

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

Title of the Course applied for:- Gastrointestinal & Hepato Pancreatico Biliary Pathology

This to Certify that Dr. Chandralekha Tampi has worked in the Department of Gastrointestinal & Hepato Pancreatico Biliary Pathology of Lilavati Hospital & Research Centre Training Centre as per following details

## A) General Experience

Designation	From	To	Total period Year/Months
Pathologist	1989	2000	11 yrs

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

Designation	From	To	Total period Year/Months
Full Time Senior Consultant Histopathologist	2000	Till Date	22 yrs

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

*Chandralekha Tampi*

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



*Niraj Uttamani*

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

**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:- Gastrointestinal & Hepato Pancreatico Biliary Pathology

This to Certify that Dr. Asha Mary George has worked in the Department of Gastrointestinal & Hepato Pancreatico Biliary Pathology of Lilavati Hospital & Research Centre Training Centre as per following details

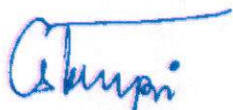
### A) General Experience

Designation	From	To	Total period Year/Months	
Pathologist	2003	2013	10 yrs	

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

Designation	From	To	Total period Year/Months	
Full Time Consultant Histopathologist	2013	Till Date	09 yrs	

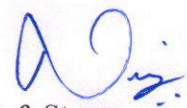
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp

Head of the Department

Date 25-05-2022

Sign & Stamp

Dean/Principal/Head of Institute

Date 21/5/22

**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 )		Lilavati Hospital & Research Centre 761405739 Dated:29.03.1996 1996 – Mark as Appendix 'B'
	i) Name of the Hospital		
	ii) Nursing Home Registration No.		
04	iii) Establishment Year		
	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
04	iv) E-mail ID:academics.lilavati@gmail.com		Tele:022 69318000
	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)
	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 RequiredRequired 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 <sup>th</sup> Nov 2014 Clinical Haematology Dated 08 <sup>th</sup> Nov 2014 Critical Care Medicine Dated 09 <sup>th</sup> Feb 2018 GI & HPB Pathology Dated 04 <sup>th</sup> Oct 2018 Infectious Diseases Dated 17 <sup>th</sup> Aug 2018 Microsurgery Dated 09 <sup>th</sup> Feb 2018
			Copy of Management Resolution attached?
			*Yes/No– Mark as Appendix 'D'



09	<b>Other Information:</b>	
	a) Land:	*Yes/No. If yes, then Area: <b>310300</b>
	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: <b>E-6892</b> Dated . . . . . At (Place): <b>Mumbai</b> 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:	<b>310300</b> 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	
Biopsies & Resections	2944	Biopsy	349
Cytology	417	Resections	296
Gynaec Cytology	845	Cytology	48

**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 PM	.....	
• Daily admissions	.....	
• Daily admissions in Dept.		
• Through casualty at 10am	.....	
• Bed occupancy in the Dept.		
• Number of patients in ward (IPD) at 10AM	.....	
• Percentage bed occupancy at 10Am	.....	

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

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

Sr. No	Clinical Procedure	On Inspection day	Average of random 3 days
1.	Frozen Section	5	4 + 5 + 1 = 10
2.	Cytology	2	4 + 2 + 3 = 9
3.	Gynaec	20	20 + 20 + 13 = 53
4.	Biopsy	7	9 + 7 + 11 = 27
5.	Specimen	5	4 + 6 + 4 = 14
6.	Complex Specimen	2	5 + 2 + 1 = 8
7.	Immunofluorescence	0	0 + 0 + 2 = 2
8.	IHC	40	48 + 47 + 26 = 121
9.	Special Stain	6	7 + 9 + 8 = 24
10.	Embedding/Cutting/Submission	110	216 + 130 + 174 = 520



**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



Sign &amp; Stamp

Head of the Department

Date: 25-05-2022



Sign &amp; Stamp

Dean/ Principal/ Director of Training Centre



Training Centre Round Seal



**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: Gastrointestinal & Hepato Pancreatic Biliary Surgery Pathology
2. Date on which independent department of created and started 1<sup>st</sup> January 1997 :functioning concerned specialty was

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. Chandralekha Tampi	Full Time	Consultant	MD(pathology), MBBS	28 years
2	Dr. Asha George	Full Time	Consultant	MD(pathology), MBBS	17 years
3	Dr. Nitin Chavan	Full Time	Consultant	MD (Pathology), MBBS	15 years
4	Dr. Kashvi Mehta	Full Time	Consultant	MD(Pathology), MBBS	18 years
5	Dr. Fatema Rangwala	Full Time	Consultant	DNB(Pathology), MBBS	12 years

*mentors*  
*Teachers*  
*S.B. Salun*  
*02.08.2021*

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :  
Yes/No: ..... Since when: 1<sup>st</sup> January 1997
5. Specialty Department Infrastructure Details :

Facility	Area (sq.ft.)	Available	Not Available
Faculty rooms	85.50 + 74.25 = 159.75	√	
Clinics	85.50 + 74.25 = 159.75	√	
Laboratory Space	597.60	√	
Seminar room	2651.4 sq.ft	√	
Department Library	3rd Flr 1683.59 sq.ft	√	
PG common room	-		NA
Preclinical lab (where ever applicable)	-		NA
Patient waiting room	1884.46 sq.ft	√	
Total area	6976.08sq.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	GI & HPB Pathology	01	Dr. Chandralekha Tampi, Dr. Nitin Chavan
2020-21	GI & HPB Pathology	01	Dr. Asha George, Dr. Fatema Rangwala, Dr. Kashvi Mehta.
2020-22	GI & HPB Pathology	01 & 1*	(*Student Resigned)

