

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

Title of the Course applied for:- Critical Care Medicine

This to Certify that Dr. Conrad Rui Vas has worked in the Department of Critical Care Medicine of Lilavati Hospital & Research Centre Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Senior Clinical Asst./Clinical Assoc./ Visiting Professor	1989	1995	06 yrs

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

Designation	From	To	Total period Year/Months
Consultant Intensivist	1995	Till Date	27 yrs

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

C.V.

Sign & Stamp

Head of the Department

Date 25-05-2022

DR. CONRAD RUI VAS
Consultant & Thesis Guide / Co-Guide
Critical Care Medicine,
Lilavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra (W), Mumbai - 400 050

Dr. Niraj Uttamani

Sign & Stamp

Dean/Principal/Head of Institute

Date 27/5/22

Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

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

Title of the Course applied for:- Critical Care Medicine

This to Certify that Dr. Srinivasan Ramanathan has worked in the Department of Critical Care Medicine of Lilavati Hospital & Research Centre Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Senior Registrar/Clinical Associate	2006	2010	04 yrs	

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

Designation	From	To	Total period Year/Months	
Consultant Intensivist	2010	Till Date	12 yrs	

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

C.V.

Sign & Stamp
Head of the Department

Date 25-05-2022



Signature

Sign & Stamp
Dean/Principal/Head of Institute

Date 27/5/22

Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

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

Title of the Course applied for:- Critical Care Medicine

This to Certify that Dr. Kiran Shekade has worked in the Department of Critical Care Medicine of Lilavati Hospital & Research Centre Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Senior Registrar	2009	March 2012	3 yrs	

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

Designation	From	To	Total period Year/Months	
Junior Intensivist	June 2012	March 2016	3 years	9 months
Consultant Intensivist	April 2016	till date	6 years	

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

C. V.

Sign & Stamp
Head of the Department
Date 25-05-2022



Niraj Uttamani
Sign & Stamp
Dean/Principal/Head of Institute
Date 25/5/22

Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Niraj Uttamani Age: 53 (Date of Birth) 27.02.1969

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MBBS	1992	Pandit JNM Medical College	Raipur
Recognized / Not Recognized	DNB	2001	NBE	Delhi
Recognized / Not Recognized	Cert. Critical Care	1997	Breach Candy Hospital	Mumbai

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor				
Asso. Professor/Reader				
Professor				
Any Other			Grand Total	

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	Lilavati Hospital & Research Centre	
	ii) Postal Address, with PIN:	A-791, Bandra Reclamation, Bandra West, Mumbai	
	iii) Contact Details:	Mob: 9869436379	Tele: 022029318000
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: E-6892	
		ii) Society's Registration Act.1860: E-6892	
		iii) Year of establishment: 1996	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No – Marked as Appendix 'A'	
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	i) Name of the Hospital	
		ii) Nursing Home Registration No.	
		iii) Establishment Year	
		Lilavati Hospital & Research Centre 761405739 Dated:29.03.1996 1996 – Mark as Appendix 'B'	
04	i) Name of the Training Centre /Institute where course is to be conducted:	Lilavati Hospital & Research Centre	
	ii) Postal Address, with PIN: 400 050		
	iii) Contact Details: 022 69318000	Mob: 9869436379 Tele: 022 69318000	
	iv) E-mail ID: academics.lilavati@gmail.com		
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) 06 - Six Approved Intake Capacity 07 - seven ... Affiliated Since: 2016 (if necessary Attach separate List)	
05	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) 1. Minimal Access Surgery 2. Minimal Access Surgery – OBGY 3. Assisted Reproduction Techniques Required Intake Capacity 1 in each course (if Necessary Attach separate List)	
	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)	
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No – Mark as Appendix 'C'	
07	Budgetary provision for the FC/CC/DC for the next 03 years	1) F.Y. 2020-21 :- 2) F.Y. 2021-22 :- 3) F.Y. 2022-23 :- Mark as Appendix C.1	
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No: Chronic Pain Medicine Dated 08 th Nov 2014 Clinical Haematology Dated 08 th Nov 2014 Critical Care Medicine Dated 09 th Feb 2018 GI & HPB Pathology Dated 04 th Oct 2018 Infectious Diseases Dated 17 th Aug 2018 Microsurgery Dated 09 th Feb 2018	
		Copy of Management Resolution attached?	
		*Yes/No – Mark as Appendix 'D'	

