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 7276739916

d. E-Mail address : saurabh1919@gmail.com

7. Date of joining the present institution : 02/08/2024

8. Joining report verified / attached : Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2007	NDMVP SAMAJ MEDICAL COLLEGE, NASHIK	2009/03/0712	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	09/03/2009	
MD/MS MD	2014	SBKS MEDICAL INSTT. & RESEARCH CENTRE, VADODRA	2529/2013	MMC, MUMBAI
		SUMANDEEP VIDYAPEETH UNIVERSITY, VADODRA	10/09/2013	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached : Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached : Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	SBKS MEDICAL INSTT. & RESEARCH CENTRE,VADODRA	01/05/2010	31/05/2013	3	1	0
Senior Resident	GENERAL MEDICINE	SMT.KASHIBAI NAVALE MEDICAL COLLEGE AND HOSPITAL,NARHE,PUNE	13/09/2013	21/08/2014	0	11	9
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	SMT.KASHIBAI NAVALE MEDICAL COLLEGE AND HOSPITAL,NARHE,PUNE	22/08/2014	16/02/2015	0	5	26
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	02/08/2024	till date	0	4	1
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and top covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1			

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number:

17. Aadhar Card Number:

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024		
May / 2024		
June / 2024		
July / 2024		
August / 2024	85000	
September / 2024	85000	
October / 2024	85000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : _____ - _____
- b. National Journals : _____ - _____
- c. State/Institutional Journals : _____ - _____

20. Details of other publications:

- a. Number of Books published :
- b. Number of Chapters in books :

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference :
- State conference :
- National conference :
- Interational conference :

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference :
- State conference :
- National conference :
- Interational conference :

24. Awards/ prizes:

DECLARATION

1. I, **DR. SAURABH PRADEEP BHIRUD** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. SAURABH PRADEEP BHIRUD** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. CHOPADE BHUSHAN ROHIDAS

2. Age & Date of Birth: 38 (Years) 20/07/1986



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : AT POST - NHAVAL,

City YAWAL State MAHARASHTRA Pin 425301

b Permanent : AT POST - NHAVAL,

City YAWAL State MAHARASHTRA Pin 425301

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 7709567202

d. E-Mail address : bhushanchopade20@gmail.com

7. Date of joining the present institution : 28/07/2021

8. Joining report verified / attached : Yes / No YES

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **YES BCME**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre : Yes / ~~No.~~

b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2009	GRANT MEDICAL COLLEGE, MUMBAI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2011/08/2601 01/08/2011	MMC,MUMBAI
MD/MS MD	2015	LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE, MUMBAI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2011/08/2601 01/08/2011	MMC,MUMBAI
DNB Subject : MEDICAL GASTROENTERE	2019	NATIONAL BOARD OF EXAMINATIONS NEW DELHI NATIONAL BOARD OF EXAMINATIONS NEW DELHI	2011/08/2601 01/08/2011	MMC,MUMBAI
DIPLOMA Subject : -	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

Yes / No **YES**

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	28/07/2021	15/03/2023	1	7	19
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	16/03/2023	till date	1	8	17
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures, small group teachings, self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No.	Date	Lecture SGT/SIM Clinic others	Topic
1	07/10/2023	CLINIC	Develop an appropriate treatment plan for patient with hypertension
2	08/12/2023	CLINIC	"Demonstrate in a mannequin and interpret results of an arterial blood gas examination Demonstrate in a mannequin and interpret results of a pleural fluid aspiration"
3	30/12/2023	CLINIC	"Describe the appropriate diagnostic work up based on the presumed aetiology Order and interpret tests for anaemia including hemogram, red cell indices, reticulocyte count, iron studies, B12 and folate"
4	10/06/2024	LECTURE	-Discuss the role of dental caries as a focus of sepsis
5	21/06/2024	LECTURE	-Etiology and distinguishing features of UGI and LGI Bleed
6	19/07/2024	SGT	-Perform and interpret a malarial smear
7	26/07/2024	LECTURE	-Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram
8	31/07/2024	CLINIC	-Communicate with patients on the importance of medication adherence. Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV. Elicit document and present a medical history that will differentiate the aetiologies of disease.
9	03/08/2024	CLINIC	"Select, prescribe and communicate appropriate medications for relief of joint pain. Select, prescribe and communicate preventive therapy for crystalline arthropathies"
10	21/08/2024	CLINIC	"Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity. Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the pulse for rate and rhythm abnormalities, neck palpation of the thyroid and lymph nodes and cardiovascular findings."
11	26/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
12	26/08/2024	LECTURE	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with Hyponatremia and hypernatremia
13	31/08/2024	CLINIC	"Natural history, complications, laboratory tests, pharmacotherapy and bariatric surgery of obesity and prevention of obesity Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis"
14	03/09/2024	CLINIC	"Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade. Demonstrate and measure jugular venous distension."
15	09/09/2024	LECTURE	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hypokalemia and hyperkalemia
16	30/09/2024	LECTURE	"Enumerate the causes of describe the clinical and laboratory features of metabolic alkalosis"
17	07/10/2024	LECTURE	"Describe and discuss and identify the clinical features of acute and subacute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy"
18	25/10/2024	CLINIC	"Natural history, complications, laboratory tests, pharmacotherapy and bariatric surgery of obesity and prevention of obesity Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis"

15. Details of employment before joining the present institution:

a. Name of College/Institution : _____

b. Designation : _____ Date on which relieved : _____

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____

d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **ASJPC0365P**

17. Aadhar Card Number: **361017029690**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	80000	3336
May / 2024	80000	3336
June / 2024	80000	3336
July / 2024	80000	3336
August / 2024	80000	3336
September / 2024	80000	3336
October / 2024	80000	3336
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :**0**
National conference :**0**
Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. BHUSHAN ROHIDAS CHOPADE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular~~ / ~~Contractual~~ / ~~Ad-hoc~~ or ~~Full time~~ / ~~Part time~~ / ~~Honorary~~.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. BHUSHAN ROHIDAS CHOPADE** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others BCME	YES

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/SR/Tutor/ Demonstrator Declaration Form

Name of the College :

Dr. Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date

___/___/___

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty :

DR. BARELA CHANDRAKANT JAMSING

2. Age & Date of Birth:

42 (Years) 01/11/1982



3. Present Designation :

SENIOR RESIDENT

a. Appointment Order : _____ Certified copy of order at this institute attached. (Yes/No) : **Yes**

b. Department :

GENERAL MEDICINE

c. College / Institute :

Dr. Ulhas Patil Medical College And Hospital, Jalgaon

d. City / District :

Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis

Regular

(ii) Full time/Part time

Full time

(iii) With Private Practice / Without Private Practice

With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No

Yes

iv. Whether appeared and accepted for the same Designation - Yes / No

Yes

v. Whether retired from Government Medical college : Yes / No

No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : RESI. HOSTEL-211, DR. ULHAS PATIL MEDICAL COLLEGE AND HOSPITAL,
City: JALGAON KH State MAHARASHTRA Pin 425309

b Permanent : AT POST-VAIJAPUR, TAL-CHOPADA

City: VAHAPUR State MAHARASHTRA Pin 425107

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number : 9822088576

d. E-Mail address : drbarelac@gmail.com

7. Date of joining the present institution :

01/02/2011

Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate/s)

a. at MCT/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2005	MALHER MEDICAL COLLEGE TALEGAON DABHADE,PUNE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2007/05/2024 29/05/2007	MMC,MUMBAI
-	-	-	-	-
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : -

