महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हसरुळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik-422004
Tel: (0253) 2539206/302/197 Student Helpline: (0253) 2539111/6659111
Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in

Application for Continuation of Affiliation for Fellowship/Certificate Course(s)

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

To,

The Registrar,
Maharashtra University of Health Sciences,
Vani – Dindori Road, Mhasrul,
Nashik 422 004.

Sir,

I am/We are herewith submitting the Application with a request under section 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my/our Institute for renewal of Fellowship / Certificate Course in, ...Assisted Reproduction Techniques with an Intake Capacity of..2.... Students, from the Academic Year 2027-28.

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever notapplicable)
  (Renewal of Affiliation/Continuation/Compliance Verification)
- **Date of last inspection of the department:** _____
  (Write Not Applicable for first inspection)
- **Purpose of Last Inspection:** Renewal of fellowship Courses
- **Result of last Inspection:** Renewal Granted.
  (Copy of University Letter to be attached)
- **Fellowship/Certificate Course Co-ordinator Details:**
  Name: Mrs Asmi Chandorkar
  Mobile/Telephone no.: 8369 2633 13 / 988 17 12354
  e-mail id: asmi.omega@gmail.com

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Tel: (0253) 2539206/302/197 **Student Helpline:** (0253) 2539111/6659111
Website: www.muhs.ac.in, **E-mail:** fccc@muhs.ac.in

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(As per provisions of the Maharashtra University of Health Sciences Act, 1998.and University Rule / Guidelines)

To,

The Registrar,
Maharashtra University of Health Sciences,
Vani – Dindori Road, Mhasrul,
Nashik 422 004.

Sir,

I am/We are herewith submitting the Application with a request under section 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my/our Institute for renewal of Fellowship / Certificate Course in, Minimal Access Surgery - Gynecology with an Intake Capacity of . 2. . Students, from the Academic Y ear 2027-28.

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever notapplicable)
  (Renewal of Affiliation/Continuation/Compliance Verification)
- **Date of last inspection of the department:** _____
  (Write Not Applicable for first inspection)
- **Purpose of Last Inspection:** Renewal of fellowship Courses
- **Result of last Inspection:** Renewal Guranted.
  (Copy of University Letter to be attached)
- **Fellowship/Certificate Course Co-ordinator Details:**

  Name: Mrs Asmi Chandarkar

  Mobile/Telephone no.: 8369263313 / 9881712354

  e-mail id: asmi.omega@gmail.com.

PART – I
(INSTITUTIONAL INFORMATION)

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

Name: Dr. C.A Shembekar **Age:** 53 *(Date of Birth)* 03-08-1969

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	Obg y	1995	GMC, Nagpur	Nagpur

Teaching Experience :

Designation	Institution	From	To	Total Exp.
Assistant Professor	GMC, Nagpur	1995	1997	2 yrs
Associate Professor/Reader				
~~Professor~~ Registrar	GMC, Nagpur	1993	1995	2 yrs
Any Other		Grand Total		4 yrs

2. **Management/Society/Inst. Information:**

01	i) **Name of the Society/Institution/ College/University Department:**	Shembekar Hospitals Pvt. Ltd.
	ii) Postal Address, with PIN:	53, LIC Colony, Khamla Road, Nagpur-440015
	iii) Contact Details:	**Mob:** 9822572744 **Tele.:**
	iv) E-mail ID:	
02	**Society/Institution/College Registration Number and date:**	i) Public Trust Act 1950: .....
		ii)Society's Registration Act.1860:.....
		iii) Year of establishment: Pvt. Ltd Since 2009
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No *(Required to upload said documents on Training Centre website)*
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	Shembekar Hospitals Pvt. Ltd 955 12-06-2015 *(Required to upload said documents on Training Centre website)*
04	**i) Name of the College/Institute where Course is to be conducted:**	Shembekar Hospitals Pvt Ltd.
	ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	53, LIC Colony, Khamla Road Nagpur 440015 Mob: 9822572714 Tele: 0712-2221244
	v) List of University approved Fellowship/Certificate Course(s) **conducted / already running** at Training Centre with Intake Capacity	Name of the Course (s) Fellowship Course in Assisted Reproduction techniques... Minimal access surgery - gynecology **Approved Intake Capacity** 2/2 **Affiliated Since** 2016-17 **(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) ..... Required Intake Capacity N.A **(if necessary Attach separate List)**
05	Fee details : Click on link to Online Payment (www.muhs.ac.in- Dashboard- Online Payment – Fellowship (UDC) Department- Process- University Dept. Cell (Fellowship/Certificate Dept. Fees)	Valid Online Receipt Attached? *Yes / No.
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No *(Required to upload said documents on Training Centre website)*
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 2025-26 Rs. 40 lakh
08	Management Resolution seeking Recognition of Institute for FC/CC of MUHS, Nashik:	Resolution No. ..... dated ..... Copy of Management Resolution attached? *Yes/No