09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: 310300
	i) Whether the land is owned by the Applicant Institute/Training Centre/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No— Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: E-6892 Dated At (Place): Mumbai Copy of Land Registration Certificate attached? *Yes/No.— Mark as Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs Copy of Loan/Mortgage Deed attached? *Yes/No. — Mark as Appendix 'G'
	b) Building: i) Total built-up area:	310300 sq. ft. Certified copy of Building Plan attached? *Yes/No — Mark as Appendix 'H'

3. Central Library

Total Number of Books in Library:- **1500**

Books pertaining concerned fellowship subject: **Available**

Purchase of latest editions of concerned books in last 3 years: will be subscribed

• Journals:

1	Journals	Total	concerned Fellowship subject (Books)	
2	Indian	11	Chronic Pain Medicine	Indian - 7
3	Foreign	14		Foreign - 7
			Clinical Haematology	Indian - 5
				Foreign - 5
			Critical Care Medicine	Indian - 8
				Foreign - 8
			GI & HPB Pathology	Indian - List attached
				Foreign - List attached
			Infectious Diseases	Indian - 12
				Foreign - 12
			Microsurgery	Indian - 14
				Foreign - 14

- Year / Month up to which latest Indian Journals available : **In process of purchasing**

- Year / Month up to which latest Foreign Journals available **In process of purchasing**

- Internet / Med pub / Photocopy facility: available / not available

- Library opening times: **7am**

- Reading facility out of routine library hours: available / not available

(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

Available / Not available

- Play grounds Gymnasium

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	-	-	08	08		
No. of Students	-	-	70	89		
Status of Cleanliness	-	-				

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

7. **Ethical Committee (Constitution) :** YES / ~~NO~~

8. **Medical Education Unit (Constitution) :** YES / ~~NO~~ Constituted on 01.07.2017
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :**

(such as Herbal garden / Panchakarma Unit / Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

NOT APPLICABLE

HOSPITAL INFORMATION

1. Name of the Hospital: Lilavati Hospital and Research Centre

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	(New) + (FU) = Total 138874	OPD	(New) + (FU) = Total 1596
IPD (Total No. of Patients admitted)	10536	IPD (Total No. of Patients admitted)	451

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	330
No of Beds in ICU	48
No of Beds in ICCU/SICU	19
No of Beds in SICU	13
No of Major O.T.	10
No of Minor O.T.	2

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM10.....	14
• Daily admissions3.....	3-4
• Daily admissions in Dept.		01
• Through casualty at 10am3.....	38%
• Bed occupancy in the Dept.	57	38%
• Number of patients in ward (IPD) at 10AM57.....	12%
• Percentage bed occupancy at 10Am17.64%.....	

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
A B G in ICU	45	177
Arterial Line	3	15
Bipap	18	54
Central Line	4	13
Folleys Catheterisation	4	06
Haemodialysis	5	17
I.V Injection/Cannula Insertion	6	08
Intubation	2	03

5. Casualty:/ Emergency Department :

Space	100.00m2 approx
Number of Beds	8 beds
No. of cases (Average daily OPD and Admissions):	23(Average daily OPD) and 3-4 (Admissions)
Emergency Lab in Casualty (round the clock):	available / not-available
Emergency OT and Dressing Room	available
Staff (Medical/Paramedical)	List attached (Annexure 6)
Equipment available	List attached (Annexure 7)

6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No (Annexure 8)	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average Daily 25	On Inspection day

7. Central Laboratory:

- Controlling Department: Pathology
- No of Staff : 93
- Equipment Available : Attach separate List (Annexure 9)
- Working Hours: _____

