

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

Title of the Course applied for:- Microsurgery

This to Certify that **Dr. Samir Madhukar Kumta** has worked in the Department of Microsurgery of Lilavati Hospital & Research Centre Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months
Lecturer In Plastic Surgery	1986	1990	04 years

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

Designation	From	To	Total period Year/Months
Consultant in Plastic Reconstructive Surgery	1990	Till Date	32 years

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

*Samir Kumta*

Sign & Stamp

Head of the Department

Date 25-05-2022



*Niraj*

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:- Microsurgery

This to Certify that Dr. Shrirang Purohit has worked in the Department of Microsurgery of Lilavati Hospital & Research Centre Training Centre as per following details

### A) General Experience

Designation	From	To	Total period Year/Months	
Lecturer In Plastic Surgery	1986	1990	04 years	

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

Designation	From	To	Total period Year/Months	
Consultant in Plastic Reconstructive Surgery	1990	Till Date	32 years	

(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 27/5/22

**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: <u>9869436379</u> Tele: <u>022029318000</u>		
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: <u>1996</u>		
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- <u>Marked as Appendix 'A'</u>		
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 <u>761405739 Dated:29.03.1996</u> <u>1996 – Mark as Appendix 'B'</u>		
04	i) Name of the Training Centre /Institute where course is to be conducted:	Lilavati Hospital & Research Centre		
	ii) Postal Address, with PIN: <u>400 050</u>			
	iii) Contact Details: <u>022 69318000</u>	Mob: <u>9869436379</u> Tele: <u>022 69318000</u>		
	iv) E-mail ID: <u>academics.lilavati@gmail.com</u>			
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>06 - Six</u> Approved Intake Capacity <u>07 - seven</u> ... Affiliated Since: <u>2016</u> (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 <u>1 in each course</u> (if Necessary Attach separate List)		
06	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)		
07	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No- <u>Mark as Appendix 'C'</u>		
08	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 :- <u>Mark as Appendix C.1</u>		
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- <u>Mark as Appendix 'D'</u>		



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/ <del>No</del> – Mark as Appendix 'E'
	ii) Whether the land is registered?	*Yes/ <del>No</del> . If yes, Registration Number: <b>E-6892</b> Dated . . . . . At (Place): <b>Mumbai</b> Copy of Land Registration Certificate attached? *Yes/ <del>No</del> . – 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/ <del>No</del>  – 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 237
IPD (Total No. of Patients admitted)	10536	IPD (Total No. of Patients admitted)	66

**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	.....	05
• Daily admissions	.....2.....	01
• Daily admissions in Dept.	.....	-
• Through casualty at 10am	.....01.....	-
• Bed occupancy in the Dept.	.....5.....	02
• Number of patients in ward (IPD) at 10AM	.....5.....	02
• Percentage bed occupancy at 10Am	.....1.5%.....	0.6%

- 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
Left middle finger tip injury	0	01
Debridment + Flap in set	1	01
Debridment+Cleaning of Abscess	1	01
Breast Liposuction	0	01
Bilateral Partial Mastectomy	1	01



**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: Microsurgery
2. Date on which independent department of: functioning concerned specialty was created and started  
1<sup>st</sup> January 1997
3. Mentor's 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. Samir Madhukar Kumta	Full time Consultant in Reconstructive Surgery	Consultant in Reconstructive Surgery	M.B.B.S., M.S., M.Ch.	36 years
2	Dr. Shrirang Keshav Purohit	Full time Consultant in Reconstructive Surgery	Consultant in Reconstructive Surgery	M.B.B.S., M.S., M.Ch.	36 years
3	Dr. Leena Jain	Full time Consultant in Reconstructive Surgery	Consultant in Reconstructive Surgery	M.B.B.S., M.S., M.Ch.	14 years

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 (sft.)	Available	Not Available
Faculty rooms	129.60 (18 – A)	√	
Clinics	129.60 (18 – A)	√	
Laboratory Space	6638.39 sq.ft	√	
Seminar room	2651.4 sq.ft	√	
Department Library	3 <sup>rd</sup> Flr 1683.59 sq.ft	√	
PG common room	-		NA
Pre-clinical lab (where ever applicable)	-		NA
Patient waiting room	680.00 sq.ft	√	
Total area	11781.99 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 3years:

Year	Name of the Course	No. of students admitted	No. of Mentors available in the dept. (give names)
2018-19	Microsurgery	01	Dr. Samir Madhukar Kumta
2019-20	Microsurgery	01	Dr. Shrirang Keshav Purohit Dr. Leena Jain
2020-21	Microsurgery	*01	* Resigned from the Institute
2021-22	Microsurgery	00	-

