



Maharashtra University of Health Sciences, Nashik

Local Inquiry Committee format for Continuation of Affiliation/Recognition for Affiliated Training Center's conducting Fellowship and Certificate Course(s) for the Academic Year 2026 - 2027.

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

Date of LIC	:	D	D	/	M	M	/	Y	Y	Y	Y	18	03	2026
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Name & Designation of Inspectors :			Signature
1)	Dr. Ganesh Ghuge	Chairman	
2)	Dr. Ashok Annasaheb Chougule.	Member	
3)	Dr. Dhanaji Govind Bagal.	Member	
4)		Member	

1. Training Centre Information:

A	Name of the affiliated training centre	:	GOVERNMENT MEDICAL COLLEGE, RATNAGIRI.
i	Name of Society / Trust	:	GOVERNMENT
ii	Address	:	HODEKAR ROAD, PATWARDHANWADI, UDYAM NAGAR, RATNAGIRI. 415612
iii	Email Address	:	deangmcratnagiri@gmail.com
iv	Telephone No.(s)	:	02352-244355
v	Website	:	https://gmcratnagiri.in/
vi	Year of Establishment	:	D D / M M / Y Y Y Y 02 09 2022
B	Name of the Director/ Dean/Principal	:	DR. JAIPRAKASH B. RAMANAND.
i	Mobile No.	:	9822256722
ii	Office Landline	:	02352- 244355
iii	E-mail	:	deangmcratnagiri@gmail.com
C	Name of Co-ordinator	:	DR. RAMA R. BHOSALE
i	Mobile No.	:	9850455605
ii	Email ID	:	bhosale.rama@rediffmail.com

Dean

Government Medical College, Ratnagiri

2. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Certificate Course			
02	in Modern Pharmacology.	2024-25	50	Dr. Rama Bhosale 9850455605
03	Fellowship Course			
04	in Critical care	2025-26	04	Dr. Sadiq Sayyad 9421123505
05	Medicine			
06				
07				

(Attach separate List if necessary)

3. 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	Certificate Course in Modern Pharmacology <small>Please write name of course</small>	A.Y. 2020 - 2021	-	-
		A.Y. 2021 - 2022	-	-
		A.Y. 2022 - 2023	-	-
		A.Y. 2023 - 2024	-	-
		A.Y. 2024 - 2025	50	43

(Attach separate Sheet for more than one course (if necessary))

4. Details of the Training Centre are available on the Training Centre website, in the prescribed format **Yes/No**

5. Whether the information is complete in all respect. **Yes / No**

6. If incomplete information, please write the points from prescribed format regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure / available facilities regarding those points and write the observations below -

Sr. No.	Point No. in Prescribed format	Particulars of the Point	Observations of the LIC

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Handwritten initials

7. 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	Remarks
01	Recommendation for Recognition of the Institute (If applicable)	Adequate facilities are available.
02	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	Requisite adequate facilities are available.

Annexure A to H are to be certified by LIC members & Dean/ Principal of Respective Training Centre.

This is certify that the Annexure to are verified & found corrected which is uploaded on the college website. Any discrepancies occurring regarding permission for Continuation of affiliation/ Extension of affiliation as per Minimum Standard Requirement (MSR) undersigned will be responsible for the above said matter. *(NOT UPLOADED ON WEBSITE)*

[Signature]
 Member

[Signature]
 Member

[Signature]
 Chairman

[Signature]
 Dean
 Government Medical College, Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Information to be provided and uploaded by the Training Centre (as applicable) on
their website for verification of Local Inquiry Committee

List of Annexures

No. of Annexures	Particulars	Verified by Committee
ANNEXURE "A"	Professional Teaching Experience Certificate for Fellowship/ Certificate Courses Director/Mentor The information must be made available on the Training Centre website.	Yes/ No
ANNEXURE "B"	INSTITUTIONAL INFORMATION The information must be made available on the Training Centre website.	Yes/ No
ANNEXURE "C"	HOSPITAL INFORMATION The information must be made available on the Training Centre website.	Yes/ No
ANNEXURE "D"	DEPARTMENTAL INFORMATION The information must be made available on the Training Centre website.	Yes/ No
ANNEXURE "E"	Information of Director of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ No
ANNEXURE "F"	Information of Mentor of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ No
ANNEXURE "G"	Information of Co-ordinator of Training Centre The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ No
ANNEXURE "H"	DECLARATION The information must be made available on the Training Centre website and Hard copy & soft copy of this Annexure must be submitted to the University.	Yes/ No

Important Instructions & Declarations:

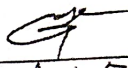
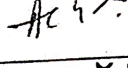
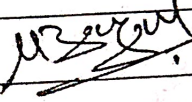
1. Our Training Centre is fully aware that our Training Centre is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the Training Centre and if it is found by the University at any stage, then our Training Centre is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our Training Centre has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our Training Centre is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on Training Centre website.
3. Our Training Centre hereby undertake that all Annexures information will be made available on Training Centre website for a period of next 05 years. Year-wise information of all Annexures will be made available on Training Centre website for a period of 05 years from time to time. In case if any information (Annexure wise) is called for by the University in intermittent period, our Training Centre will furnish required information to the University immediately.

Date:
Place:

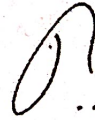
Signature of **Dean/Principal**
Government Medical College, Ratnagiri.
 (with Seal of the Training Centre)

DECLARATION BY LIC

We hereby certify that, the Training Centre has uploaded Annexures as prescribed by University on Training Centre Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on Training Centre Website is mentioned in LIC Report.

Name of Inspector		Sign. of Inspector with date
1) Dr. Ganesh Draupad Ghuge.	Chairman	
2) Dr. Ashok Annasaheb Chougule.	Member	
3) Dr. Dhanaji Govind Bagal.	Member	

Note: All Annexures must be certified by LIC Team & Dean/ Director/ Coordinator of Respective Training Centre.



Dean
Government Medical College, Ratnagiri.

Date: 18/12/26