

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Fellowship Course in Phacoemulsification

This to Certify that Dr. Tanvi Haldipurkar has worked in the Department of Cataract – Phacoemulsification at Laxmi Charitable Trust Training Centre as per following details

A) General Experience

Designation	From	To	Total period	
			Year	Months
Consultant	01/07/2014	Till Date	7 years	10 months


B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period	
			Year	Months
Consultant and Mentor	01/01/2016	Till Date	6 years	4 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


Sign & Stamp
 Head of the Department
 Date: 22/05/2022




Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 22/05/2022

Dr. Tanvi S. Haldipurkar
 Medical Director
 Laxmi Charitable Trust Eye Hospital
 Panvel

Dr. Tanvi S. Haldipurkar
 Medical Director
 Laxmi Charitable Trust Eye Hospital
 Panvel

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

PROBLEM SET 1

DATE: _____

NAME: _____

SECTION: _____

INSTRUCTOR: _____

TA: _____

PROFESSOR: _____

ASSISTANT PROFESSOR: _____

LECTURER: _____

DEAN: _____

CHIEF OF SCHOOL: _____

DEAN OF STUDENTS: _____

DEAN OF FACULTY: _____

DEAN OF RESEARCH: _____

DEAN OF INTERNATIONAL AFFAIRS: _____

DEAN OF THE DIVISION OF THE PHYSICAL SCIENCES: _____

DEAN OF THE DIVISION OF THE SOCIAL SCIENCES: _____

DEAN OF THE DIVISION OF THE BIOLOGICAL SCIENCES: _____

DEAN OF THE DIVISION OF THE ENVIRONMENTAL SCIENCES: _____

DEAN OF THE DIVISION OF THE PHYSICAL SCIENCES: _____

(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)

Name: **DR. SUHAS HALDIPURKAR** Age: **67 YEARS** (Date of Birth): **26 JUNE 1954**

PG Degree	Subject	Year	Institution	University
RECOGNIZED/ Not-Recognized	OPHTHALMOLOGY	1981	COLLEGE OF PHYSICIANS AND SURGEONS	CPS, MUMBAI

Teaching Experience:

Designation	Institution	From	To	Total Experience
Asst. Professor	LAXMI EYE INSTITUTE	1991	2000	10 YRS
Asso. Professor/Reader	LAXMI CHARITABLE TRUST	2001	2010	10 YRS
Professor	LAXMI CHARITABLE TRUST	2011	2020	10 YRS
Any Other	PHACO TEACHER – WINTER ACADEMY, AUSTRIA	1999	2022	23 YRS
Grand Total				33YRS

2. Management/Society/Inst. Information:

01	i) Name of the Society / Institution/College/ University Department:	LAXMI CHARITABLE TRUST	
	ii) Postal Address, with PIN:	LAXMI CHARITABLE TRUST, VASANT KRUPA BUILDING, URAN ROAD, PANVEL, NAVI MUMBAI, MAHARASHTRA – 410206	
	iii) Contact Details:	Mob: 9594986811	Tele : 022-27452228
02	Society/Institution/College Registration Number and date:	i)Public Trust Act 1950 – YES	
		ii)Society's Registration Act 1860	
		iii)Year of Establishment – 1991	
		iv) Copies of Registration, Constitution and Memorandum of Association attached? YES / No –	
03	Hospital Information: (It is mandatory for Training Centre/applying to have their own functional Hospital as per norms) i)Name of the Hospital	LAXMI CHARITABLE TRUST REGISTERED UNDER MUMBAI PUBLIC TRUST ACT 1950 E-336 1991	
		APPENDIX -'B'	