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/02/2011	30/04/2014	3	3	0
Senior Resident		DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/05/2014	till date	10	7	2
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics coverd in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	03/06/2024	LECTURE	-Describe the initial approach to the stabilisation of the patient who presents with snake bite
2	02/07/2024	CLINIC	-Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
3	02/08/2024	CLINIC	Articular from periarticular symptoms. Signs and symptoms of articular and periarticular diseases. Enumerate the indications for Arthrocentesis. Indications and interpret plain radiographs of joints. Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
4	23/08/2024	LECTURE	Dengue
5	30/08/2024	CLINIC	"Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis. Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight"

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **BCHPB4014M**

17. Aadhar Card Number: **541726736002**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	1777
May / 2024	65000	1777
June / 2024	65000	1777
July / 2024	65000	1777
August / 2024	65000	1777
September / 2024	65000	1777
October / 2024	65000	1777
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. CHANDBRAKANT JAMISING BARELA** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05:00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the city of ----- in State -----
and my hours of private practice are from AM to AM and PM to PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : Regular / Contractual/ Ad-hoc or Full-time / Part-time/ Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any documents or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date : _____

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. CHANDRAKANT JAMSING BARELA is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable).	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution posting.	NO
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.



1. Name of Faculty : DR. CHAUDHARICHETAN RAMESH

2. Age & Date of Birth: 38 (Years) 03/06/1986

3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present: S/O-RAMESH CHAUDAHRI RANE BLDG. PANDAWAD ROAD, BHUSAWAL.

City JALGAON State MAHARASHTRA Pin 425201

b. Permanent: S/O-RAMESH CHAUDAHRI RANE BLDG. PANDAWAD ROAD

City BHUSAWAL State MAHARASHTRA Pin 425201

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport, Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code: 0257 - 2366657

b. Residence telephone with STD code:

c. Mobile Phone Number: 8108120134

d. E-Mail address: chn.chaudhari@gmail.com

7. Date of joining the present institution: 01/10/2016

Yes / No **YES**

8. Joining report verified / attached:

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre: Yes / No.

b. at your college under Regional / Nodal Centre observership Yes / No.

c. Any other MET certificates may be attached

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2007	SETH GS MEDICAL COLLEGE, MUMBAI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2009/03/1493 31/03/2009	MMC, MUMBAI
MD/MS MD	2012	SETH GS MEDICAL COLLEGE, MUMBAI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2009/03/1493 16/07/2012	MMC, MUMBAI
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH JM	2015	GRANT MEDICAL COLLEGE, MUMBAI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	04/09/2015 2009/03/1493	MMC, MUMBAI
PhD	-	-	-	-

a. MD/MS subject: **GENERAL MEDICINE**

b. DM/MCH subject: **NEUROLOGY**

c. PhD subject: -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

Yes / No YES

YES

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No

YES

b. Copies of MBBS and PG Degree Registration verified and attached :

12. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident		SETHGS MEDICAL COLLEGE, MUMBAI	02/05/2009	30/04/2012	2	11	30
Senior Resident	GENERAL MEDICINE	GRANT MEDICAL COLLEGE, MUMBAI	01/08/2012	31/07/2015	3	0	0
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/10/2016	full date	8	2	2
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/----	--/--/----	--(Y)--(M)
Classified Specialist		--/--/----	--/--/----	--(Y)--(M)
Advisor		--/--/----	--/--/----	--(Y)--(M)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/others	Topic
1	09/09/2023	CLINIC	"Describe, discuss and identify target organ damage due to hypertension, Determine the need for specialist consultation"
2	05/10/2023	CLINIC	"Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well being, work and family"
3	23/10/2023	LECTURE	Professional Development – Describe and discuss the commitment to lifelong learning as an important part of physician growth. Demonstrate a commitment to continued learning. Demonstrate personal grooming that is adequate and appropriate for health care responsibilities. Demonstrate ability to form and function in appropriate professional networks. Demonstrate ability to pursue and seek career advancement. Demonstrate commitment to learning and scholarship.
4	16/12/2023	CLINIC	Demonstrate in a mannequin and interpret results of a pleural fluid Aspiration
5	23/12/2023	CLINIC	Select, prescribe and communicate appropriate medications for relief of joint pain Select, prescribe and communicate preventive therapy for crystalline arthropathies
6	26/12/2023	CLINIC	Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well being, work and family
7	01/03/2024	SGT	Indication for blood transfusion & components; precautions during transfusion including mismatch transfusion
8	02/03/2024	CLINIC	Order and interpret diagnostic testing based on the clinical diagnosis including CBC and stool occult blood prostate specific antigen
9	05/06/2024	SGT	-Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis
10	13/06/2024	CLINIC	-Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures Perform and interpret a 12 lead ECG
11	04/07/2024	CLINIC	-Describe the appropriate diagnostic work up based on the presumed aetiology. Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap. Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance). Enumerate the indications and describe the findings in renal ultrasound
12	03/08/2024	LECTURE	(H y p o g l y c e m i a , D K A , H O N K S) . Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
13	05/08/2024	LECTURE	Enumerate the components and describe the genetic basis of the multiple endocrine neoplasia syndrome
14	05/09/2024	CLINIC	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
15	19/09/2024	CLINIC	"Interpret a PPD (Mantoux). Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis. Communicate to the patient and family the diagnosis and treatment"
16	19/09/2024	CLINIC	"Interpret a PPD (Mantoux). Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis. Communicate to the patient and family the diagnosis and treatment"
17	26/10/2024	CLINIC	"Describe the initial supportive management of a patient presenting with a cerebrovascular accident (CVA) Recognise, prioritise and manage hypertensive emergencies Incorporate patient preferences in the management of HTN"

15. Details of employment before joining the present institution:

a. Name of College/Institution : GRANT MEDICAL COLLEGE, MUMBAI

b. Designation : SENIOR RESIDENT Date on which relieved : 31/07/2015

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated Tendered resignation

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: ALTPC4190K

17. Aadhar Card Number: 376725529297

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	100000	5958
May / 2024	100000	5958
June / 2024	100000	5958
July / 2024	100000	5958
August / 2024	100000	5958
September / 2024	100000	5958
October / 2024	100000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : **02**
- b. National Journals : **-**
- c. State/Institutional Journals : **-**

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. CHETAN RAMESH CHAUDHARI** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05:00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the city of in State
and my hours of private practice are from AM to AM and PM to PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. CHETAN RAMESH CHAUDHARI is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued), Passport/PAN Card/Voter ID/Aadhar Card CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PHD degrees (as applicable).	YES
7.	Copies of MBBS, PG, PHD degree Registration Certificates (as applicable)	NO
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card, AADHAR Card	NO
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher. (for P.G. Assessment)	NO
14.	Copy of MET certificates: RBCW/ BCOME/ CISP/ ACOME/ Others	NO

Signature of Faculty

Date :

Signature of the Hold.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment
- III) Faculty members must submit the revised Declaration form in this format only. Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	_ / _ / _ _ _ _
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. CHINTE CHIMUTAI BALKRUSHNA

2. Age & Date of Birth: 37 (Years) 05/07/1987



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis

Regular

(ii) Full time/Part time

Full time

(iii) With Private Practice / Without Private Practice

Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : AT POST, NHAVAL TAL - YAWAL
 City YAWAL State MAHARASHTRA Pin 425301

b Permanent : AT POST, NHAVAL TAL - YAWAL
 City YAWAL State MAHARASHTRA Pin 425301