8. Central supply of Oxygen / Suction:

Available / ~~Not available~~

9. Central Sterilization Department

Available / ~~Not available~~

10. Ambulance (Functional)

Available / ~~Not available~~

11. Laundry:

~~Manual~~/Mechanical/~~Outsourced~~:

12. Kitchen

Available / ~~Outsourced~~ / ~~Not Available~~

13. Incinerator: ~~Functional~~ / Non functional

~~Capacity~~/Outsourced

14. Bio-Medical waste disposal

Outsourced / ~~any other method~~

15. Generator facility

Available / ~~Not available~~

16. Medical Record Section:

- ICD X classification

Computerized / ~~Non computerized~~

Used / Not used

C. Vas

Niraj Uttamani

Sign & Stamp

Sign & Stamp

Head of the Department

Dean/ Principal/ Director of Training Centre

Date: Date: 25-05-2022

Training Centre Round Seal

DR. CONRAD RUI VAS
Consultant & Thesis Guide / Co-Guide
Critical Care Medicine,
Lilavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra (W), Mumbai - 400 050



Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Critical Care Medicine
2. Date on which independent department of :functioning concerned specialty was created and started 1st January 1997

3. Mentors details (From start of department till date):

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr. Conrad Rui Vas	Full Time	Intensivist	M.B.B.S, M.D., PGDHHM	➤ 27 years
2	Dr. Prakash Jiandani	Full time	Intensivist	M.B.B.S., M.D. Gen Medicine	➤ 25 years
3	Dr. Srinivasan	Full time	Intensivist	MD (Int. Med), IDCCM	➤ 12 years
4	Dr. Kiran Shekhade	Full time	Intensivist	M.B.B.S., M.D. (Anesthesiology)	➤ 7 years

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

Yes/No: Since when: 1st January 1997

5. Specialty Department Infrastructure Details :

Facility	Area (sq. ft.)	Available	Not Available
Faculty rooms	284.50 sq. ft	√	
Clinics	324.7 sq.ft	√	
Laboratory Space	6638.39 sq.ft	√	
Seminar room	2651.4 sq.ft	√	
Department Library	92.45 sq.ft + 3rd Flr 1683.59 sq.ft	√	
PG common room			NA
Preclinical lab (where ever applicable)			NA
Patient waiting room	6654.01 sq.ft	√	
Total area	18329.04 sq.ft	√	

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

Year	Name of the Course	No. of students admitted	No. of Mentors available in the dept. (give names)
2019-20	Critical Care Medicine	00	Dr. Conrad Rui Vas, Dr. Vivek Kumar, Dr. Srinivasan Ramanathan, Dr. Kiran Shekhade
2019-20	Critical Care Medicine	01 & 2*	Dr. Conrad Rui Vas, Dr. Srinivasan Ramanathan, Dr. Kiran Shekhade, Dr. Prakash Jiandani (* Student Resigned)
2020-21	Critical Care Medicine	01*	(* Student Resigned)
2021-22	Critical Care Medicine	00	Dr. Conrad Rui Vas, Dr. Srinivasan Ramanathan, Dr. Kiran Shekhade, Dr. Prakash Jiandani

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department: (Annexure 12)

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

Equipment's: List of Important equipment's available and their functional status
(List here only- No annexure to be attached)

Sr.No.	Name of Equipment	Specification	Functional /Not Functional	Qty.
01	Intensive care ventilator	Maquet Medical GmbH; Servo-i, servo-s	Functional	33
02	Defibrillator (Heartstart XL) c Pacing	Philips Healthcare M4735A	Functional	8