APPENDIX -'A'**APPENDIX -'B'**

	ii) Nursing Home registration No. III) Establishment Year	
04	<p>1) Name of the Training Centre/Institute where course is to be conducted</p> <p>ii) Postal address with PIN</p> <p>iii) Contact details:</p> <p>iv) Email ID:</p> <p>v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity</p> <p>vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)</p>	<p>LAXMI CHARITABLE TRUST EYE HOSPITAL LAXMI CHARITABLE TRUST, VASANT KRUPA BUILDING, URAN ROAD, PANVEL, NAVI MUMBAI, MAHARASHTRA – 410206 MOB:9594986811 TEL:022-27452228 EMAIL: info@laxmieye.org / academic@laxmieye.org</p> <p>3 COURSES RUNNING</p> <p>1: FELLOWSHIP IN PHACOEMULSIFICATION AFFILIATED BY MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES (MUHS) – JULY 2017 Approved Intake Capacity <u>04</u> Affiliated Since: <u>October 2018 (Continued affiliation for A.Y – 2021-2022)</u></p> <p>2: DNB – DIPLOMATE OF NATIONAL BOARD BY NATIONAL BOARD OF EXAMINATIONS (NBE) – Approved Intake Capacity <u>01 primary /1 post DO</u>, Affiliated Since: <u>January 2007</u></p> <p>3: B.SC. OPTOMETRY – AFFILIATED TO MUHS – MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES (MUHS), NASHIK Approved Intake Capacity: <u>20</u> Affiliated Since : <u>2016-17</u></p> <p>Name of the Course (s) Required Intake Capacity... .. (if necessary Attach separate List) NO</p>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	<p>Paid Fees details Attached - * <u>YES / NO</u> BANK- AXIS BANK DD NO – 055910 DD DATE -20/10/2021 DD AMOUNT – RS.50,000/-</p> <p>COPY OF DD ATTACHED (Pending Fees if any) – NO</p>
06	Financial Position of the Society / Institute in the preceding 03 years	<p>Audited Statements of Accounts for</p> <p>i) 2017 - 2018</p> <p>ii) 2018- 2019</p> <p>iii) 2019 - 2020</p> <p>attached? - <u>YES / No</u> - APPENDIX-'C'</p>
07	Budgetary provision for the FC/CC/DC for next 03 years	<p>i) 2021-2022... <u>Rs. 16,79,000</u></p> <p>ii) 2022-2023... <u>Rs. 16,85,000</u></p> <p>iii) 2023-2024... <u>Rs. 16,78,000</u></p>

08	Management Resolution seeking Recognition of Institute for <u>FC/EC/DC</u> of MUHS, Nashik	Resolution NO. 14 dated 12.10.2018 Copy of Management Resolution attached? * <u>YES/No</u> – APPENDIX-'D'
09	Other information:	
	a) Land:	* <u>YES/No</u> , If Yes, then Area: 6000 sq.fts 3 FLOORS
	i) Whether the land is owned by the Applicant Institute/College /Trust:	Copy of land document i.e 7/12 extract, Property Card, etc attached? - * <u>Yes/NA</u> – Mark as Appendix 'E' – <u>NA</u>
	ii) Whether the land is registered?	*- <u>YES/No</u> . If yes Registration Number:– IRGD/PDWL/HSG/1485/TC/03-04-04 *Dated: 04/02/2004 at (Place): PANVEL *Copy of Land Registration Certificate attached? * <u>YES/No</u> – APPENDIX-'F'
	iii) Any loans, mortgage, etc shown against the title of the land:	* <u>Yes/NO</u> If yes, amount of loan Rs... <u>NA</u> /mortgaged for Rs... <u>NA</u> Copy of Loan/Mortgage Deed attached? * <u>Yes/NO</u> – Mark as Appendix 'G' – <u>NA</u>
b) Building: i) Total built-up area	6000 SQ.FT Certified copy of Building plan attached? * <u>YES/No</u> – APPENDIX-'H'	

3. Central Library –

- Total number of Books in library: **800**
- Books pertaining to concerned Fellowship Subject: **65**
- Purchase of latest editions of concerned books in last 3 years: **6**
- Journals:

Journals	Total	Concerned fellowship subject
Indian	5	2
Foreign	5	2

- 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/ Not available**

- Library opening times: **8 AM to 8 PM**
- Reading facility out of routine library hours: **AVAILABLE – FACILITY AVAILABLE TO ISSUE LIBRARY BOOKS AT HOME**

4. Recreational facilities: AVAILABLE – RECREATION ROOM WITH INDOOR GAMES AND TELEVISION

Play grounds, Gymnasium **AVAILABLE – AT MCCH SOCIETY, PANVEL**

5. Hostel Accommodation: AT PARIJAT APARTMENT, NEAR LAXMI CHARITABLE TRUST, MULLA HAMID ROAD, PANVEL – 410206 AND GIRLS HOSTEL AT KARANJADE

