Part-I

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 2025 - 2026 Faculty of Medicine

31/05/2017

(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship/Certificate Course/Ph.D. Colleges/Institutes & Hospitals)

Date of Establishment of College

| Date | of Inspection | : | | | |
|------|-------------------------------------------------------|--------|-------------------------------------------------------------------------------|--------------------------------------|--|
| Nam | e & Designation of Inspectors | : | | Signature | |
| 1) | | | Chairman | | |
| 2) | | | Member | | |
| 3) | | Member | | | |
| 4) | | | Member | | |
| 1 | Name of the College / Institute | | Vedantaa Institute of Med Palghar | dical Sciences, Dahanu , | |
| а | Name of Society / Trust | 1 | Vedantaa institute of Aca Limited (Private Limited (| demic Excellence Private Company) | |
| b | Address | | Village: Saswand. At Post: Dhundhalwadi, Dahanu, Palghar | | |
| С | Email Address | : | info@vedantaa.institute | | |
| d | Fax No.(s) | : | | | |
| е | Telephone No.(s) | : | 8599904040,859990393 | 9,8599903838 | |
| f | Website | : | www.vedantaa.institute | | |
| g | College Code | : | 101144 | | |
| h | Year of Establishment | : | 31/05/2017 | | |
| i | Status | : | Government / Corpo | oration / Private | |
| j | Letter of permission by Medical Council of India (UG) | : | : Letter No. U-12012/7/2017-ME.I[FTS.3093749] Dated 31/05/2017 Intake: 150 | | |
| k | Stage of Renewal | : | Recognized | | |
| 2 | Details of the Dean/Principal | : | | | |
| а | Name of the Dean/ Principal | : | Dr. Shubhangi Raghuna | th Parkar | |
| b | Nature of Appointment | : | Permanent / Temporary / Officiating | | |
| С | Mobile No. | : | 8591868018 | | |
| Ч | Office Landline | | 8599903939 | | |

1. Details of the College are available on the College Website, in the prescribed format (Part-II)?

Yes/No

deanvimsdahanu@gmail.com

2. Whether the information is complete in all respect.

E-mail Address

Yes/No

| 3. If incomplete information, please write | the points from prescribed | format (Part II) regarding | | | |
|--------------------------------------------------------------------|----------------------------|----------------------------|--|--|--|
| unavailable/insufficient information, (L | | e infrastructure/available | | | |
| facilities regarding those points and write the observation below- | | | | | |

| Sr. No. | Points Number in prescribed format | Particulars of the point | Observations of the LIC |
|---------|------------------------------------|--------------------------|-------------------------|
| 1 | | | |
| 2 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4.LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and students' life on the campus.

| Sr. No. | Points Number in prescribed format | Particulars of the point | Observations of the LIC |
|---------|------------------------------------|--------------------------|-------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| | | | |

- 5. LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the biometric attendance of all departments over previous 06 months.) Annexure-" ii "
- 6. Curricular Activities in the College
 - a. Whether Master Time Table is available. Yes/No Annexure-B
 - b. Whether the lectures, Practical's, Clinical Sessions etc. are conducted as per the master timetable?
 - (LIC to randomly choose at least 10 dates over past 03 months lectures, Practical's, clinical sessions, PG activities, (if PG course available) etc. from master time table and physically verify the conduction of these sessions) and attached copies to the report.
 - c. LIC to LIC to randomly choose at least 10 dates over past 03 months of all departments from Clinical side all departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below) and attached copies to the report.
- 7. Ongoing Research Activities in the college including PG thesis (LIC to submit all records and the relevant details of all ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc. Annexure-C
- 8. MUHS Faculty Evaluation Status: Annexure-D

| Faculty Evaluation carried out at College level | Total No. of Teachers | | Remaining pendingwith reasons |
|----------------------------------------------------|-----------------------|----|-------------------------------|
| Yes | 152 | 20 | In Process |

9. Status of NAAC Accreditation:

If Yes, Grade & Date of last Inspection:
If No, what is current status/ progress of work

10. Status of Online Boarding: Annexure- E Online Boarding Registration Completed

11. Services for person with Disability:

RAMPS are Provided at various places in hospital.