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :
 a. Office telephone with STD code : 0257 - 2366657
 b. Residence telephone with STD code : 9975163030
 c. Mobile Phone Number : drchimu19@gmail.com
 d. E-Mail address : 28/07/2021

7. Date of joining the present institution : 28/07/2021
 Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
 b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
 c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2012	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	2021/06/6341	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	15/06/2021	
MD/MS MD	2015	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	2021/06/6341	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	12/07/2021	
DNB Subject : ENDOCRINOLOGY	2020	YASHODA HOSPITAL SECUNARABAD	-	-
		NATIONAL BOARD OF EXAMINATIONS NEW DELHI	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	28/07/2021	15/03/2023	1	7	19
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	16/03/2023	till date	1	8	17
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL Clinic/ others	Topic
1	29/12/2023	CLINIC	"Perform a systematic examination that includes : general examination for pallor, oral examination Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology."
2	22.06.2024	LECTURE	"Enology and distinguishing features of UGI and LGI bleed
3	01/07/2024	LECTURE	-Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrhythmias, anemia, thyrotoxicosis, dietary factors,drugs,etc.
4	20/07/2024	LECTURE	-Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment
5	22.08.2024	CLINIC	"Demonstrate the correct technique to palpate the thyroid. Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan"
6	26.08.2024	LECTURE	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation
7	06/09/2024	CLINIC	"Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology. Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease."
8	03/10/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : _____ Tendered resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: _____ Yes / No: _____

16. PAN Card Number: **BEMPC7830M**

17. Aadhar Card Number: **208914195533**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		3856
April / 2024	85000	3856
May / 2024	85000	3856
June / 2024	85000	3856
July / 2024	85000	3856
August / 2024	85000	3856
September / 2024	85000	3856
October / 2024	85000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

a. International Journals :

b. National Journals :

c. State/Institutional Journals :

20. Details of other publications:

a. Number of Books published : **0**

b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference : **0**

National conference : **0**

Interational conference : **0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference : **0**

National conference : **0**

Interational conference : **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. CHIMUTAI BALKRUSHNA CHINTE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. CHIMUTAI BALKRUSHNA CHINTE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **she** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable).	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- i) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- ii) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- iii) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : **Dr.Ulhas Patil Medical College And Hospital, Jalgaon.**

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : **DR. BORGAONKAR DEVENDRA VIJAY**

2. Age & Date of Birth: **41 (Years) 14/07/1983**



3. Present Designation : **SENIOR RESIDENT**

a. Appointment Order : Certified copy of order at this institute attached : (Yes/No) : **Yes**

b. Department : **GENERAL MEDICINE**

c. College / Institute : **Dr.Ulhas Patil Medical College And Hospital, Jalgaon**

d. City / District : **Jalgaon**

e. Appointment : (i) Regular/Contractual/Ad-hoc basis **Regular**
(ii) Full time/Part time **Full time**
(iii) With Private Practice / Without Private Practice **Without Private Practice**

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: - _____

ii. Name of College - _____

iii. Whether appeared and accepted at the same College : Yes / No **No**

iv. Whether appeared and accepted for the same Designation - Yes / No **No**

v. Whether retired from Government Medical college : Yes / No **No**

vi. If yes, designation at the time of retirement : - _____

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee.

a. Present: RESIDENT HOSTEL DR. UHAS PATHI MEDICAL COLLEGE & HOSPITALCity JAI GAON State MAHARASHTRA Pin 425309b. Permanent PLOT NO.30, SERVE-131, VYANKTESH NAGAR, PISADEVI ROADCity AURANGABAD State MAHARASHTRA Pin 4310015. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport Aadhar card Voter ID/Passport/ Electricity bill/Landline Phone bill will be considered).

6. Contact Details:

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code :

c. Mobile Phone Number : 7391015140d. E-Mail address : borgaonkardevendra83@gmail.com7. Date of joining the present institution : 08/12/2023Yes / No **YES**

8. Joining report verified / attached :

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Program (CISP-i-ii-iii), Advanced Course in Medical Education (ACME) for training in MET :

Yes / No **NO**

(If Yes, provide certificate s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2006	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	2006/01/158	MMC,MUMBAI
MD/MS MD	2012	RI GOVT. MEDICAL COLLEGE, PUNE MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	19/01/2006	-
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH DM	2015	G.S.MEDICAL COLLEGE,PAREL,MUMBAI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**b. DM/MCH subject : **CARDIOLOGY**

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	GENERAL MEDICINE	ACPM MEDICAL COLLEGE, DHULE	01/03/2023	25/11/2023	0	8	25
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	08/12/2023	till date	0	11	25
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	NA	NA					
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	22/06/2024	CLINIC	-Select, prescribe and communicate appropriate medications for relief of joint pain. Select, prescribe and communicate preventive therapy for crystalline arthropathies
2	20/07/2024	CLINIC	-Describe and enumerate the indications for further testing including HRCCT, Viral cultures, PCR and specialised testing. Communicate and counsel patient on family on the diagnosis and therapy of pneumonia. Select, describe and prescribe based on culture and sensitivity appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum.
3	31/07/2024	SGT	-Pathogenesis, temporal evolution of microvascular and macrovascular complications of diabetes (Neuropathy, Nephropathy, Retinopathy, HTN).
4	21/08/2024	CLINIC	Pharmacotherapy, indication, ADR of Thyroxine. Iodization programmes of Govt of India
5	28/08/2024	SGT	"Epidemiology, pathogenesis, genetic basis of Hyperthyroidism; interpretation of TFT, PharmaSGT IM 12.13 cotherapy, indication, ADR of Anti-thyroid drugs"
6	10/09/2024	CLINIC	Order, perform and interpret an ECG. Order and interpret a Chest Xray and markers of acute myocardial infarction. Describe discuss and counsel patients appropriately on smoking cessation.
7	04/10/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
8	14/10/2024	LECTURE	"Describe and discuss the epidemiology, pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/valvular, ischemic, hypertrophic, inflammatory. Describe and discuss the genetic basis of some forms of heart failure"
9	21/10/2024	LECTURE	"Describe and discuss and identify the clinical features of acute and subacute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy"
10	21/10/2024	LECTURE	"Describe and discuss and identify the clinical features of acute and subacute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy"

15. Details of employment before joining the present institution:

- a. Name of College/Institution : ACPM MEDICAL COLLEGE, DHULE
- b. Designation : SENIOR RESIDENT Date on which relieved : 25/11/2023
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated -
- d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: **BCNPB3492H**

17. Aadhar Card Number: **496488036783**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	70000	2297
May / 2024	70000	2297
June / 2024	70000	2297
July / 2024	70000	2297
August / 2024	70000	2297
September / 2024	70000	2297
October / 2024	70000	2297
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
International conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :
State conference :0
National conference :0
International conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. DEVENDRA VIJAY BORGAONKAR** am working in the capacity of **SENIOR RESIDENT** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __: __ AM / PM to __: __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~ **Regular /**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : **Dr.Ulhas Patil Medical College And Hospital, Jalgaon.**

Submission date	__/__/__	
-----------------	----------	--

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : **DR. PATIL DILIP ONKAR**

2. Age & Date of Birth: **64 (Years) 01/06/1960**



3. Present Designation : **PROFESSOR**

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : **Yes**

b. Department : **GENERAL MEDICINE**

c. College / Institute : **Dr.Ulhas Patil Medical College And Hospital,Jalgaon**

d. City / District : **Jalgaon**

e. Appointment : (i) Regular/Contractual/Ad-hoc basis **Regular**
(ii) Full time/Part time **Full time**
(iii) With Private Practice / Without Private Practice **With Private Practice**