09	**Other Information:**	
	a) Land:	*~~Yes~~/No. If yes, then Area: .6.0.0.0. Sq feet
	i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *~~Yes~~/No *(Required to upload said documents on Training Centre website)*
	ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: ..... dated .... at (Place): ..... Copy of Land Registration Certificate attached? *Yes/No *(Required to upload said documents on Training Centre website)*
	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. *(Required to upload said documents on Training Centre website)*
	b) Building: i) Total built-up area:	Area in. ..... sq. ft. Certified copy of Building Plan attached? *~~Yes~~/No *(Required to upload said documents on Training Centre website)*

3. Central Library

- Total number of Books in library: 1536
- ☐ Books pertaining to concerned Fellowship subject: 498
- ☐ Purchase of latest editions of concerned books in last 3 years: - 143

- Journals:

Journals	Total	concerned Fellowship subject
Indian	17	10
Foreign	16	6

- Year / Month up to which latest Indian Journals available: Sept - 2025
- Year / Month up to which latest Foreign Journals available: sep - 2025
- Internet / Med pub / Photocopy facility: ~~available~~ / not available
- Library opening times: 8am - 8pm
- 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: Fellow Students

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	-	-	3	3	-	-
No. of Students	-	-	-	2	-	-
Status of Cleanliness			good	good		

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

7. Ethical Committee (Constitution): ~~YES~~/NO Attached to IEC, Dhantoli Nagpur

8. **Medical Education Unit (Constitution):** YES/NO *(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) - N - A -

PART – II

(HOSPITAL INFORMATION)

1. **Name of the Hospital:** Shembekar Hospitals Pvt. Ltd.

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	32800	OPD	20500
IPD (Total No. of Patients admitted)	6100	IPD (Total No. of Patients admitted)	5250

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

In the entire hospital	
No. of Beds	31
No. of Beds in ICU	2
No. of Beds in IRCU	—
No. of Beds in SICU	2
No. of Major O.T.	1
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. at 10AM	.....	.....
• Number of patients in ward (IPD)	.....	.....
• 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)*

	On Inspection day	Average of random 3 days
•	.....	
☐	.....	.....
☐	.....	.....
☐	.....	.....
☐	.....	.....

5. **Casualty: / Emergency Department:**

Space	2000 Sq. feet
Number of Beds	4
No. of cases (Average daily OPD and Admissions):	90-95 / 10-12
Emergency Lab in Casualty (round the clock):	~~Available~~ / Not Available
Emergency OT and Dressing Room	Yes
Staff (Medical/Paramedical)	Yes
Equipment available	Yes

6. **Blood Bank:** – NA – (MOU & Blood Bank within 2km)

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(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	On Inspection day

7. **Central Laboratory:**
   - Controlling Department: Outsourced
   - No of Staff: –
   - Equipment Available: Attach separate List –
   - Working Hours: –

8. **Central supply of Oxygen / Suction:** ~~Available~~ / Not available

9. **Central Sterilization Department** ~~Available~~ / Not available

10. **Ambulance (Functional)** ~~Available~~ / Not available (Outsourced)

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:** Computerized / Non computerized
    ICD X classification Used / Not used

Sign & Stamp
Head of the Department
Date:

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

Sign & Stamp
Dean/Principal/Head of Institute
Date:

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

SHEMBEKAR HOSPITALS PVT. LTD. Reg. No. 955

College / Institute Round Seal

PART – III

(To be filled by the Local Inquiry Committee)

(Assisted Reproduct. Technique)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : Fellowship Course in ART & MAS-Gynec (Minimal Access Surgery-Gynecology)
2. Date on which independent department of functioning concerned specialty was created and started : 16/06/2007

3. Faculty 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 CA Shembekar	Full time	Consultant	MD (Obsg)	25 yrs.

4. Whether Independent Department of concerned Fellowship/Certificate subject exists in the Institution: ~~Yes~~/No: ..... Since when: 16/06/2007

5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200	Yes	
Clinics	300	Yes	
Laboratory Space	Outsourced	Yes	
Seminar room	2000	Yes	
Department Library	800	Yes	
PG common room	200	Yes	
Preclinical lab (where ever applicable)	– NA –		
Patient waiting room	500	Yes	
Total area	3500		

6. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years:

Sr. No.	Name of Fellowship/ Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Fellowship Course in Assisted Reproduction Please write name of course (s) Techniques & Minimal acess to Surgery- Gynecology.	A.Y. 2020 - 2021	02 : 02	02 : 01
		A.Y. 2021 - 2022	02 : 02	02 : 01
		A.Y. 2022 - 2023	02 : 02	02 : 02
		A.Y. 2023 - 2024	02 : 02	02 : 01
		A.Y. 2024 - 2025	02 : 02	02 - 01

(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:

Sr. No.	Name	Designation
1	Vikas Gawkar	OT Staff
2	Pratima Meshram	OT Incharge.

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 the Equipment	Specification	Functional / Not Functional	Qty.
1	Incubatours	Heracell	Functional	4
2	Micromanipulator	Narishige Japan	Functional	1

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

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
1	Infertility	Mon to Sat	11 am-6pm	70-75	Dr CA Shembekar
2	Antenatal	Mon to sat	11am-6pm	80-90	Dr Kalpana Jethq

11. **Services provided by the Department:**

a) Services

i. Infertility

ii. Antenatal Clinic

iii. Gynecology, Menopause, Colposcopy, Gynac Oncology

(b) Ancillary Services

(c) Others: fertility Counselling, Adoloscent Clinic

12. **Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	Yes	Yes
2	Equipment's	Available	Available
3	Teaching Space	Yes	Yes
4	Waiting area for patients	Yes	Yes

13. **Office space:**

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

14. **Clinical Load of Dept.** : **No of Surgeries / Procedures** 8-10 **Per day**

15. **Submission of data to National Authorities if any:** Data Submitted to Nagpur Municipal Corporation.

16. **Overall Impression:** *(To be filled by the Local Inquiry Committee)*

Particular	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		
Library facilities		
Equipment		
Overall Department Assessment		

17. **Any Other Observations & Overall Remarks of The Local Inquiry Committee** (Not More Than 3 Lines): *(To be filled by the Local Inquiry Committee)*

Sr. No.	Particular	-	
01.	Recommendation for Recognition of the Institute (If applicable)	:	
02.	Recommendation for Starting New Fellowship / Certificate Courses (If applicable)	:	
03.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:	
04.	Recommendation for Increase in Intake of Fellowship / Certificate Courses (If applicable)	:	

	Name of the LIC Chairman/Members	Signature
01		
02		
03		

भारतीय गुणवत्ता परिषद्
QUALITY COUNCIL OF INDIA
QCI Creating an Ecosystem for Quality

