

# Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

Title of the Course applied for:- Fellowship Course in Assisted Reproduction Techniques

This to Certify that Dr. Cheitanya Shembekar, has worked in the Department of Shembekar Hospitals Pvt. Ltd. Training Centre as per following details

## A) General Experience

Designation	From	To	Total period Year/Months	
Registrar	1993	1995	2 yrs.	
Asst. Prof.	1995	1997	2 yrs.	

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

Designation	From	To	Total period Year/Months	
Fellow guide & Mentor	2016	2022	6 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





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

Title of the Course applied for:- Fellowship Course in Minimal Access Surgery- Gynec

This to Certify that Dr. Chaitanya Shembekar has worked in the Department of Shembekar Hospitals Pvt. Ltd. Training Centre as per following details

## A) General Experience

Designation	From	To	Total period Year/Months	
Registrar	1993	1995	2 yrs	
Asst. Prof.	1995	1997	2 yrs.	

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

Designation	From	To	Total period Year/Months	
Fellow guide & Mentor	2016	2022	6 yrs.	

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

*Ashekar*  
**DR. C. A. SHEMBEKAR**  
M. D.  
OBSTETRICIAN & GYNAECOLOGIST  
Sign & Stamp  
Head of the Department  
Date



*Ashekar*  
**DR. C. A. SHEMBEKAR**  
M. D.  
OBSTETRICIAN & GYNAECOLOGIST  
REG. No.- 67862  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date







# Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

Title of the Course applied for:- Fellowship Course in Minimal Access Surgery - gynec

This to Certify that Dr. Chaitanya Shembekar has worked in the Department of Shembekar Hospitals Pvt. Ltd. Training Centre as per following details

## A) General Experience

Designation	From	To	Total period Year/Months	
Registrar	1993	1995	2 yrs	
Asst. Prof.	1995	1997	2 yrs.	

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

Designation	From	To	Total period Year/Months	
Fellow guide & Mentor	2016	2022	6 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 & GYN.  
REG. No. 5

Sign & Stamp  
Dean/Principal/Head of Institute  
Date



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



# Professional Teaching Experience Certificate for Fellowship/Certificate Courses

## Director/Mentor

Title of the Course applied for:- Fellowship Course in Assisted Reproduction Techniques

This to Certify that Dr. Chaitanya Shembekar has worked in the Department of Shembekar Hospitals Pvt. Ltd. Training Centre as per following details

### A) General Experience

Designation	From	To	Total period Year/Months	
Registrar	1993	1995	2 yrs	
Asst. Prof.	1995	1997	2 yrs.	

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

Designation	From	To	Total period Year/Months	
Fellowship guide & Mentor	2016	2022	6 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*  
**DR. C. A. SHEMBEKAR**  
M. D.  
OBSTETRICIAN & GYNAECOLOGIST  
REG. No.- 67362

Sign & Stamp  
Dean/Principal/Head of Institute  
Date



*Dr. C. A. Shembekar*  
**DR. C. A. SHEMBEKAR**  
M. D.  
OBSTETRICIAN & GYNAECOLOGIST  
REG. No.- 67862





## (INSTITUTIONAL INFORMATION)

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

Name: Dr. Chaitanya Shembekar Age: 52 yrs (Date of Birth) 03-08-1969

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>Obgy</u>	<u>1995</u>	<u>GMC, Nagpur</u>	<u>Nagpur University</u>

## Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>GMC, Nagpur</u>	<u>1995</u>	<u>1997</u>	<u>2 yrs.</u>
Asso. Professor/Reader				
Professor				<u>2 yrs.</u>
Any Other	<u>Reginbar GMC, Ngb</u>	<u>(1993-95)</u>	Grand Total	<u>4 yrs</u>