(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.
1	Tissue Processor		Functional	1
2	Auto Stainer IHC		Functional	1
3	HE Autostainer		Functional	1
4	Tissue Embedding Machine		Functional	1



5	Microtome		Functional	2
6	Frozen Cutting Machine Cryostat		Functional	1
7	Cytospin		Functional	1

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

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

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

- Microbiology
- Serology
- Infection Control
- Biochemistry
- Haematology
- Clinical Pathology
- Automated Tissue Processing
- Automated Staining
- Immuno Histo Chemistry (IHC)
- **Colored Surgical Inking** of margins of tissue samples-

(b) Ancillary Services: Nil

(f) Others: Patient and Family Counselling

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	$85.50 + 74.25 = 159.75$	$85.50 + 74.25 = 159.75$
2	Equipment's	597.60	597.60
3	Teaching Space	$159.75 + 597.60 = 757.35$	$159.75 + 597.60 = 757.35$
4	Waiting area for patients	1884.46	1884.46

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

14. Clinical Load of Dept. : No of Surgeries / Procedures 86 Per day

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

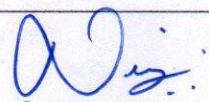


**Information of Director of Training Centre**


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	:	<a href="mailto:drniraj@lilavatihospital.com">drniraj@lilavatihospital.com</a> <a href="mailto:drniraj1@hotmail.com">drniraj1@hotmail.com</a>
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:

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**

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

Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Chandrelekha Tampi																
02.	Date of Birth	:	5 <sup>th</sup> December 1960																
03.	Address	:	1030, Blossom, Dosti Acres, Antop Hill, Wadala (E), Mumbai -400031, INDIA																
04.	Tel. No./ Mob. No.	:	(+91) 9821078502 ; (+91) 7021691166																
05.	e-mail id	:	chandrelekhatampi@gmail.com																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MD (Pathology), MBBS																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	<b>A) General Experience</b> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. &amp; Months)</th> </tr> </thead> <tbody> <tr> <td>Pathologist</td> <td>1989</td> <td>2000</td> <td>11 Years</td> </tr> </tbody> </table> <b>B) Experience in the Subject of concerned Fellowship /Certificate Course:</b> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. &amp; Months)</th> </tr> </thead> <tbody> <tr> <td>Full Time Consultant Histopathologist</td> <td>2000</td> <td>Till date</td> <td>22 yrs</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Pathologist	1989	2000	11 Years	Designation	From	To	Total Period (Yrs. & Months)	Full Time Consultant Histopathologist	2000	Till date	22 yrs
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09.	Present Appointment	:	Full Time Consultant Histopathologist																
10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

Date: - 25-05-2022

Name &amp; 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: 25-05-2022

Sign & Stamp  
Dean/ Principal/ Director of Training Centre

Date: 27-05-2022

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



Training Centre Round Seal



**Information of Mentor of Training Centre**

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

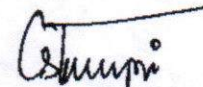
Sr. No	Particular	-	Information to be filled																
01.	Name of the Faculty/Teacher	:	Dr. Asha Mary George																
02.	Date of Birth	:	16 <sup>th</sup> February 1972																
03.	Address	:	Flat No. 92, BPCL Colony, Azizbaug Chembur, Mumbai 400074																
04.	Tel. No./ Mob. No.	:	9820488284																
05.	e-mail id	:	asha_marygeorge@yahoo.co.in																
06.	Nationality	:	Indian																
07.	Qualification in details : (attach documentary proof)	:	MD (Pathology), MBBS(first class)																
08.	Teaching experience / Medical: Profession experience /Consultant/Mentor (Attached document proof with signature of Head)	:	<b>A) General Experience</b> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. &amp; Months)</th> </tr> </thead> <tbody> <tr> <td>Pathologist</td> <td>2003</td> <td>2013</td> <td>10 Years</td> </tr> </tbody> </table> <b>B) Experience in the Subject of concerned Fellowship /Certificate Course:</b> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. &amp; Months)</th> </tr> </thead> <tbody> <tr> <td>Full Time Consultant Histopathologist</td> <td>2013</td> <td>Till date</td> <td>9 yrs</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Pathologist	2003	2013	10 Years	Designation	From	To	Total Period (Yrs. & Months)	Full Time Consultant Histopathologist	2013	Till date	9 yrs
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10.	Publications (List & Proof)	:	List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached																
12.	Any other relevant information	:	-																

Date: - 25-05-2022

Name &amp; 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: 25-05-2022

Sign &amp; 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.



**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 <sup>th</sup> 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

*A. J.*  
Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 27/5/22

**Dr. Madhumita Bhattacharjee** Training Centre Round Seal  
Director- Clinical Research  
Lilavati Hospital And Research Centre  
A 731, Bandra Reclamation,  
Bandra (West), Mumbai - 400 050.



**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.