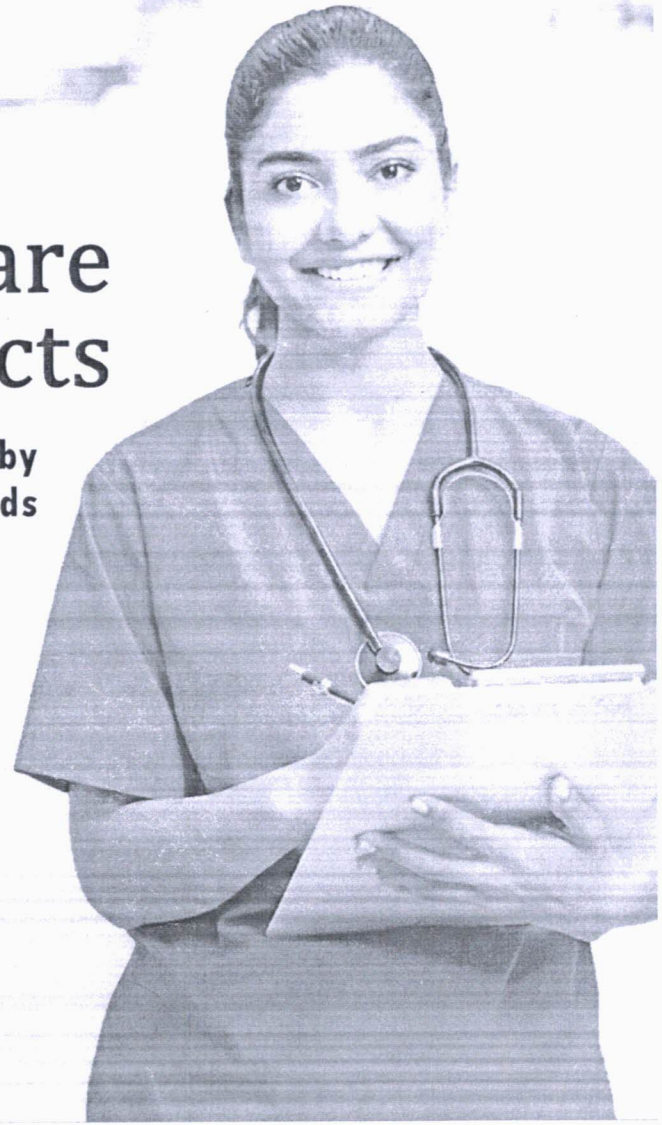
राष्ट्रीय अस्पताल और स्वास्थ्यचर्या-प्रदाता प्रत्यायन बोर्ड
National Accreditation Board For Hospitals and Healthcare Providers

Logo Design
Collaboration

Healthcare That Connects

Seamless digital care, verified by NABH standards

From online appointments to digital prescriptions and remote follow-ups, our NABH-certified hospital ensures a seamless healthcare experience backed by trusted quality standards.



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ANNEXURE – "I"

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 Chaitanya Shembekar
02.	Date of Birth	:	03-08-1969
03.	Address	:	21, Ram Krishna, Nagar, Nagpur - 4400
04.	Tel. No./ Mob. No.	:	9822 572744
05.	e-mail id	:	Chaitanyashembekar @ Yahoo.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MD (Obgy)
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)	:	Registrar → 1993-95 (2 yrs) Astt-Prof → 1995-97 (2 yrs) Guide → 2016-2026 (10 yrs)
09.	Present Appointment	:	Managing Director
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	5 years
12.	Any other relevant information	:	

Date: - 12/10/2022

Name & Sign. of Mentor

DR. C. A. SHEMBEKAR
M. D
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

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 Ordinance No. 01/2022 (Amended).

Sign & Stamp
Head of the Department
Date:

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

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

DR. C. A. SHEMBEKAR
M. D
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

Training Centre Round Seal

SHEMBEKAR HOSPITALS PVT. LTD. Reg. No. 955

SHEMBEKAR HOSPITALS PVT. LTD. Reg. No. 955

ANNEXURE – "I"

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 Chaitanya Shembekar
02.	Date of Birth	:	03-08-1969
03.	Address	:	21, Ramkrishna Nagar, Nagpur - 4400
04.	Tel. No./ Mob. No.	:	9822572744
05.	e-mail id	:	Chaitanyashembekar@yahoo.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MD (Obgy)
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)	:	Registrar → 1993 - 95 (2yrs) Astt. Prof → 1995 - 97 (2yrs) Guide → 2016 - 2026 (10yrs)
09.	Present Appointment	:	Managing Director
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	5 years
12.	Any other relevant information	:	