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

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Shembekar Hospitals Pvt. Ltd.</u>
	ii) Postal Address, with PIN:	<u>53, LIC Colony, Khamla Road, Nagpur-440015</u>
	iii) Contact Details:	Mob: <u>9822572744</u> Tele: <u>8369263313</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: .....
		ii) Society's Registration Act. 1860: .....
		iii) Year of establishment: <u>Pvt. Ltd. since 2009</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Marked as Appendix 'A' <input checked="" type="checkbox"/>
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
		<u>Shembekar Hospitals Pvt. Ltd.</u> <u>955</u> <u>12-06-2015</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>Shembekar Hospitals Pvt. Ltd.</u>
	ii) Postal Address, with PIN:	<u>53, LIC Colony, Ajni Chocok, Khamla Road, Nagpur</u>
	iii) Contact Details:	Mob: <u>9822572744</u> Tele: <u>0712-2221244</u>
	iv) E-mail ID:	<u>chaitanyashembekar@yahoo.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>Minimal Access Surgery - Gynec</u> Approved Intake Capacity <u>2002</u> Affiliated Since <u>2016-2017</u> (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 Required Intake Capacity..... (if necessary Attach separate List) <u>N.A.</u>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. <input checked="" type="checkbox"/> (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	i) <u>2022-23</u> Rs. <u>4.0 Lakhs</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. .... Dated .....
		Copy of Management Resolution attached?
		*Yes/No- Mark as Appendix 'D' <input checked="" type="checkbox"/>



09	<b>Other Information:</b>	
	a) Land:	*Yes/No. If yes, then Area: ... <u>6000 sq. feet</u>
	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: ..... Dated ..... At (Place): ..... 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:	<u>10,000</u> sq. ft. Certified copy of Building Plan attached? *Yes/No

— Mark as Appendix 'H'

### 3. Central Library

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

1550  
495  
148

#### Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	<u>19</u>	<u>9</u>
3	Foreign	<u>17</u>	<u>5</u>

- Year / Month up to which latest Indian Journals available :

Sep '21

- Year / Month up to which latest Foreign Journals available :

Sep '21

- Internet / Med pub / Photocopy facility:  
available
- Library opening times:
- Reading facility out of routine library hours:  
available

available / not

8 am - 8 pm

available / not

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

### 4. Recreational facilities:

- Play grounds Gymnasium

Available / Not available





5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of	—	—	3	3	—	—
Students	—	—	1	1	—	—
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 of concerned Course) Attach details)





## 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	30000	OPD	18000
IPD (Total No. of Patients admitted)	5800	IPD (Total No. of Patients admitted)	4000

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.		
• 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)

	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	✓
Staff (Medical/Paramedical)	Yes
Equipment available	Yes

### 6. Blood Bank : N.A. - (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:

- ICD X classification

✓ Computerized / Non computerized  
Used / Not used

Sign & Stamp

Head of the Department

Date: \_\_\_\_\_



Training Centre Round Seal



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

Sign & Stamp

Dean/ Principal/ Director of Training Centre



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





## DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Assisted Reproduction Techniques  
 2. Date on which independent department of: functioning concerned specialty was created and started  
16/6/2007

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. C. Shembekar	Full time	Consultant	MD (obgy)	24 yrs.

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :  
 Yes/No: ..... Since when: 16/6/2007

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200	yes	
Clinics	300	yes	
Laboratory Space	outsourced	yes	
Seminar room	200	yes	
Department Library	800	yes	
PG common room	200	yes	
Pre-clinical lab (where ever applicable)	N.A.		
Patient waiting room	500	yes	
Total area	3500		

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 Valid Mentors available in the dept. (give names)
	Fellowship course in		
2	Assisted Reproduction Techniques	02	Dr. C. Shembekar Dr. M. Shembekar

(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.	Badima Meshram	OT Incharge
2.	Vinod Shende	OT Technician
3.	Diya Gabhane	OT Technician

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)	Micromanipulators	Kashinge Jafar	Functional	1
(2)	Incubators	Heracell	Functional	4
13)	Hamilton Laser	HF 10 Minc Cook	Functional	1





## DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Minimal Access Surgery - Gynec  
 2. Date on which independent department of: functioning concerned specialty was created and started  
16/6/2007

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. C. Shembekar	Full time	Consultant	MD (obgy)	24 yrs.