12. Availability of Free ship/ Scholarship for category Students: Not Applicable

13. Students Feedback

| | 13. Otudents i cedback | | | | | | |
|------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|--|--|--|--|
| Sr. No. | | Details on College Website | Adequate/ Inadequate | | | | |
| 1 | Hostel facility: Boys UG | Yes/ No | Adequate | | | | |
| 2 | Boys PG | Yes/ No | Adequate | | | | |
| 3 | Girls UG | Yes/ No | Adequate | | | | |
| 4 | Girls PG | Yes/ No | Adequate | | | | |
| 5 | Interns | Yes/ No | Adequate | | | | |
| 6 | Residents | Yes/ No | Adequate | | | | |
| 7 | Canteen Facility [Note: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019]. | Yes/ No | Adequate | | | | |
| 8 | Warden/ Rector | Yes/ No | Adequate | | | | |
| 9 | Hygiene | Yes/ No | Adequate | | | | |
| 10 | Vending Machine | Yes/ No | Adequate | | | | |
| 11 | Toilets / Washroom Facilities (Cleanness & Hygiene maintain) | Yes/ No | Adequate | | | | |
| 12 | Housekeeping at Hostel | Yes/ No | Adequate | | | | |
| 13 | Drinking Water Facilities | Yes/ No | Adequate | | | | |
| 14 | Security Services | Yes/ No | Adequate | | | | |

14. Fees Details: (Attached-F)

| Sr. | Continua | Continuation / Extension of Affiliation Fees Details: | | | | | |
|-----|----------|-------------------------------------------------------|--------------------------------------------------|-------------|------------------------|--|--|
| No | Course | Paid / Not | Amount | Outstanding | Reasons of Non-payment | | |
| | (s) | paid | | (if any) | | | |
| 1 | MBBS | Paid | CoA - Rs. 23,22,271.50/- | NIL | NIL | | |
| 2 | MD/MS | Paid | CoA – Rs. 1879308.41/- EoA – Rs. 1879308.41/- | NIL | NIL | | |

15. Any Other Fees Details: Not Applicable

| Sr. | Type of Fee | | Amount | Outstanding (if any) | Reasons of Non-payment |
|-----|-------------|------|--------|----------------------|------------------------|
| No. | | paid | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

16. Date of college data uploaded on web portal (http://aishe.gov.in) regarding "All India Survey on Higher Education (AISHE)". Yes/No

Date of Uploading: 27/01/2025 (Annexure- G)

17. Summary and other observation of LIC: (If required separate sheet to be attached)

Information to be provided by the College for verification of Local Inquiry Committee

LIST OF ANNEXURE FOR LIC

| No. of Annexures | Particulars | Verified by Committee | Remark |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|
| ANNEXURE- I-A& I-B | Approved Teaching Staff & Total Teaching Staff (Approved + Notapproved) Information as per MSR | Yes/ No | |
| | Hard copy & soft copy of this Annexure must be submitted to the University. The information must be made available on the College website. | | |
| ANNEXURE-II | LIC to visit all departments and physically verity the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents) | Yes/ No | |
| | Hard copy of this Annexure must be submitted to the University. The information must be made available on the College website | | |
| ANNEXURE-III | Intake Capacity/ Seat Matrix | Yes/ No | |
| | Hard copy & soft copy of this Annexure must be submitted to the University. The information must be made available on the College website. | | |
| ANNEXURE- IV | Total Subject-wise Teacher Staff List (Approved + Not approved) | Yes/ No | |
| | Hard copy & soft copy of this Annexure must be submitted to the University. The information must be made available on the College website. | | |
| ANNEXURE- V | Total Ancillary Staff Information | Yes/ No | |
| | The information must be made available on the College website. | | |
| ANNEXURE- VI | Total Non-Teaching Staff Information The information must be made available on the College website. | Yes/ No | |
| ANNEXURE-VII | Examination Related Information | Yes/No | |
| | Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College website. | | |
| ANNEXURE- | Form for Fellowship/Certificate Course(s) | Yes /No | |
| VIII | Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website. | | |
| ANNEXURE-IX | | Yes /No | |
| | Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website. | | |
| ANNEXURE-X | Declaration by the Dean / Principal of the College / Institute | Yes/ No | |
| | Original copy of this Annexure must be submitted to the University. | | |

IMPORTANT INSTRUCTIONS & DECLARATIONS:

- 1. Our College is fully aware that our college 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 College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
- It is certified that our college has uploaded all above Annexures on our college website
 and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is
 fully aware that University will not grant Continuation of Affiliation, in case if required
 information, is not uploaded on college website.
- 3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college 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 college will furnish required information to the University immediately.

Date: 12/02/2025 Signature of Dean/Principal

Place: VIMS, Dahanu. Name of the Signatory- Dr. Shubhangi R. Parkar

(with Seal of the College /Institute)

DECLARATION BY LIC

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

| Name | e of Inspectors | Signature of Inspectors |
|------|-----------------|-------------------------|
| 1) | Chairman | |
| 2) | Member | |
| 3) | Member | |
| 4) | Member | |
| | | |