Particulars	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	NA	NA	2	4	NA	NA
No. of Students	NA	NA	2	4	NA	NA
Status of Cleanliness	NA	NA	CLEAN	CLEAN	NA	NA

2. Residential accommodation for staff/Paramedical staff: **AVAILABLE – AT PARIJAT HOUSING SOCIETY, MULLA HAMID ROAD, PANVEL - 410206**

7. Ethical Committee (Constitution): **YES**
ECR/988/LAXMI/INST/MH/2013/RE-REGISTRATION/2017 DATED 03/05/2017 renewed in year 2020

8. Medical Education Unit (Constitution): **YES-**
 (Specify number of meetings held annually & minutes thereof)

- MEETINGS HELD ONCE IN MONTH

9. Any other faculty specific information required: (such as Herbal garden/ Panchakarma Unit/**Pharmacy**/Dental chairs and Units/as per requirements of concerned Course) Attach Details

- PHARMACY AND OPTICALS

- LAXMI EYE BANK – REGISTERED UNDER HOTA

- VISION CENTRES

- MOBILE OPHTHALMIC VAN AND DOOR TO DOOR SCREENING

- SECONDARY EYE CARE CENTRE AT PALI

1. What time does the program start?

2. What time does the program end?

3. What is the location of the program?

4. What is the purpose of the program?

5. What is the target audience for the program?

6. How long has the program been running?

7. What is the budget for the program?

8. What are the program's goals?

Year	Boys	Girls	Total	Program
2019	NA	NA	NA	NA
2020	NA	NA	NA	NA
2021	NA	NA	NA	NA

9. How often does the program meet?

10. How long does each session last?

11. How is the program evaluated?

12. What are the program's strengths?

13. What are the program's weaknesses?

14. How can the program be improved?

15. What are the program's future plans?

16. How can the community support the program?

17. How can the program be sustained?

18. How can the program be expanded?

19. How can the program be replicated?

20. How can the program be evaluated?

21. How can the program be improved?

22. How can the program be sustained?

23. How can the program be expanded?

(HOSPITAL INFORMATION)

1. Name of the Hospital : LAXMI CHARITABLE TRUST EYE HOSPITAL
2. Total Number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	<u>19520</u>	OPD	<u>17520</u>
IPD (Total No. of Patients admitted)	<u>3254</u>	IPD (Total No. of Patients admitted)	<u>1154</u>

3. Hospital Beds Distribution & No. of OT:

In the entire hospital	
No. of Beds	<u>20 BEDS</u>
No. of Beds in ICU	<u>NA – MOU WITH OTHER HOSPITAL</u>
No. of Beds in IRCU	<u>MOU</u>
No. of Beds in SICU	<u>MOU</u>
No. of Major OT	<u>3 OT</u>
No. of Minor OT	<u>1 OT</u>

4. Available Clinical Material : (Give the data only for the department of concerned Fellowship subject)

• No. of available for clinical service on inspection day:		
	On inspection Day	Average of random 3 days
Daily OPD – 2 PM		
Daily admissions		
Daily admissions in Dept. through casualty at 10 am		
Bed occupancy in the dept. at 10 AM		
Number of patients in ward (IPD)		
Percentage bed occupancy at 10 AM		

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty:

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
IOL MASTER		
A SCAN		
PHACO SURGERY		

5. Casualty: / Emergency Department: AVAILABLE

Space	<u>500 SQ.FTS</u>
Number of Beds	<u>5 beds</u>
No. of cases (Average daily OPD and Admissions):	<u>2</u>
Emergency Lab in Casualty (Round the clock)	<u>MOU with Dhanwantari Diagnostic</u>
Emergency OT and Dressing Room	<u>2</u>
Staff (Medical / Paramedical)	<u>1 + 4</u>
Equipment available	<u>Emergency medical kit</u> <u>Oxygen cylinder</u> <u>Ambu bag</u> <u>Ophthalmic Emergency kit</u>

6. Blood Bank: YES – MOU WITH ROTARY BLOOD BANK

(i)	Valid FDA License (Copy of certificate be annexed)	Yes/No – <u>NA</u>
(ii)	Blood component facility available	Yes/No – <u>NA</u>
(iii)	All Blood Units tested for Hepatitis C, B, HIV	Yes/No – <u>NA</u>
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes/No – <u>NA</u>

