### (INSTITUTIONAL INFORMATION)

# (To be filled by the concerned Training Center & Cross verified by the Local Inquire Committee)

<sup>1.</sup> Particulars of Dean : (Who so ever is Head of Training Centre)

Name: : Dr. Srivalli Natarajan. A		Age: 51 years (Date of Birth) 03/		/08/1970
PG Degree Subject		Year	Institution	University
Recognized	Oral & Maxillofacial Surgery	Sept. 1996	GDC, Chennai	Tamilnadu, Dr. M.G.R. Medical University

### **Teaching Experience:-**

Designation	Institution From		То	Total Exp.	
Lecturer	D. Y. Patil Dental College Nerul, Navi Mumbai	02/04/1997	17/06/2000	03-02-15	
Associate Professor	D. Y. Patil Dental College Nerul, Navi Mumbai	avi Mumbai 17/06/2000 12/09/2005		05-02-26	
Professor	D. Y. Patil Dental College Nerul	13/09/2005	16/01/2006	00-04-03	
Professor	MGM Dental College, Navi Mumbai	$\sim$ 08/07/2006 01/03/20		10-00-22	
Professor & HOD	MGM Dental College, Navi Mumbai	$= \frac{0}{100} \frac{1}{100} $		05-05-06	
Dean	MGM Dental College, Navi Mumbai	$\sim$ $100/08/2021$ Till date		00-08-21	
Any Other					
	· · · · · ·		Grand Total =	25yrs. 3dys.	

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

	2. Munigement / Bockety / Mist Mitchington :				
	i) Name of the				
1.	Society				
	/Institution/College	Mahatma Gandhi Mission			
	University				
	Department				
	ii) Postal Address, with	Shri. Kamalkishor Kadam 12, Bhagya			
	PIN:	Nagar, Nanded			
	iii) Contact Details:	9049299555			
	iv) E-mail ID:	knk1945@gmail.com			

2.	Society / Institution /	i) Public Trust Act 1950 : F-674				
2.	•	<i>'</i>				
	College, Registration	(Nanded) Dt. 30/04/1983				
	Number and date	ii) Society's Registration				
		Maharashtra/74-82 Nanded				
		Act.1860 : Dt. 20/12/1982 iii)				
		Year of				
		establishment : 1982 iv) Copies of Registration,				
		Constitution and				
		Memorandum of				
		Yes- Mark as <u>Appendix 'A'</u>				
		Association attached?				
3	Hospital					
	<b>Information:</b> (It is mandatory for Training Centre /applying Institute to have their own functional Hospital as per norms)					
	i) Name of the	Mahatma Gandhi Mission Hospital Kamothe, Navi Mumbai				
	Hospital					
		MH/pmc/m-136 Dt. 11/03/2019				
	ii) Nursing Home					
	Registration No.	05/04/1994 Mark as <u>Appendix 'B'</u>				
	iii) Establishment					
	Year					

	i) Name of the College Institute where course is to be conducted:	re course is to be lucted:					
	ii) Postal Address, with PIN	Junction of Nh-4 And Sion-Panvel Expressway, Sector-1, Kamothe, Navi Mumbai PIN code : 410209					
	iii) Contact Details	Tel. Phone No. : 022-	27436604, 022-27433185				
	iv) Email ID:	mgmdch@mgmmumbai.ac.ir	1				
	v) List of University approved	Name of the Course(s) :	i) Forensic Dentistry				
	Fellowship Course (s) conducted	Approved Intake	(Odontology) -05				
4.	with Intake Capacity	Capacity Affiliated Since	A. Y. 2019-20				
т.		(if necessary Attach separate list)	ii) Comprehensive Cleft Care-04 A. Y. 2019-20				
			iii) Endodontics-05 A. Y. 2019-20				
			iv) Oral Implantology-05 A. Y. 2019-20				
	vi) Training Centre/Institute willing/desirous to Start/ Open Fellowship / Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) : Approved Intake Capacity Affiliated Since (if necessary Attach separate list)	Not Applicable				

5.	Affiliation Fees details: (Bank / DD No. /date /amount /NEFT /RTGS)	Paid Fees details Attached: Rs.50000/- (Fifty Thousand Only) UTR No. IBKL211020688968 Dt. 21/10/2021
		Annexure-2
		(Pending Fees, if any: Nil)
6.	Financial position of the Society	Audited Statements of Accounts for: Yes
	/Institute in the preceding 03 years	Mark as <u>Appendix 'C'</u>
7.	Budgetary provision for the FCfor	1) F.Y. 2021-22 :- Rs. 2.5 lac per student
	the next 03 years	2) F.Y. 2022-23 :- Rs. 3 lac per student
		3) F.Y. 2023-24 :- Rs. 3.5 lac per student
8.	Management Resolution seeking	Resolution No. 09 dated 31/01/2019
	Recognition of Institute for FC of	Copy of Management Resolution attached? Yes
	MUHS, Nashik	Mark as Appendix 'D'
9.	Other Information:-	
	a) Land:	Yes. If yes, then Area: 5 Acres
	i) Whether the land is owned by	Copy of land documents i.e. 7/12 extract,
	the Applicant Institute /	Property Card, etc. attached : Yes
	College / Trust:	Mark as <u>Appendix 'E'</u>
		Yes. If yes, Registration Number: 39M dated 29/11/2014 at (Place): Panvel
	ii) Whether the land is registered?	Copy of Land Registration Certificate attached: Yes
		Mark as Appendix 'F'
	iii) Any loans, mortgage, etc.	No, If yes, amount of loan Rs. Nil
	shown against the title of the	/ mortgaged for Rs. Nil Copy of Loan/Mortgage Deed attached
	land:	: N. A.
		Mark as Appendix 'G'
	b) Building:	119563.55 sq.ft. Certified copy of Building
	i) Total built-up area:	Plan attached : Yes
		Mark as Appendix 'H'

3. <b>C</b>	Central Library:-		<u>Appendix 'I"</u>	
•	Total number of Books in library		:-	6189
•	Books pertaining to concerned Fellowship subject	:-	170	
•	Purchase of latest editions of concerned books in last 3 year	urs	: -	26

## Journals:

Journals		Total	Concerned Fellowship subject
Indian	01	01	01
Foreign	02	02	02

- Year /Month up to which latest Indian Journals available : April. 2022
- Year / Month up to which latest Foreign Journals available : April. 2022
- Internet / Med pub / Photocopy facility
  : Available

Library opening times	:	8:30am. to 6:30pm.
• Reading facility out of routine library hours	:	Available
(Obtain list of books & journals duly signed by competent authority)		

4. Recreational facilities:- Play grounds, Gymnasium :	: .	Available
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### 5. Hostel Accommodation:-

Particular	UG		PG		Interns	
i ai ticulai	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	84	84	64	48	-	-
No. of Students	11	54	nil	02	-	-
Status of Cleanliness	Excellent	Excellent	Excellent	Excellent	-	-

#### 6. Residential accommodation for Staff / Paramedical staff:- Available

 $\checkmark$ 

- 7. Ethical Committee (Constitution) : Yes
- 8. Medical Education Unit (Constitution) : Yes, Health Science Education Technology (HSET) Unit
  (Specify number of meetings held annually & minutes thereof): Number of Meetings: 04

### 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) Attached details <u>Appendix 'J</u>