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: **UG**

ii. Name of College **DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON**

iii. Whether appeared and accepted at the same College : Yes / No **Yes**

iv. Whether appeared and accepted for the same Designation - Yes / No **Yes**

v. Whether retired from Government Medical college : Yes / No **No**

vi. If yes, designation at the time of retirement : **---**

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : NEAR GANPATI TEMPLE, MAIN ROAD, CHOPADA

City JALGAON State MAHARASHTRA Pin 425107

b Permanent : NEAR GANPATI TEMPLE, MAIN ROAD, CHOPADA

City JALGAON State MAHARASHTRA Pin 425107

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : 0257 - 2366657

b. Residence telephone with STD code : _____

c. Mobile Phone Number : 9822030297

d. E-Mail address : drdopatil@gmail.com

7. Date of joining the present institution : 10/12/2007

8. Joining report verified / attached :

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre :

~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership

~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1984	BJ GOVT. MEDICAL COLLEGE, PUNE	55286	MMC, MUMBAI
		UNIVERSITY OF PUNE	30/12/1985	
MD/MS MD	1989	BJ GOVT. MEDICAL COLLEGE, PUNE	55286	MMC, MUMBAI
		UNIVERSITY OF PUNE	04/12/2013	
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : GENERAL MEDICINE

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	BJ MEDICAL COLLEGE, PUNE	01/02/1986	03/12/1988	2	10	3
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	24/09/2008	24/09/2013	5	0	1
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	25/09/2013	31/08/2020	6	11	6
Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/09/2020	till date	4	3	2

*** Write NA (Not Applicable) for the designations not held**

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		__/__/__	__/__/__	__(y)__(m)
Classified Specialist		__/__/__	__/__/__	__(y)__(m)
Advisor		__/__/__	__/__/__	__(y)__(m)

***Note :- Documents in support of each posting to be furnished for verification.**

13. Have you been considered in UG PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL/Clinic/ others	Topic
1	31/10/2023	LECTURE	Bioethics in Clinical Practice - Describe and discuss the role of beneficence, non-maleficence, autonomy and shared responsibility as guiding principles in patient care
2	23/02/2024	SGT	Describe and discuss symptoms and signs of acute HIV seroconversion
3	13/03/2024	SGT	Diagnosis of acute diarrhea (Stool culture & Blood culture); Diagnosis of chronic diarrhea (Antibodies, colonoscopy imaging & biopsy)
4	07/06/2024	CLINIC	Demonstrate in a mannequin and interpret results of an arterial blood gas examination. Demonstrate in a mannequin and interpret results of a pleural fluid aspiration. Demonstrate the correct technique in a mannequin and interpret results of a blood culture.
5	05/07/2024	SGT	-Describe Complications of Rheumatic valvular heart disease. (Other than Infective Endocarditis). Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease
6	05/08/2024	LECTURE	Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism.
7	20/09/2024	SGT	"Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis"

15. Details of employment before joining the present institution:

a. Name of College/Institution : **BJ MEDICAL COLLEGE, PUNE**

b. Designation : **JUNIOR RESIDENT** Date on which relieved : **03/12/1988**

c. Reason for being relieved : Tended resignation / Retired / Transferred / Terminated -

d. Relieving order issued by previous institution verified and attached: Yes / No: **Yes**

16. PAN Card Number: **ABOPP1727C**

17. Aadhar Card Number: **772989486395**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	110000	7713
May / 2024	110000	7713
June / 2024	110000	7713
July / 2024	110000	7713
August / 2024	110000	7713
September / 2024	110000	7713
October / 2024	110000	7713
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : **04**
- b. National Journals : **-**
- c. State/Institutional Journals : **-**

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference : **0**

National conference : **0**

International conference : **0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference : **0**

National conference : **0**

International conference : **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. DILIP ONKAR PATIL** am working in the capacity of **PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of **CHOPDA, JALGAON** in ----- in State
and my hours of private practice are from AM to AM and **5.30** PM to **8.30** PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

Faculty/ SR/ Tutor/ Demonstrator Declaration

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that **DR. DILIP ONKAR PATIL** is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09 : 00 AM TO 05 : 00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	YES
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. NEHETE DINESH EKNATH

2. Age & Date of Birth: 55 (Years) 12/11/1969



3. Present Designation : PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:
- a Present : S NO. 147/2A, PLOT NO 6, NR T V CENTRE HANUMAN NAGAR, BHUSAWAL.
- City JALGAON State MAHARASHTRA Pin 425201
- b Permanent : S NO. 147/2A, PLOT NO 6, NR T V CENTRE HANUMAN NAGAR, BHUSAWAL.
- City JALGAON State MAHARASHTRA Pin 425201
5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
(Only copies of Passport, Aadhar card Voter ID, Passport/Electricity bill/Landline Phone bill will be considered)
6. Contact Details :
- a. Office telephone with STD code : 0257 - 2366657
- b. Residence telephone with STD code : 9422785248
- c. Mobile Phone Number : drdenehetc@gmail.com
- d. E-Mail address : 10/12/2007
7. Date of joining the present institution : Yes / No YES
8. Joining report verified / attached :
9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
Yes / No. **NO**
(If Yes, provide certificate/s)
- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	1992	RURAL MEDICAL COLLEGE, LONI	072907	MMC, MUMBAI
		UNIVERSITY OF PUNE	29/12/1993	
MD/MS MD	1998	RURAL MEDICAL COLLEGE, LONI	072907	MMC, MUMBAI
		UNIVERSITY OF PUNE	24/04/1998	
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : GENERAL MEDICINE
- b. DM/MCH subject : -
- c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	RURAL MEDICAL COLLEGE, LONI	01/07/1994	30/01/1998	3	6	30
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	24/09/2008	24/09/2013	5	0	1
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	25/09/2013	19/03/2017	3	5	25
Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	20/03/2017	till date	7	8	13

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture SGT/SDL Clinic others	Topic
1	01/06/2024	LECTURE	-Orientation to General Exam. Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes
2	12/06/2024	CLINIC	-Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations.
3	29/08/2024	CLINIC	"Describe the common issues encountered in patients at the end of life and principles of management. Describe and distinguish the difference between curative and palliative care in patients with cancer. Describe and discuss the ethical and the medico legal issues involved in end of life care. Describe the therapies used in alleviating suffering in patients at the end of life"
4	04/09/2024	SGT	"Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice. distinguish between direct and indirect hyperbilirubinemia"
5	11/09/2024	SGT	-Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis
6	16/09/2024	LECTURE	"Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis"
7	04/10/2024	SGT	"Define the various acute coronary syndromes and describe their evolution, natural history and outcomes"
8	21/10/2024	LECTURE	"Describe and discuss the indications of thionamide therapy, radio iodine therapy and surgery in the management of thyrotoxicosis"
9	25/10/2024	SGT	Demonstrate appropriate respect to colleagues in the profession

15. Details of employment before joining the present institution:

a. Name of College/Institution : RURAL MEDICAL COLLEGE, LONI

b. Designation : JUNIOR RESIDENT Date on which relieved : 30/01/1998

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: ACHPN1597N

17. Aadhar Card Number: 577055072884

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	105000	5958
May / 2024	105000	5958
June / 2024	105000	5958
July / 2024	105000	5958
August / 2024	105000	5958
September / 2024	105000	5958
October / 2024	105000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : **04**
 - b. National Journals : -
 - c. State/Institutional Journals : -