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

Yes/No: YesSince when: 16/6/2007

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200	Yes	
Clinics	300	Yes	
Laboratory Space	outsourced	Yes	
Seminar room	200	Yes	
Department Library	800	Yes	
PG common room	200	Yes	
Pre-clinical lab (where ever applicable)	N.A.		
Patient waiting room	500	Yes	
Total area	3500		

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 Valid Mentors available in the dept. (give names)
	Fellowship course in		
1	Minimal Access Surgery - Gynec	02	Dr. C. Shembekar Dr. M. Shembekar

(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.	Babima Meshram	OT Incharge
2.	Vinod Shende	OT Technician
3.	Divya Gabhane	OT Technician

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)	Diathermy machine	Maclevidian	Functional	3
(2)	Light Source	Karl Storz	"	3
(3)	Camera	"	"	3
(4)	Pelvi trainer	"	"	1
(5)	Insufflators	"	"	3



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
1	<u>Infertility</u>	<u>Mon-Sat</u>	<u>11am-6pm</u>	<u>60-65</u>	<u>Dr. C. Shembekar</u>
2	<u>Antenatal</u>	<u>Mon-Sat</u>	<u>"</u>	<u>50-60</u>	<u>Dr. Paul Saoji</u>

11. Services provided by the Department:

a) Services

i. Infertility

ii. Antenatal Clinic

iii. Gynecology, Menopause, Colposcopy, Gynecology clinic

(b) Ancillary Services

(f) Others: Fertility counselling, Adolescent Clinic

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	<u>Yes/No</u>	HOD	<u>Yes</u>
Staff (Steno /Clerk).	<u>Yes/No</u>	Professors	<u>Yes</u>
Computer/ Typewriter	<u>Yes/No</u>	Associate Professors	<u>Yes</u>
Storage space for files	<u>Yes/No</u>	Assistant Profess or	<u>Yes</u>
		Residents	<u>yes.</u>

14. Clinical Load of Dept.: No of Surgeries / Procedures 7-9 Per day

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





**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. Chaitanya Shembekar
02.	Date of Birth	:	03-08-1969
03.	Address	:	21, Ramkrishna Nagar, Khamla Road, Nagpur.
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 Asst. Prof. → 1995-97 guide → 2016-2022
09.	Present Appointment	:	Managing Director & Consultant
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	5 years
12.	Any other relevant information	:	—

Date: - 23/5/2022

Name & Sign. of Director

**DR. C. A. SHEMBEKAR**

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).

OBSTETRICIAN & GYNAECOLOGIST  
Reg. No. - 67862

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

Training Centre Round Seal



**DR. C. A. SHEMBEKAR**  
M.D.

OBSTETRICIAN & GYNAECOLOGIST  
REG. No. - 67862







**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. Chaitanya Shembekar
02.	Date of Birth	: 03-08-1969
03.	Address	: 21, Ramkrishna nagar, Phambroad, NGP
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 Asstt-Prof → 1995-97 guide → 2016-2022
09.	Present Appointment	: Managing Director & Consultant
10.	Publications (List & Proof)	: Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 3 years
12.	Any other relevant information	: —

Date: - 23/5/2022

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.

Name &amp; Sign. of Mentor

**DR. C. A. SHEMBEKAR**

M. D.

OBSTETRICIAN &amp; GYNAECOLOGIST

CAR  
M. D.  
GIST

Sign &amp; Stamp

Head of the Department

Date:

**DR. C. A. SHEMBEKAR**

M. D.

OBSTETRICIAN & GYNAECOLOGIST  
REG. No.- 67862

Sign &amp; Stamp

Dean/ Principal/ Director of Training Centre

Date:

**DR. C. A. SHEMBEKAR**

M. D.

OBSTETRICIAN & GYNAECOLOGIST  
REG. No.- 67862





**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	: Asmi Chandoskar
02.	Date of Birth	: 15-01-1986
03.	Address	: 49, Vasant Nagar, Near Deekshabhoomi, Nagpur-440022
04.	Mob. No.	: 9881712354 8369263313
05.	E-mail id	: asmi.omega@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: M.S. (Counselling & Psychotherapy) M.B.A. (HR & Marketing) M.A. (Economics)
08.	Present Appointment	: HR & Administration Incharge at Shembekar Hospital, Nagpur.
09.	Any other relevant information	

Date: 19/5/22

*Asmi Pujar*  
Sign. of Co-ordinator

Sign & Stamp  
Head of the Department  
Date:

*DR. C. A. SHEMBEKAR*  
M. D.  
OBSTETRICIAN & GYNAECOLOGIST  
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Training Centre Round Seal

*DR. C. A. SHEMBEKAR*  
M. D.  
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REG. No.- 67862

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

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



**DECLARATION**

I, the Dean / Director/ Principal of the Shembekar Hospitals Pvt. Ltd. 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-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-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-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 23 Day of May 2022 At Nagpur

Date: 23/5/2022

Place: Nagpur

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



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

