ANNEXURE-XIV A

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

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

Date of Inspection	:	

1. Name(s) of the Fellowship/Certificate Course(s) N.A.

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01				
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years N.A.

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20 – 20			
2	A.Y. 20 – 20			
3	A.Y. 20 – 20			
4	A.Y. 20 – 20			
5	A.Y. 20 – 20			

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor N.A.

This to Certify that	Dr					ha
worked in the Depa ollowing details	rtment of			Training	Centre as	s p
A) General Experi	ence					
Designation	From	То		Total period	Year/Months	
•	ence in the subje	ect of concerned	Fellow	ship/Certific	cate Course	
applied for :- Designation	From	То		otal periodYe	ear/Months	
It is mandatory to at			xperience	e Certificate o	f each Mentor i	n the
Subjectof concerned	Fellowship/Certific	ate Course)				
				Sign & Stam		
Sign & Stamp					าท	
Head of the Depart	ment			_	np pal/Head of Ins	stitute
Head of the Depart Date : / /		ors		Dean/Princip Date: / /	oal/Head of Ins	
Head of the Depart Date: / /	ment			Dean/Princip Date: / /	-	
Head of the Depart Date : / /		Cha		Dean/Princip Date: / /	oal/Head of Ins	
1)		Cha	irman	Dean/Princip Date: / /	oal/Head of Ins	

FOR Ph.D COURSE(S) FOR A.Y. 2023-2024

(Please submit separate report for each subject)

	ı	Date of Inspection	on :							
Fac	Faculty: Ph.D. Subject/Specialty: Speech & Hearing									
1.										
1.	1. Name & Address of the College/Research Centre: -									
Δ	YJI	NISHD(D), K.C. Mar	g, Bandra Re	clamation	, Bandra We	st, Mumbai 40	0 050			
	NI-	ame of Head of the	Donartmont	. Dr Pa	iu Arakh					
			-	. • DI. Na	ju Alakli					
	De	esignation: Directo	r							
2.		Department / Sub	-	ails of av	ailable PhD	Guides: -				
	Sr. No.	(Attach Annexure Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date		
-	1	Dr. Aparna Nandurkar	Lecturer	9/9/1969	30/9/2029	till date	res/No	MUHS/UDC		
ŀ	2	Dr. Deepa Valame	Associate Professor	28/4/1974	30/4//1936	-	-	(Ph.D./Guide/239/2 022 Dt. 1/6/2022		
	3	Mr. Mohd. Shamim Ansari	Lecturer	15/9/1971	30/9/2031	-	-			
4.		Details of available	e infrastruct	ure for R	esearch:					
		i) Adequate number	•		-		Yes			
		ii)) Adequate numl					Yes			
		iii) Any other specif	ic thing availa	able at the	Department					
_		Details of Control	D							
5.	i	Details of Central) Available Area (in		-		I.A.				
) I) Is Drugs/Medicines	. ,			search?	Yes / N	No		
		i) Is Adequate numb					Yes /	No		
	iv) Is Records of Stoo	ck book availa	able?			Yes /	No		
6.	[Details of Central A i) Available Area in				I.A.				
		ii) Functioning Cen	•							

7.

Details of Institutional Ethical Committee: (Attach Annexure "B")

	i) Date of Composition:		
	ii) Total Number of Members:		
	iv) Whether Records of proceedings are maintain		
	v) Is Human and Animal Ethics Committee, regis		
8.	Details of Research Advisory Committee: (
0.	i) Date of Composition:	Attach Anne	Auto 0)
	ii) Total number of Members:		
	iii) Number of meetings held in previous year: .		
	iv) Whether records of proceedings are maintain	ned properly?	? Yes / No
9.	Is Doctoral Committee constituted in the line	s of RAC?	Yes / No
	i) If Yes, Date of Composition: 2022		
	ii) Total number of Members:		
	iii) Name of External Subject Expert Dr. Sanjay	•	
10.	Is Plagiarism detection software facility ava		Yes / No
	If Yes, Name of the Software		
11.	Is attendance of the Ph.D. Scholar maintained		Yes / No
12.	Whether Research Centre is registered und	er MPCB pro	
13. 14.	Whether BMW facility is available? Any other important thing related to Research	ah/Danastusa	Yes / No
		RATION BY I	
V	e, the LIC Members, hereby certify that	at, we hav	ve thoroughly inspected and verified th
	epartment/College/Research Centre, the availa	able other fa	acilities, required instruments and equipmen
a	vailable at the research centre. The overall observ	ations of the	Inspection Committee are as follows: -
•			
	Name of Inspectors		Sign. of Inspectors with Date
1)		Chairman	
2)		Member	
3)		Member	
4		Member	
1 7		1 1010111001	1



अली यावर जंग राष्ट्रीय वाक् एवं श्रवण दिव्यांगजन संस्थान

के. सी. मार्ग, बान्द्रा रिक्लेमेशन, बान्द्रा (पश्चिम),

मुंबई - 400 050

दूरभाष : 022 - 26400215/26400228

फैक्स : 91-22-26404170 ई - मेल : ayjnihh-mum@nic.in वेबसाइट : http://ayjnihh.nic.in

आइ एस/आइ एस ओ 9001:2015 प्रमाणित संस्थान

Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan)

K. C. Marg, Bandra Reclamation, Bandra (W)

Mumbai - 400 050

Tel: 2640-0215/0228/9176

Fax: 26404170

E-mail: ayjnihh-mum@nic.in Website: http://ayjnihh.nic.in

IS/ISO 9001: 2015 Certified Organization

दिव्यांगजन सशक्तीकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार, नई दिल्ली के अधीन स्वायत संस्थान (An Autonomous body under the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India, New Delhi)

संदर्भ संख्या : दिनांक: Ref. No: Date:

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Aparna N. Nadurkar	Lecturer (Speech & Hearing)	9/9/1969	30/9/2029	-	-	
2	Dr. Deepa A. Valame	Associate Professor	28/4/1974	30/4//1936	-		MUHS/UDC(Ph. D.)/Guide/239/20 22 dt.01/06/2022
3	Mr. Mohd. Shamim Ansari	Lecturer	15/9/1971	30/9/2031	-	-	

<u>Date:</u>	Signature, Name and stamp of
	Dean/Principal/Director



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Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee: NO NEW BATCH ADMITTED

	Name of Ethical Committee Member	Designation
Sr.No.		
1		
2		
3		
4		
5		

<u>Date:</u>	Signature, Name and stamp of
	Dean/Principal/Director



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संदर्भ संख्या :	दिनां क
Ref No:	Date

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1	Dr. Sanjay Munjal	Professor & Incharge, Speech & Hearing Unit
2	Dr. Aarti Waknis	Associate Professor

Date:	Signature, Name and stamp of
	Dean/Principal/Director