20. Details of other publications:
- a. Number of Books published : **0**
 - b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. DINESH EKNATH NEHETE** am working in the capacity of **PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of **BHUSAWAL** in _____ in State
and my hours of private practice are from **8** AM to **9.30** AM and **5.30** PM to **8.30** PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time /~~ **Honorary**.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. DINESH EKNATH NEHETE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	YES
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	<u> / / </u>
-----------------	-----------------------

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. PATIL DINESHSING DILIPSING

2. Age & Date of Birth: 37 (Years) 12/08/1987



DINESHSING DILIPSING PATIL
02/08/2022

3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: -

ii. Name of College -

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **AT POST SAKEGAON, BHUSAWAL**

City **BHUSAWAL** State **MAHARASHTRA** Pin **425201**

b Permanent : **AT POST SAKEGAON, BHUSAWAL**

City **BHUSAWAL** State **MAHARASHTRA** Pin **425201**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code : **0257 - 2366657**

b. Residence telephone with STD code : _____

c. Mobile Phone Number : **8007812277**

d. E-Mail address : **dr.patildineshsingh@gmail.com**

7. Date of joining the present institution : **01/09/2023**

8. Joining report verified / attached : **Yes / No YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No, **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2015	DR. VASANTRAO PAWAR MEDICAL COLLEGE, NASHIK MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	2015/12/5292 07/12/2015	MMC,MUMBAI
MD/MS MD	2019	DR. D Y PATIL PRATISHTHANS MEDICAL COLLEGE, PIMPRI,PUNE DR. D.Y. PATIL UNIVERSITY, PIMPRI, PUNE (NOTIFIED ON 20.03.2009 PREV. MUHS)	2015/12/5292 29/12/2020	MMC,MUMBAI
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : **GENERAL MEDICINE**
- b. DM/MCH subject : -
- c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No YES

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No YES

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	DR. D Y PATIL PRATISHTHANS MEDICAL COLLEGE, PIMPRI,PUNE	30/10/2016	29/10/2019	3	0	0
Senior Resident	GENERAL MEDICINE	DR. D Y PATIL PRATISHTHANS MEDICAL COLLEGE, PIMPRI,PUNE	08/11/2019	07/11/2020	1	0	0
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	ADITYA BIRLA MEMORIAL HOSPITAL, PUNE	08/11/2020	14/08/2021	0	9	7
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	01/09/2023	till date	1	3	2
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/ /--	--/ /--	--(y) --(m)
Classified Specialist		--/ /--	--/ /--	--(y) --(m)
Advisor		--/ /--	--/ /--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	24/06/2024	LECTURE	-Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination
2	08/07/2024	LECTURE	-Describe and discuss the pathogenesis and development of common arrhythmias involved in failure particularly atrial fibrillation
3	22/07/2024	LECTURE	-Describe the medico legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico legal report on a suspected poisoning
4	23/08/2024	SGT	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation
5	28/08/2024	CLINIC	Describe and discuss the indications for nitrates, anti platelet agents, gpIIB IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes
6	04/10/2024	SGT	"Identify, discuss and defend medicolegal, sociocultural, economic and ethical issues as it pertains to rights, equity and justice in access to health care"
7	28/10/2024	LECTURE	Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation and course of common diseases in the elderly, Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of acute confusional states, depression, dementia and personality changes in elderly.

15. Details of employment before joining the present institution:

a. Name of College/Institution : ADITYA BIRLA MEMORIAL HOSPITAL, PUNE

b. Designation : ASSISTANT PROFESSOR Date on which relieved : 14/08/2021

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated -

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: DBXPP1532H

17. Aadhar Card Number: 284745173394

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

- Zonal conference :
- State conference : **0**
- National conference : **0**
- Interational conference : **0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

- Zonal conference :
- State conference : **0**
- National conference : **0**
- Interational conference : **0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. DINESHSING DILIPSING PATIL** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad-hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. DINESHSING DILIPSING PATIL is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued); Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	<u> / / </u>	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. BATHE DIPAK SURESH

2. Age & Date of Birth: 37 (Years) 02/08/1987



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other : -

ii. Name of College : -

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a. Present: RESIDENT HOSTEL DR. ULHAS PATHI MEDICAL COLLEGE & HOSPITAL

City: JALGAON State: MAHARASHTRA Pin: 425309

b. Permanent: S/O SURESH BATHE, NEAR JAIN MANDIR, SUMITRA NAGAR, TUKUM, WARD - I,

City: CHANDRAPUR State: MAHARASHTRA Pin: 442401

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details:

a. Office telephone with STD code: 0257 - 2366657

b. Residence telephone with STD code: _____

c. Mobile Phone Number: 9064197232

d. E-Mail address: dipakbathe@gmail.com

7. Date of joining the present institution: 20/12/2023

8. Joining report verified / attached: Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **NO**

(If Yes, provide certificate/s)

a. at MCI/NMC Regional MET Centre: ~~Yes~~ / No.

b. at your college under Regional / Nodal Centre observership: ~~Yes~~ / No.

c. Any other MET certificates may be attached

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2011	GOVERNMENT MEDICAL COLLEGE, MIRAJ	2013/03/0690	MMC, MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	28/03/2013	
-	-	-	-	-
DNB Subject: GENERAL MEDICINE	2023	DURGAPUR STEEL PLANT HOSPITAL DURGAPUR, WEST BENGAL	2013/03/0690	MMC, MUMBAI
		NATIONAL BOARD OF EXAMINATIONS NEW DELHI	28/03/2013	
DIPLOMA Subject: -	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject: _____
- b. DM/MCH subject: _____
- c. PhD subject: _____

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached : Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached : Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	DURGAPUR STEEL PLANT HOSPITAL DURGAPUR, WEST BENGAL	03/06/2017	14/07/2020	3	1	12
Senior Resident	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	20/12/2023	19/12/2024	1	0	0
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	20/12/2024	till date	0	0	2
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	24/06/2024	CLINIC	-Select, prescribe and communicate treatment option for systemic rheumatologic conditions.Communicate and incorporate patient preferences in the choice of therapy. Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions
2	08/07/2024	LECTURE	- Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification, common corrosives poisoning.
3	22/07/2024	CLINIC	-Perform and interpret a sputum gram stain AFB.Communicate and counsel patient on family on the diagnosis and therapy of pneumonia.
4	23/08/2024	CLINIC	Epidemiology, pathogenesis, genetic basis of Hypothyroidism, interpretation of TFT, Pharmacotherapy, indication, ADR of Thyroxine. Iodization programmes of Govt of India.
5	27/08/2024	CLINIC	Order, perform and interpret an ECG
6	27/08/2024	CLINIC	Order, perform and interpret an ECG
7	06/09/2024	SGT	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner

15. Details of employment before joining the present institution:

a. Name of College/Institution : DURGAPUR STEEL PLANT HOSPITAL DURGAPUR, WEST BENGAL

b. Designation : JUNIOR RESIDENT Date on which relieved : 14/07/2020

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: CJTPB9128E

17. Aadhar Card Number: 217337092465

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	65000	
May / 2024	65000	
June / 2024	65000	
July / 2024	65000	
August / 2024	65000	
September / 2024	65000	
October / 2024	65000	
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : 0
- b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :
State conference :0
National conference :0
Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference