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the 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	Operating Microscope		Functional	2
2	Microvascular Instrument		Functional	2
3	General plastic surgical Instrument		Functional	1
4	Skin Dermatome and Mesher		Functional	1
5	Drill and Saw Machine		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

i. OPD & IPD

ii. DIAGNOSTIC & PROCEDURE

(b) Ancillary Services: YES

(f) Others: Patient and Family Counselling

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	129.60	Ward
2	Equipment's	129.60	Ward
3	Teaching Space	129.60	Ward
4	Waiting area for patients	2205.09 + 680 Gr. lobby + OPD area	13191.22 (All Lobbies.1, 6-11)

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 Profess or	
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures )0 – 1 Per day

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



**ANNEXURE – “E”****Information of Director of Training Centre**

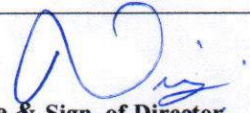
It shall be verified by the Head of the concerned Training Center,

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 &amp; 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 &amp; Stamp

Head of the Department

Date: 27/5/22



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 – “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. Samir Madhukar Kumta																
02.	Date of Birth	: 16 – 06 - 1960																
03.	Address	: 1, Vikas, Vinaya Society, Bhagoji Keer Marg, Mahim, Mumbai, 400016																
04.	Tel. No./ Mob. No.	: 022 24459941, 9820120369																
05.	e-mail id	: samir.kumta@gmail.com																
06.	Nationality	: Indian																
07.	Qualification in details : (attach documentary proof)	: M.B.B.S., M.S., M.Ch.																
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)	<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>Consultant in Plastic Reconstructive Surgery</td> <td>6-1-1998</td> <td>Till date</td> <td>23 yrs 10 mnths</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>Consultant in Plastic Reconstructive Surgery</td> <td>6-1-1998</td> <td>Till date</td> <td>23 yrs 10 mnths</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Consultant in Plastic Reconstructive Surgery	6-1-1998	Till date	23 yrs 10 mnths	Designation	From	To	Total Period (Yrs. & Months)	Consultant in Plastic Reconstructive Surgery	6-1-1998	Till date	23 yrs 10 mnths
Designation	From	To	Total Period (Yrs. & Months)															
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Designation	From	To	Total Period (Yrs. & Months)															
Consultant in Plastic Reconstructive Surgery	6-1-1998	Till date	23 yrs 10 mnths															
09.	Present Appointment	: Consultant in Plastic Reconstructive Surgery																
10.	Publications (List & Proof)	: List Attached																
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Attached																
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.

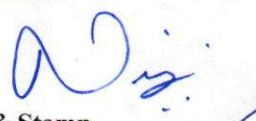


 Sign & Stamp  
 Head of the Department

Date: 25/5/22



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,**

Sr. No.	Particular	Information to be filled																								
01.	Name of the Mentor	: Dr. Shrirang Keshav Purohit																								
02.	Date of Birth	: 28 – 02 – 1961																								
03.	Address	: 5, Abhang Sahitya Sahawas, Bandra (E), Mumbai 400 051																								
04.	Tel. No./ Mob. No.	: 022 26592572, 9821093107																								
05.	e-mail id	: shrirangpurohit@gmail.com																								
06.	Nationality	: Indian																								
07.	Qualification in details : (attach documentary proof)	: M.B.B.S., M.S., M.Ch.																								
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. &amp; Months)</th></tr></thead><tbody><tr><td>Consultant in Plastic Reconstructive Surgery</td><td>26-2-2002</td><td>Till date</td><td>19 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 Period (Yrs. &amp; Months)</th></tr><tr><td>Consultant in Plastic Reconstructive Surgery</td><td>26-2-2002</td><td>Till date</td><td>19 yrs 10 mnths</td></tr></tbody></table>	A. General Experience:				Designation	From	To	Total Period (Yrs. & Months)	Consultant in Plastic Reconstructive Surgery	26-2-2002	Till date	19 yrs 10 mnths	B. Experience in the Subject of concerned Fellowship /Certificate Course:				Designation	From	To	Total Period (Yrs. & Months)	Consultant in Plastic Reconstructive Surgery	26-2-2002	Till date	19 yrs 10 mnths
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10.	Publications (List & Proof)	: List Attached																								
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Attached																								
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: 22/5/22

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-ordinatorM. Bhattacharjee  
Sign & Stamp  
Head of the Department  
Date: 26.05.2022Sign & Stamp  
Dean/ Principal/ Director of Training Centre  
Date: 27/5/22

Training Centre Round Seal

**Dr. Madhumita Bhattacharjee**  
Director- Clinical Research  
Lilavati Hospital And Research Centre  
A-791, 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.