(INSTITUTIONAL INFORMATION)

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

^{1.} **Particulars of Dean** : (Who so ever is Head of Training Centre)

Name: : Dr. Srivalli Natarajan.		Age: 51 years	(Date of Birth) 03	8/08/1970
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	02/04/1997	17/06/2000	03-02-15	
	Nerul, Navi Mumbai			05 02 15	
Associate Professor	D. Y. Patil Dental College	17/06/2000	12/09/2005	05-02-26	
Associate Fiblessoi	Nerul, Navi Mumbai	17/00/2000	12/09/2003	03-02-20	
Professor	D. Y. Patil Dental College	13/09/2005	16/01/2006	00-04-03	
F10108501	Nerul	13/09/2003	10/01/2000		
Professor	MGM Dental College,	08/02/2006	01/03/2016	10-00-22	
110105501	Navi Mumbai	08/02/2000	01/03/2010	10-00-22	
Professor & HOD	MGM Dental College,	02/03/2016	08/08/2021	05-05-06	
riolessoi & nod	Navi Mumbai	02/03/2010	00/00/2021	03-03-00	
Dean	MGM Dental College,	09/08/2021	Till date	00.08.21	
Deall	Navi Mumbai	09/08/2021	1 III date	00-08-21	
Any Other					
			Grand Total =	25yrs. 3dys.	

2. Management /Society / Inst. Information :

	ianagement /Society / mst. morma					
	i)Name of the Society					
	/Institution/College University	Mahatma Gandhi Mission				
1.	Department					
	ii) Postal Address, with PIN:	Shri. Kamalkishor Kadam				
		12, Bhagya Nagar, Nanded				
	iii) Contact Details:	9049299555				
	iv) E-mail ID:	knk1945@gmail.com				
2.	Society / Institution / College,	i) Public Trust Act 1950 : F-674 (Nanded)				
	Registration Number and date	Dt. 30/04/1983				
		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 Voc. Mark og Appendig (A)				
		Association attached? Yes- Mark as <u>Appendix 'A'</u>				
3	Hospital Information: (It is mandatory					
	for Training Centre /applying Institute to have					
	their own functional Hospital as per norms)					
	i) Name of the Hospital	Mahatma Gandhi Mission Hospital Kamothe, Navi Mumbai				
	ii) Nursing Home Registration					
	No.	MH/pmc/m-136 Dt. 11/03/2019				
	iii) Establishment Year					
	ing Estublishment i cui	05/04/1994 Mark as Appendix 'B'				

	i) Name of the College Institute where course is to be conducted:	Mahatma Gandhi Mission De	ental College & Hospital		
	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		
4.	 iv) Email ID: v) List of University approved Fellowship Course (s) conducted with Intake Capacity 	mgmdch@mgmmumbai.ac.in Name of the Course(s) : Approved Intake Capacity Affiliated Since (if necessary Attach separate list)	 i) Forensic Dentistry (Odontology) -05 A. Y. 2019-20 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: (Fifty Thousand Only) UTF Dt. 21/10/2021			
		(Pending Fees, if any: Nil)			
6.	Financial position of the Society /Institute in the preceding 03 years	Audited Statements of Accounts for: Yes Mark as Appendix 'C'			
7.	Budgetary provision for the FCfor the next 03 years	1) F.Y. 2021-22 :- Rs. 2.5 lac 2) F.Y. 2022-23 :- Rs. 3 lac p 3) F.Y. 2023-24 :- Rs. 3.5 lac	per student		
8.	Management Resolution seeking Recognition of Institute for FC of MUHS, Nashik	Resolution No. 09 dated 31/01/2019 Copy of Management Resolution attached? Yes Mark as Appendix 'D'			
9.	Other Information:-	1			
	 a) Land: i) Whether the land is owned by the Applicant Institute / College / Trust: 	Yes. If yes, then Area: 5 Acr Copy of land documents i.e. Property Card, etc. attached :	7/12 extract,		
	ii) Whether the land is registered?	Yes. If yes, Registration Number: 39M dated 29/11/2014 at (Place): Panvel Copy of Land Registration Certificate attached: Yes Mark as Appendix 'F'			
	iii) Any loans, mortgage, etc.shown against the title of the land:	No, If yes, amount of loan Rs. Nil / mortgaged for Rs. Nil Copy of Loan/Mortgage Deed attached : N. A. Mark as Appendix 'G'			
	b) Building:	119563.55 sq.ft. Certified co			
	i) Total built-up area:	Plan attached : Yes	Mark as <u>Appendix 'H'</u>		

3. Central Library:-

Append	ix '	["
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•	Total number of Books in library	:-	6189
•	Books pertaining to concerned Fellowship subject	:-	170
•	Purchase of latest editions of concerned books in last 3 years	: -	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	e:	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

5. Hostel Accommodation:-

Particular	UG		PG		Interns	
Particular	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

- 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>