Zonal conference :
State conference 0
National conference 0
Interational conference 0

24. Awards/ prizes:

DECLARATION

1. I, **DR. DIPAK SURESH BATHE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. DIPAK SURESH BATHE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee. Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	NO
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	__/__/__	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. PATIL HARSHAL SURENDRA

2. Age & Date of Birth: 37 (Years) 27/12/1986



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **RESIDENT QTR. DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**
 City **JALGAON** State **MAHARASHTRA** Pin **425309**

b Permanent : **24-D, PRASHANT NAGAR, MALKAPUR, BULDHANA**
 City **MALKAPUR** State **MAHARASHTRA** Pin **443101**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**
 (Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :
 a. Office telephone with STD code : **0257 - 2366657**
 b. Residence telephone with STD code : _____
 c. Mobile Phone Number : **7773905114**
 d. E-Mail address : **harshalpatil112@gamil.com**

7. Date of joining the present institution : **28/07/2021**

8. Joining report verified / attached : **Yes / No YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
 Yes / No. **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
 b. at your college under Regional / Nodal Centre observership : ~~Yes~~ / No.
 c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2011	JAWAHARLAL NEHRU MEDICAL COLLEGE, SAWANGI (MEGHE), WARDHA MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	10-37898 18/09/2010	MCI, DELHI
-	-	-	-	-
DNB Subject : GENERAL MEDICINE	2015	DR. BALABHAI NANAVATI HOSPITAL, BOMBAY NATIONAL BOARD OF EXAMINATIONS NEW DELHI	10-97898 31/12/2020	MCI, DELHI
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : -
 b. DM/MCH subject : -
 c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	NA	NA					
Senior Resident	NA	NA					
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	28/07/2021	till date	3	4	6
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/ SDL/ Clinic/ others	Topic
1	13/03/2024	LECTURE	Setting up IV infusion and calculating drip rate. a History and clinical examination and choose appropriate investigation in a patient with mental retardation
2	24/04/2024	CLINIC	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
3	14/06/2024	SGT	-Natural history, complications, laboratory tests, pharmacotherapy and bariatric surgery of obesity and prevention of obesity
4	13/07/2024	CLINIC	-Orientation to General Exam. Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes
5	13/08/2024	CLINIC	"Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies"
6	28/09/2024	CLINIC	"Select, prescribe and communicate appropriate medications for relief of joint pain. Select, prescribe and communicate preventive therapy for crystalline arthropathies"

15. Details of employment before joining the present institution:

- a. Name of College/Institution : _____
- b. Designation : _____ Date on which relieved : _____
- c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated _____
- d. Relieving order issued by previous institution verified and attached: Yes / No: _____

16. PAN Card Number: **BKWPP8957L**

17. Aadhar Card Number: **669942037899**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	85000	3856
May / 2024	85000	3856
June / 2024	85000	3856
July / 2024	85000	3856
August / 2024	85000	3856
September / 2024	85000	3856
October / 2024	85000	3856
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : 02
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. HARSHAL SURENDRA PATIL** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : **Regular / Contractual / Ad hoc or Full time / Part time / Honorary.**
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. HARSHAL SURENDRA PATIL is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

SI	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	NO
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	___/___/___	
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Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. BOROLE KHEMCHANDRA DHANRAJ

2. Age & Date of Birth: 45 (Years) 04/09/1979



3. Present Designation : PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular
(ii) Full time/Part time Full time
(iii) With Private Practice / Without Private Practice With Private Practice

f. Date of appearance in last MCI/NMC assessment :

i. UG / PG / Any Other: UG

ii. Name of College DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON

iii. Whether appeared and accepted at the same College : Yes / No Yes

iv. Whether appeared and accepted for the same Designation - Yes / No Yes

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : ---

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

a Present : **VIKAS HOUSING SOCIETY, JAMNER ROAD, BHUSAWAL**

City **JALGAON** State **MAHARASHTRA** Pin **425201**

b Permanent : **VIKAS HOUSING SOCIETY, JAMNER ROAD, BHUSAWAL**

City **BHUSAWAL** State **MAHARASHTRA** Pin **425201**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

a. Office telephone with STD code : **0257 - 2366657**

b. Residence telephone with STD code : _____

c. Mobile Phone Number : **9403095615**

d. E-Mail address : **drkhem.b@gmail.com**

7. Date of joining the present institution :

09/02/2008

8. Joining report verified / attached :

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:

Yes / No. **YES**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : Yes / ~~No.~~
- b. at your college under Regional / Nodal Centre observership : Yes / ~~No.~~
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2002	SETH GS MEDICAL COLLEGE,MUMBAI	2003/08/3052	MMC,MUMBAI
		UNIVERSITY OF MUMBAI	11/08/2003	
MD/MS MD	2007	SETH GS MEDICAL COLLEGE,MUMBAI	2003/08/3052	MMC,MUMBAI
		UNIVERSITY OF MUMBAI	20/07/2007	
DNB	-	-	-	-
DIPLOMA	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

- a. MD/MS subject : **GENERAL MEDICINE**
-
- b. DM/MCH subject : -
-
- c. PhD subject : -
-

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

- a. **Copies of MBBS & PG Degree certificates verified & attached :** Yes / No **YES**
- b. **Copies of MBBS and PG Degree Registration verified and attached :** Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	SETH GS MEDICAL COLLEGE, MUMBAI	01/02/2004	30/04/2007	3	3	0
Senior Resident	GENERAL MEDICINE	SETH GS MEDICAL COLLEGE, MUMBAI	01/08/2007	13/11/2007	0	3	13
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	SETH GS MEDICAL COLLEGE, MUMBAI	14/11/2007	08/02/2008	0	2	25
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	24/09/2008	14/11/2012	4	1	21
Associate Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	15/11/2012	24/07/2017	4	8	10
Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	25/07/2017	till date	7	4	9

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y) --(m)
Classified Specialist		--/--/--	--/--/--	--(y) --(m)
Advisor		--/--/--	--/--/--	--(y) --(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/ SGT/SDL/ Clinic/ others	Topic
1	16/09/2023	CLINIC	"Describe and enumerate the indications for further testing including HIRCT, Viral cultures, PCR and specialised testing"
2	23/02/2024	LECTURE	Classification of anemia; Etiology & Prevalence Components of hemo0gram; Tests for iron deficiency & vitamin B12 Deficiency. Determine th need for specialist
3	04/06/2024	CLINIC	-Order, perform and interpret an ECG.Order and interpret a Chest Xray and markers of acutem myocardial infarction.Describe discuss and counsel patients appropriately on smoking cessation.
4	03/07/2024	CLINIC	-Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology.Recognise, prioritise and manage hypertensive emergencies
5	08/09/2024	CLINIC	General Examination
6	11/10/2024	SGT	"Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram"

15. Details of employment before joining the present institution:

a. Name of College/Institution : SETH GS MEDICAL COLLEGE,MUMBAI

b. Designation : ASSISTANT PROFESSOR Date on which relieved : 08/02/2008

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: APIPB4815R

17. Aadhar Card Number: 868813024941

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	105000	5958
May / 2024	105000	5958
June / 2024	105000	5958
July / 2024	105000	5958
August / 2024	105000	5958
September / 2024	105000	5958
October / 2024	105000	5958
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :
- a. International Journals : 07
 - b. National Journals : -
 - c. State/Institutional Journals : -

20. Details of other publications:
- a. Number of Books published : 0
 - b. Number of Chapters in books : 0

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.
- Zonal conference :
 - State conference :0
 - National conference :0
 - Interational conference :0

23. Poster presentations: in zonal/ State/ National/ International Conference.
- Zonal conference :
 - State conference :0
 - National conference :0
 - Interational conference :0

24. Awards/ prizes:

DECLARATION

1. I, **DR. KHEMCHANDRA DHANRAJ BOROLE** am working in the capacity of **PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Ulhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09:00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any descipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at Nursing home / Clinic / Hospital
in the the city of **BHUSAWAL** in in State
and my hours of private practice are from AM to AM and **05.30** PM to **8.30** PM.
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular / Contractual / Ad hoc or Full time / Part time / Honorary.~~
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. KHEMCHANDRA DHANRAJ BOROLE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card AADHAR CARD	YES
5.	Joining report at the present institute	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card . AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	YES
12.	Copy of letter from affiliating University recognizing as UG teacher	YES
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	YES
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	YES

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

Faculty/ SR/ Tutor/ Demonstrator Declaration Form

Name of the College : Dr.Ulhas Patil Medical College And Hospital, Jalgaon.