Date: - 12/10/2022

Name & Sign. of Mentor

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 57862

For the use of affiliated Training Center:

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Sign & Stamp
Head of the Department
Date:

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 57862

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

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 57862

HOSPITALS PVT. LTD. SHEMBEKAR Reg. No. 955

Training Centre Round Seal

HOSPITALS PVT. LTD. SHEMBEKAR Reg. No. 955

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/~~Certificate~~ Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. Chaitanya Shembekar ..... has worked in the Department of. Shembekar hospital Pvt. Ltd. ..... College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
Registrar	1993	1995	2 yrs	
Astt Prof	1995	1997	2 yrs	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Fellow Guide & Mentor	2016	2026	10 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:

DR. C. A. SHEMBEKAR
M. D
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

Sign & Stamp Dean/Principal/Head of Institute

Date:

DR. C. A. SHEMBEKAR
M. D.
OBSTETRICIAN & GYNAECOLOGIST
REG. No. 67862

SHEMBEKAR HOSPITALS PVT. LTD. Reg. No. 955

Recommended / Not Recommended

Signature with date of LIC Chairman/Member

SHEMBEKAR HOSPITALS PVT. LTD. Reg. No. 955

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for: -

This is to Certify that Dr. Chaitanya Shembekar has worked in the Department of Shembekar hospitals Pvt. Ltd. College / Institutes as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
Registrar	1993	1995	2 yrs	
Astt. Prof	1995	1997	2 yrs	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Fellow Guide f Mentor	2016	2026	10 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:

Sign & Stamp Dean/Principal/Head of Institute

Date:

DR. C. A. SHEMBEKAR M. D. OBSTETRICIAN & GYNAECOLOGIST REG. No. 67862

DR. C. A. SHEMBEKAR M. D. OBSTETRICIAN & GYNAECOLOGIST REG. No. 67862

SHEBEKAR HOSPITALS Reg. No. 955

SHEBEKAR HOSPITALS PVT. LTD. Reg. No. 955

Recommended / Not Recommended

Signature with date of LIC Chairman/Member

(This is original copy for payee.) 2026 - 2027

S5048

Academic Year : 2026 - 2027

MUHS

Maharashtra University of Health Sciences

Original Copy

Receipt No : 2656048/2627 **Date :** Tuesday, 22 September, 2026

Under Section : [5048] Fellowship & Certificate Dept.

Received From : Dr. Chaitanya Shembekar

Narration : University Dept. Cell (Fellowship & Certificate Dept.) Fees [FELLOWSHIP IN ART RENEWAL FEE]

Email Address : asmi.omega@gmail.com **Mobile No. :** 8369263313

On Account Of	Amount [Rs]
1. 4089 CR10109 Administrative Charges	0.00
2. 4161 ER10501 Fellowship /Certificate Program Continuation Of Affiliation Fees	50,000.00
3. 4162 ER10502 Fellowship/ Certificate Program Application Fees	0.00
4. 4163 ER10503 Fellowship/certificate Program Syllabus Fees	0.00
Subject To Realisation Receipt Total	**50,000.00**

Rupees (in words) : Fifty Thousand Rupees Only.

Payment Details : 1 Net Bank

1.	22.09.26	50,000.00	By Net Bank 30847964221, ORC for Token FSTKN0004023265336

College : 105112 -Shembekar Hospitals Pvt. Ltd., Nagpur, Pin-440015

GST Number: 27AAAJM2011K1ZF

Receipt Type: StudentFees

Receiver : Online Receipt Counter

Registrar MUHS, Nashik

Tuesday, 22 September, 2026 12:41 pm [AD: -1, UniSuite ORC, ORC, -1]

SHEMBEKAR HOSPITALS PVT. LTD. Reg. No. 955

(This copy is to submit to respective section for which payee paid/paying this.) 2026 - 2027

S5048

Academic Year : 2026 - 2027

MUHS

Maharashtra University of Health Sciences

University Copy

Receipt No : 2656048/2627 **Date :** Tuesday, 22 September, 2026

Under Section : [5048] Fellowship & Certificate Dept.