03	CRRT System with blood warmer	Gambro Prismaflex	Functional	3
04	Bipap ventilator	Philips Medical System V60	Functional	13
05	Blood gas system with Co-oximetry	Siemens GmbH, Radiometer AG RP500, ABL800	Functional	3
06	Critical Care Besides Monitor	Philips Medical Systems MP50, MP30	Functional	74
07	Ecmo System – Macquet Cardiohelp	Macquet Medical GmbH, Cardiohelp-i	Functional	1
08	Intra aortic balloon pump	Macquet Medical GmbH/Datascope CS100, CS300	Functional	3
09	Pagerwriter Cardiograph	Philips Medical Systems, GE H'Care TC20, MAC1200	Functional	4
10	Portable Ultrasound System	Fujifilm Sonosite INC, Philips H'care, GE S-ICU, HD15, CX50, L7		4

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

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
-	-	-	-	-	-

11. Services provided by the Department:

a) Services

- Intensive Care
- Patient Counseling
- Family Counseling

(b) Ancillary Services: Nil

(f) Others: COUNSELLING PATIENTS AND RELATIVES

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	101.57 sq. ft	19589 sq.ft(SICU+ICU+ ICCU)
2	Equipment's		- Do -
3	Teaching Space		- Do -
4	Waiting area for patients	680 sqft	5974.01 sq.ft(Gr. Flr Lobby+ 6 th Flr Lobby + 1 st Flr Lobby)

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	261.68 sq. ft
Staff (Steno /Clerk).	Yes/No	Professors	284.50 Sq. ft.
Computer/ Typewriter	Yes/No	Associate Professors	223.13 Sq. ft.
Storage space for files	Yes/No	Assistant Professor	74.25 Sq. ft.
		Residents	

14. Clinical Load of Dept. : No of Surgeries / Procedures 6 - 7 Per day

15. Submission of data to National Authorities if any Not Applicable

Information of Director of Training Centre

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

Sr. No.	Particular	-	Information to be filled
01.	Name of the Director	:	Dr. Niraj Uttamani
02.	Date of Birth	:	27.02.1969
03.	Address	:	503, Bld No. 3, Plot H – 61, Aroma CHSL, New Link Road, Oshiwara, Andheri (W), Mumbai – 400 053
04.	Tel. No./ Mob. No.	:	022 6931 8333, 9820019934
05.	E-mail id	:	drniraj@lilavatihospital.com drniraj1@hotmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, DNB(Health Administration including Hospital Administration)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	Attached
09.	Present Appointment	:	Medical Superintendent
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached
12.	Any other relevant information	:	-

Date: - 27/5/22

Name & Sign. of Director

For the use of affiliated Training Center:

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

Sign & Stamp
Head of the Department
Date: 27/5/22

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 27/5/22

Training Centre Round Seal



Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

Information of Mentor of Training Centre

shall be verified by the Head of the concerned Training Center.

Sr. No	Particular	-	Information to be filled																
01.	Name of the Mentor	:	Dr. Conrad Rui Vas																
02.	Date of Birth	:	03 - 11 - 1962																
03.	Address	:	D - 103, Green Lawns, Kapad Bazaar Road, Mahim, Mumbai 400 016																
04.	Tel. No./ Mob. No.	:	022 2446837, 9820125932																
05.	e-mail id	:	conradruivas@lilavatihospital.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	M.B.B.S, M.D., PGDHHM																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	A) General Experience <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Consultant Intensivist</td> <td>1989</td> <td>2022</td> <td>33 yrs</td> </tr> </tbody> </table> B) Experience in the Subject of concerned Fellowship /Certificate Course: <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Consultant Intensivist</td> <td>1989</td> <td>Till date</td> <td>33 yrs</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Consultant Intensivist	1989	2022	33 yrs	Designation	From	To	Total Period (Yrs. & Months)	Consultant Intensivist	1989	Till date	33 yrs
Designation	From	To	Total Period (Yrs. & Months)																
Consultant Intensivist	1989	2022	33 yrs																
Designation	From	To	Total Period (Yrs. & Months)																
Consultant Intensivist	1989	Till date	33 yrs																
09.	Present Appointment	:	Chief Intensivist																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

Date: - 25-05-2022

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility under (W) University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department