Submission date	<u> / / </u>
-----------------	-----------------------

Note : It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee of the college.

1. Name of Faculty : DR. SHINDE MAHESH MANIKRAO

2. Age & Date of Birth: 42 (Years) 30/06/1982



3. Present Designation : ASSISTANT PROFESSOR

a. Appointment Order : Certified copy of order at this institute attached :(Yes/No) : Yes

b. Department : GENERAL MEDICINE

c. College / Institute : Dr.Ulhas Patil Medical College And Hospital,Jalgaon

d. City / District : Jalgaon

e. Appointment : (i) Regular/Contractual/Ad-hoc basis Regular

(ii) Full time/Part time Full time

(iii) With Private Practice / Without Private Practice Without Private Practice

f. Date of appearance in last MCI/NMC assessment :
i. UG / PG / Any Other: -

ii. Name of College -

iii. Whether appeared and accepted at the same College : Yes / No No

iv. Whether appeared and accepted for the same Designation - Yes / No No

v. Whether retired from Government Medical college : Yes / No No

vi. If yes, designation at the time of retirement : -

Signature of the Faculty

Signature & Seal of Dean

4. Complete Residential Address of the employee:

- a Present : **RESIDENT QUATER, DR. UHAS PATIL MEDICAL COLLEGE & HOSPITAL,**

 City **JALGAON** State **MAHARASHTRA** Pin **425309**
- b Permanent : **PLOT NO. 12, GAT NO. -91, BEED BY PASS ROAD, NEAR RADHA MANGAL**

KARAYALAYA SURYADEEP NAGAR NEW SATARA PARISAR

 City **AURANGABAD** State **MAHARASHTRA** Pin **431001**

5. Copy of Proof of Residence submitted and original verified. Yes/No **YES**

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

6. Contact Details :

- a. Office telephone with STD code : **0257 - 2366657**

- b. Residence telephone with STD code : _____
- c. Mobile Phone Number : **9970839274**

- d. E-Mail address : **drmmshinde@gmail.com**

7. Date of joining the present institution :

08/12/2023

8. Joining report verified / attached :

Yes / No **YES**

9. Have you attended the Basic Course Workshop (BCME), Curriculum Implementation Support Programme (CISP-i/ii/iii), Advanced Course in Medical Education (ACME) for training in MET:
 Yes / No **NO**

(If Yes, provide certificate/s)

- a. at MCI/NMC Regional MET Centre : ~~Yes~~ / No.
- b. at your college under Regional / Nodal Centre observership ~~Yes~~ / No.
- c. Any other MET certificates may be attached

10. Educational Qualifications :

Degree	Year	Name of College & University	Registration Number with date of registration	Name of State Medical Council
MBBS	2004	GOVERNMENT MEDICAL COLLEGE, AURANGABAD	2006/01/163	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	19/01/2006	
MD/MS MD	2010	SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE, AMBAJOGAI	2006/01/163	MMC,MUMBAI
		MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES	19/01/2006	
DNB	-	-	-	-
DIPLOMA Subject :	-	-	-	-
DM/MCH	-	-	-	-
PhD	-	-	-	-

a. MD/MS subject : **GENERAL MEDICINE**

b. DM/MCH subject : -

c. PhD subject : -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

11. Copies of educational qualifications:

a. Copies of MBBS & PG Degree certificates verified & attached :

Yes / No **YES**

b. Copies of MBBS and PG Degree Registration verified and attached :

Yes / No **YES**

12. Details of Teaching experience till date.

Designation*	Department	Institution	From	To	Total		
					Y	M	D
Junior Resident	GENERAL MEDICINE	SWAMI RAMANAND TEERTH RURAL MEDICAL COLLEGE, AMBAJOGAI	30/05/2007	29/06/2010	3	1	0
Senior Resident	GENERAL MEDICINE	ACPM MEDICAL COLLEGE, DHULE	02/08/2021	14/10/2022	1	2	13
Demonstrator	NA	NA	NA	-	0	0	0
Tutor	NA	NA					
Assistant Professor	GENERAL MEDICINE	ACPM MEDICAL COLLEGE, DHULE	15/10/2022	25/11/2023	1	1	11
Assistant Professor	GENERAL MEDICINE	DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL, JALGAON	08/12/2023	till date	0	11	25
Associate Professor	NA	NA					
Professor	NA	NA					
Dean/Principal	NA	NA					

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		--/--/--	--/--/--	--(y)--(m)
Classified Specialist		--/--/--	--/--/--	--(y)--(m)
Advisor		--/--/--	--/--/--	--(y)--(m)

*Note :- Documents in support of each posting to be furnished for verification.

13. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates

14. Number of lectures / small group teachings/ self-directed learning sessions/ clinics/ etc taken and topics covered in last academic year (attach additional sheet, if required)

S. No	Date	Lecture/SGT/SDL (Clinic/ others)	Topic
1	27/06/2024	CLINIC	-Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology. Recognise, prioritise and manage hypertensive emergencies
2	22/07/2024	LECTURE	-Enumerate the indications for and describe the findings of heart failure with the following : 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram
3	25/07/2024	CLINIC	-Interpret a PPD (Mantoux). Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis. Communicate to the patient and family the diagnosis and treatment
4	16/08/2024	SGT	"Describe, prescribe and communicate non pharmacologic management of heart failure including sodium restriction, physical activity and limitations"
5	26/08/2024	LECTURE	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with Hyponatremia and hypernatremia
6	09/10/2024	CLINIC	General Examination.
7	18/10/2024	CLINIC	Epidemiology, pathogenesis, genetic basis of Hypothyroidism, interpretation of TFT, Pharmacotherapy, indication, ADR of Thyroxine, Iodization programmes of Govt of India.