Received From : Dr. Chaitanya Shembekar

Narration : University Dept. Cell (Fellowship & Certificate Dept.) Fees [FELLOWSHIP IN ART RENEWAL FEE]

Email Address : asmi.omega@gmail.com **Mobile No. :** 8369263313

On Account Of	Amount [Rs]
1. 4089 CR10109 Administrative Charges	0.00
2. 4161 ER10501 Fellowship /Certificate Program Continuation Of Affiliation Fees	50,000.00
3. 4162 ER10502 Fellowship/ Certificate Program Application Fees	0.00
4. 4163 ER10503 Fellowship/certificate Program Syllabus Fees	0.00
Subject To Realisation Receipt Total	**50,000.00**

Rupees (in words) : Fifty Thousand Rupees Only.

Payment Details : 1 Net Bank

1.	22.09.26	50,000.00	By Net Bank 30847964221, ORC for Token FSTKN0004023265336

College : 105112 -Shembekar Hospitals Pvt. Ltd., Nagpur, Pin-440015

GST Number: 27AAAJM2011K1ZF

Receipt Type: StudentFees

Receiver : Online Receipt Counter

Registrar MUHS, Nashik

Tuesday, 22 September, 2026 12:41 pm [AD: -1, UniSuite ORC, ORC, -1]

(This is original copy for payee.) 2026 - 2027

S5048

Academic Year : 2026 - 2027

MUHS

Maharashtra University of Health Sciences

Original Copy

Receipt No : 2656049/2627 **Date :** Tuesday, 22 September, 2026

Under Section : [5048] Fellowship & Certificate Dept.

Received From : Dr. Chaitanya Shembekar

Narration : University Dept. Cell (Fellowship & Certificate Dept.) Fees [FELLOWSHIP IN MINIMAL ACCESS SURGERY-GENECOLOGY RENEWAL FEE]

Email Address : asmi.omega@gmail.com **Mobile No. :** 8369263313

On Account Of	Amount [Rs]
1. 4089 CR10109 Administrative Charges	0.00
2. 4161 ER10501 Fellowship /Certificate Program Continuation Of Affiliation Fees	50,000.00
3. 4162 ER10502 Fellowship/ Certificate Program Application Fees	0.00
4. 4163 ER10503 Fellowship/certificate Program Syllabus Fees	0.00
Subject To Realisation Receipt Total	**50,000.00**

Rupees (in words) : Fifty Thousand Rupees Only.

Payment Details : 1 Net Bank

1.	22.09.26	50,000.00	By Net Bank 30848035902, ORC for Token FSTKN0004680485589

College : 105112 -Shembekar Hospitals Pvt. Ltd., Nagpur, Pin-440015

GST Number: 27AAAJM2011K1ZF

Receipt Type: StudentFees

Receiver : Online Receipt Counter

Registrar MUHS, Nashik

Tuesday, 22 September, 2026 12:45 pm [AD: -1, UniSuite ORC, ORC, -1]

Page 1 of 1

(This copy is to submit to respective section for which payee paid/paying this.) 2026 - 2027

S5048

Academic Year : 2026 - 2027

MUHS

Maharashtra University of Health Sciences

University Copy

Receipt No : 2656049/2627 **Date :** Tuesday, 22 September, 2026

Under Section : [5048] Fellowship & Certificate Dept.

Received From : Dr. Chaitanya Shembekar

Narration : University Dept. Cell (Fellowship & Certificate Dept.) Fees [FELLOWSHIP IN MINIMAL ACCESS SURGERY-GENECOLOGY RENEWAL FEE]

Email Address : asmi.omega@gmail.com **Mobile No. :** 8369263313

On Account Of	Amount [Rs]
1. 4089 CR10109 Administrative Charges	0.00
2. 4161 ER10501 Fellowship /Certificate Program Continuation Of Affiliation Fees	50,000.00
3. 4162 ER10502 Fellowship/ Certificate Program Application Fees	0.00
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Subject To Realisation Receipt Total	**50,000.00**

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Registrar MUHS, Nashik

Tuesday, 22 September, 2026 12:45 pm [AD: -1, UniSuite ORC, ORC, -1]

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