Date: 25-05-2022

DR. CONRAD RUI VAS

Consultant & Thesis Guide / Co-Guide

Critical Care Medicine,
Lilavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra (W), Mumbai - 400 050

Date :-

Name & Sign of Mentor

DR. CONRAD RUI VASConsultant & Thesis Guide / Co-Guide
Critical Care Medicine,

Lilavati Hospital & Research Centre

A-791, Bandra Reclamation,

Bandra (W), Mumbai - 400 050

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 27/5/22

Sign of Head of the Institute

Dr. Niraj Uttamani

Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

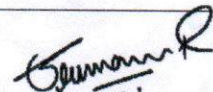
ANNEXURE – “F”

Information of Mentor of Training Centre

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

Sr. No.	Particular	Information to be filled																								
01.	Name of the Mentor	: Dr. Srinivasan Ramanathan																								
02.	Date of Birth	: 04 – 05 – 1980																								
03.	Address	: 601/6/L wing, Neelam Nagar, Mulund East, Mumbai 400 081																								
04.	Tel. No./ Mob. No.	: 9967542424																								
05.	e-mail id	: docsrinivasan@rediffmail.com																								
06.	Nationality	: Indian																								
07.	Qualification in details : (attach documentary proof)	: M.B.B.S., M.D. Internal Medicine, IDCCM																								
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	<table border="1"><thead><tr><th colspan="4">A. General Experience</th></tr><tr><th>Designation</th><th>From</th><th>To</th><th>Total</th></tr></thead><tbody><tr><td>Consultant Intensivist</td><td>2010</td><td>Till Date</td><td>11 yrs 10 mnths</td></tr><tr><th colspan="4">B. Experience in the Subject of concerned Fellowship /Certificate Course:</th></tr><tr><th>Designation</th><th>From</th><th>To</th><th>Total</th></tr><tr><td>Consultant Intensivist</td><td>2010</td><td>Till date</td><td>11 yrs 10 mnths</td></tr></tbody></table>	A. General Experience				Designation	From	To	Total	Consultant Intensivist	2010	Till Date	11 yrs 10 mnths	B. Experience in the Subject of concerned Fellowship /Certificate Course:				Designation	From	To	Total	Consultant Intensivist	2010	Till date	11 yrs 10 mnths
A. General Experience																										
Designation	From	To	Total																							
Consultant Intensivist	2010	Till Date	11 yrs 10 mnths																							
B. Experience in the Subject of concerned Fellowship /Certificate Course:																										
Designation	From	To	Total																							
Consultant Intensivist	2010	Till date	11 yrs 10 mnths																							
09.	Present Appointment	: Full Time Intensivist																								
10.	Publications (List & Proof)	:																								
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 10 years ISCCM and IFCCM approved teacher – critical care FNB and IDCCM approved teacher – critical care																								
12.	Any other relevant information	: Nil																								

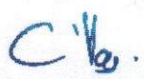
Date: - 25/5/22


Name & Sign. of Mentor




For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.


Sign & Stamp
Head of the Department
Date: 26/5/22

DR. CONRAD RUYVA
Consultant & Thesis Guide / Co-Guide
Critical Care Medicine,
Lilavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra (W), Mumbai - 400 050

Training Centre Round Seal


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 27/5/22 **Dr. Niraj Uttamani**
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

ANNEXURE – “F”