15. Details of employment before joining the present institution:

a. Name of College/Institution : ACPM MEDICAL COLLEGE, DHULE

b. Designation : ASSISTANT PROFESSOR Date on which relieved : 25/11/2023

c. Reason for being relieved : Tendered resignation / Retired / Transferred / Terminated

d. Relieving order issued by previous institution verified and attached: Yes / No: Yes

16. PAN Card Number: **CGEPS2341J**

17. Aadhar Card Number: **613745337497**

18. I have drawn total emoluments from this college in the current financial year as under :-

Month / Year	Amount Received	TDS
Jan / 2025		
Feb / 2025		
March / 2025		
April / 2024	75000	2817
May / 2024	75000	2817
June / 2024	75000	2817
July / 2024	75000	2817
August / 2024	75000	2817
September / 2024	75000	2817
October / 2024	75000	2817
November / 2024		
December / 2024		

19. Number of Research articles in Indexed Journals :

- a. International Journals : -
- b. National Journals : -
- c. State/Institutional Journals : -

20. Details of other publications:

- a. Number of Books published : **0**
- b. Number of Chapters in books : **0**

21. Any other information/ achievements/ patents:

22. Oral presentation: in zonal conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

23. Poster presentations: in zonal/ State/ National/ International Conference.

Zonal conference :

State conference :**0**

National conference :**0**

Interational conference :**0**

24. Awards/ prizes:

DECLARATION

1. I, **DR. MAHESH MANIKRAO SHINDE** am working in the capacity of **ASSISTANT PROFESSOR** in the Department of **GENERAL MEDICINE** at **Dr. Uhas Patil Medical College** and do hereby give an undertaking that I am employed as a full time teaching faculty, working from 09.00 A.M. to 05.00 P.M. daily at this institute. If required I attend emergency duties.
2. I have not made myself available to any other medical college/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause);
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing home / Clinic / Hospital in the the city of _____ in _____ State and my hours of private practice are from __ : __ AM / PM to __ : __ AM / PM
4. I am not working in any other medical /dental college in or outside the State in any capacity : ~~Regular~~ / ~~Contractual~~ / ~~Ad-hoc~~ or ~~Full time~~ / ~~Part time~~ / ~~Honorary~~.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date :

Place : **Jalgaon.**

(Signature of the Faculty)

ENDORSEMENT

1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. **I have personally verified all the certificates / documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.**
2. I also confirm that DR. MAHESH MANIKRAO SHINDE is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from 09:00 AM TO 05:00 PM, since **he** has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the mis-declaration or mis-statement.

Date :

Place : **Jalgaon.**

Signature (Head of Dept)
with official seal

Signature (Head of Institute)
with official seal

CHECKLIST

Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean / Principal of college.	YES
2.	Photo ID proof (Govt Authority issued): Passport/PAN Card/Voter ID/Aadhar Card PAN CARD	YES
3.	Certified copy of Appointment order of the present Institute.	YES
4.	Proof of Residence : Passport / Voter Card / Electricity / Landline phone Bill /Aadhar Card DEAN'S ALLOTMENT LETTER	YES
5.	Joining report at the present institute.	YES
6.	Copies of MBBS, PG, PhD degrees (as applicable) .	YES
7.	Copies of MBBS,PG,PhD degree Registration Certificates (as applicable)	YES
8.	Copy of experience certificates of all teaching appointments before joining present post.	YES
9.	Relieving order from the previous institution/posting.	YES
10.	Copy of PAN Card , AADHAR Card	YES
11.	Letter head (in case of teachers who are practicing)	NO
12.	Copy of letter from affiliating University recognizing as UG teacher	NO
13.	Copy of letter from affiliating University recognizing as PG teacher . (for P.G. Assessment)	NO
14.	Copy of MET certificates: rBCW/ BCME/ CISP/ ACME/ Others	NO

Signature of Faculty

Date :

Signature of the HoD.

Date :

Signature of Head of Institute

Date :

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only, Submission in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

DATE :29/09/2025

Workload Distribution ACDAMIC YEAR 2024-25
DEPARTMENT OF PADIATRIC

Sr.No.	Responsibility	Faculty
1	Preparation of Departmental Workload Distribution	Dr. Anant Ganpat Bendale
2	Teaching Schedule Preparation	Dr. Suyog Tannirwar
3	Practical / Clinical Conduction	All Teaching Staff
4	Students Extra Academic Activities	Dr. Darshan Rathi , Dr. Omshree Gude, Dr. Rohini Deshmukh ,
5	Theory Exam Paper Setup	Faculty/All Teaching Staff
6	Practical Exam Preparation	Faculty/All Teaching Staff
7	Exam Paper Evaluation : Objective Type	All Teaching Staff
8	Exam Paper Evaluation : Subjective Type	All Teaching Staff
9	PG activity schedule preparation	Dr. Rajendra Bedmutha
10	Student Attendance Record	Dr. Suyog Tannirwar
11	Student Internal Assessment Record	Dr.Sanjay Baviskar
12	Other Departmental Records Maintenance	Dr. Anant Ganpat Bendale
13	Skills lab	Dr. Darshan Rathi
14	Library	Dr.Vijay Garkal

Anant
Dr. ANANT G. BENDALE
 PROFESSOR & H.O.D.
 Dept.of Paediatric
 Dr.Ulhas Patil Medical College
 and Hospital, Jalgaon



GODAVARI FOUNDATION'S
DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013
Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

NAAC ACCREDITED

Date:- 01/03/2025

DEPARTMENT OF GENERAL SURGERY
Teaching Faculty Workload Distribution In The Department

Sr. No	Responsibility	Faculty Name
1	Preparation of Departmental Workload distribution	Dr. Shivaji P Sadulwad
2	Teaching Schedule Preparation	Dr. Shivaji P Sadulwad Dr. Gaurav Arvind kolte
3	Practical/Clinical conduction	All Teaching Faculty
4	Students Extra academic activities	Dr. Chaitanya Patil Dr. Vaibhav Farke
5	Theory Exam Paper setup	Dr. Shivaji P Sadulwad Dr. Milindkumar kadu Wankhede
6	Practical Exam Preparation	All Teaching Faculty & Non-Teaching Staff
7	Exam paper Evolution; Objective type	All Teaching Faculty
8	Exam paper Evolution; Subjective type	All Teaching Faculty
9	Students Attendance Record	Mr. Ritesh Thakur/ Dr. Alka Rajendra Patil
10	Students Internal assessment Record	Mr. Ritesh Thakur/ Dr. Atul Gajendra Bharambe
11	Other Departmental Records Maintenance	Mr. Ritesh Thakur/
12	Museum	Dr. Saurabh Sheshrao Patil
13	Liabrary	Mr. Ritesh Thakur/ Dr. Swapnil Prakash Chopde

Ritesh Thakur
HOD


Prof. & Head
Department of
General Surgery

Godavari Foundation's
Dr. Ulhas Patil Medical College & Hospital, Jalgaon KH.
Department Of OBGY

Date:- 31/08/2024

Worklod Distribution In The Department

Sr. No	Responsibility	Faculty
1	Preparation of Departmental Workload distribution	Dr. Maya . N .Arvikar
2	Teaching Schedule Preparation	Dr. Maya . N .Arvikar
3	Practical/Clinical conduction	All Teaching Faculty
4	Students Extra academic activities	Dr. .Anjali Bhirud Dr. Maya . N .Arvikar Dr. Vaibhav Patil
5	Theory Exam Paper setup	All Teaching Faculty
6	Practical Exam Preparation	All Teaching Faculty & Non Teaching Staff
7	Exam paper Evolution; Objective type	All Teaching Faculty
8	Exam paper Evolution; Subjective type	All Teaching Faculty
9	Students Attendance Record	Dr .Anjali Bhirud
10	Students Internal assessment Record	Dr .Anjali Bhirud
11	Other Departmental Records Maintenance	Dr. Maya . N .Arvikar
12	Liabrary	Dr. Vaibhav Patil


Dr. MAYA N. ARVIKAR
M.D.(Obst & Gynaec.)
H.O.D. & Professor, Dept. of OBGY
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon KH, Jalgaon