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Teacher of the department

Sr. No.	Particular	Information to be filled																												
01.	Name of the Mentor	: Dr. Kiran Shekade																												
02.	Date of Birth	: 04 – 12 – 1980																												
03.	Address	: Flat No 22, Trimurti Building, J J Hospital Campus, Byculla, Mumbai 400 008																												
04.	Tel. No./ Mob. No.	: 9730204852 / 9922965612																												
05.	e-mail id	: kiranshekhade2000@yahoo.co.in kiran.shekhade@gmail.com .																												
06.	Nationality	: Indian																												
07.	Qualification in details : (attach documentary proof)	: M.B.B.S., M.D. (Anaesthesiology)																												
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	<table border="1"> <thead> <tr> <th colspan="4">A. General Experience</th> </tr> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Senior Registrar</td> <td>2009</td> <td>March 2012</td> <td>03 yrs</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="4">B. Experience in the Subject of concerned Fellowship /Certificate Course:</th> </tr> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Junior Intensivist</td> <td>June 2012</td> <td>March 2016</td> <td>3 years 9 months</td> </tr> <tr> <td>Consultant Intensivist</td> <td>April 2016</td> <td>Till date</td> <td>05 yrs 6 months</td> </tr> </tbody> </table>	A. General Experience				Designation	From	To	Total Period (Yrs. & Months)	Senior Registrar	2009	March 2012	03 yrs	B. Experience in the Subject of concerned Fellowship /Certificate Course:				Designation	From	To	Total Period (Yrs. & Months)	Junior Intensivist	June 2012	March 2016	3 years 9 months	Consultant Intensivist	April 2016	Till date	05 yrs 6 months
A. General Experience																														
Designation	From	To	Total Period (Yrs. & Months)																											
Senior Registrar	2009	March 2012	03 yrs																											
B. Experience in the Subject of concerned Fellowship /Certificate Course:																														
Designation	From	To	Total Period (Yrs. & Months)																											
Junior Intensivist	June 2012	March 2016	3 years 9 months																											
Consultant Intensivist	April 2016	Till date	05 yrs 6 months																											
09.	Present Appointment	: Full Time Intensivist																												
10.	Publications (List & Proof)	:																												
11.	Post Graduate Teaching experience (Attach documentary evidence)	: FNB Approved teacher 6 years as Junior Consultant and Consultant																												
12.	Any other relevant information	: Nil																												

Date: - 26/5/22

Name & Sign. of Mentor



For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date: 26/5/22

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 27/5/22

Dr. Niraj Uttamani

Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

DR. CONRAD RUI VAS
Consultant & Thesis Guide / Co-Guide
Critical Care Medicine,
Lilavati Hospital & Research Centre
A-791, Bandra Reclamation,
Bandra (W), Mumbai - 400 050

Training Centre Round Seal

ANNEXURE – “G”**Information of Co-ordinator of Training
Centre**

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

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: Dr. Madhumita Bhattacharjee
02.	Date of Birth	: 07 th January 1966
03.	Address	: 506, Grace Pinnacle, Dadabhai Cross Road 1, Near Bhavan's College, Andheri (W), Mumbai 400058
04.	Mob. No.	: 9869436379
05.	E-mail id	: drmbhattacharjee@lilavatihospital.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, DGO
08.	Present Appointment	: Director Clinical Research at Lilavati Hospital & Research Centre
09.	Any other relevant information	NIL

Date: 26.05.2022

M Bhattacharjee
Sign. of Co-ordinator

M Bhattacharjee
Sign & Stamp
Head of the Department
Date: 26.05.2022

Niraj Uttamani
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 27/5/22

Dr. Madhumita Bhattacharjee
Director Clinical Research
Lilavati Hospital & Research Centre
A-791, Bandra (W) Mumbai - 400 050.

Training Centre Round Seal



Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.

DECLARATION

I, the ~~Dean / Director/ Principal~~ **Dr. Niraj Uttamani** (Medical Superintendent) of the Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure-A, E & F** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure A, E & F** are staying in the same city / ~~town / village~~ where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /~~Institute~~ is situated and having the valid proof of residence of the said city / ~~town / village~~. The teachers in the **Annexure A, E & F** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

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

This declaration is voluntarily signed by me on 27 Day of MAY 2022 At 2:00pm

Date: 27/5/22

Place: .Mumbai



Signature of ~~Dean/Principal/Director~~
Name of the Signatory
(With Seal of the Training Centre)

Dr. NIRAJ UTTAMANI
MEDICAL SUPERINTENDENT

Dr. Niraj Uttamani
Medical Superintendent
Lilavati Hospital and
Research Centre
Bandra (W), Mumbai - 400 050.