(v)	Number of Blood units available on inspection day	<u>NA</u>	
(vi)	Average Blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties) - <u>NA</u>	Average daily - <u>NA</u>	On inspection day - <u>NA</u>

7. Central Laboratory: -

- Controlling Department: NA
- No. of Staff: 1
- Equipment Available: Attach separate list - - COLLECTION CENTRE
- Working hours: NA

8. Central supply of Oxygen /Suction: AVAILABLE / ~~Not Available~~

9. Central Sterilization Department: AVAILABLE / ~~Not Available~~

10. Ambulance (Functional): AVAILABLE / ~~Not Available~~

11. Laundry: MECHANICAL/MANUAL - INHOUSE

12. Kitchen: AVAILABLE / ~~Outsourced / Not Available~~

13. Incinerator: Functional / Non Functional: Capacity...
OUTSOURCED - MOU WITH PARAMOUNT HOSPITAL

14. Bio-Medical waste disposal - MOU/ ~~any other method~~

15. Generator facility: AVAILABLE / ~~Not Available~~

16. Medical record Section: COMPUTERIZED / ~~Non-Computerized~~

- ICD X classification - IN PROCESS

Sign & Stamp
Head of the Department
Date: 22/05/2022

Dr. Sahas S. Haldipurkar
Medical Director
Laxmi Charitable Trust Eye Hospital
Panvel



College/Institute
Round Seal

Sign & Stamp
Dean/Principal/Head of Institute
Date: 22/05/2022

Dr. Sahas S. Haldipurkar
Medical Director
Laxmi Charitable Trust Eye Hospital
Panvel

1. Central Laboratory
2. Controlling Department
3. Department of Finance
4. Department of Law
5. Department of Public Health
6. Department of Social Work
7. Department of Statistics
8. Department of Training
9. Department of Transport
10. Department of Welfare
11. Department of Works
12. Department of Youth Services
13. Department of Zoning
14. Department of Parks and Recreation
15. Department of Public Safety
16. Department of Cultural Affairs
17. Department of Information Technology
18. Department of Human Resources
19. Department of Procurement
20. Department of Legal Affairs

[Signature]
The Mayor, City of New York



[Signature]
Deputy Mayor, City of New York

ANNEXURE – “D”

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected: CATARACT DEPT – PHACOEMULSIFICATION
2. Date on which independent department of : functioning Concerned specialty was created and started: 1992
3. Mentor's details (From start of department till date):

Sr. No	Name	Full time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned subject)
MENTORS IN DEPARTMENT					
1	DR.SUHAS HALDIPURKAR	FULL TIME	MEDICAL DIRECTOR	DOMS	39 YRS
3	DR. TANVI HALDIPURKAR	FULL TIME	CONSULTANT	MS	7 YRS

4. Whether Independent Department of concerned Fellowship subject exists in the Institution:

YES/No:

since When: 1992

5. Specialty Department Infrastructure Details:

Facility	Area (Sq. ft)	Available	Not available
Faculty Rooms	100* 4= 400 SQ.FTS	AVAILABLE	--
Clinics	1000*2= 2000 SQ.FTS	AVAILABLE	--
Laboratory Space	100*1=100 SQ.FTS	AVAILABLE	---
Seminar Room	1000*2=2000 SQ.FTS	AVAILABLE	--
Departmental Library	250 SQ.FTS	AVAILABLE	--
PG Common room	100 SQ. FTS	AVAILABLE	--
Preclinical lab (wherever applicable)	100*2=200 SQ.FTS	AVAILABLE	--

(DEPARTMENTAL INFORMATION)

Following are the details of the projects sanctioned during the period 1991-92.

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Patient waiting room	500 SQ.FTS	AVAILABLE	--
Total Area	6000 SQ.FTS	--	--

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during last 3 years:

Year	No. of students admitted	No. of Valid Mentors available in the department. (Give names)
2017-18	2	2 DR. SUHAS HALDIPURKAR DR. TANVI HALDIPURKAR
2018-19	0	
2019-20	1	
2020-21	2	
2021-22	0	

7. List of Non-Teaching staff in the department:

Sr. No	Name	Designation
1	V.V. Sindhu	HOD – Operation Theatre
2	Shantama C.K.	Staff Nurse
3	Dr. Alka Jadhav	OPD Manager
4	Sarika	Patient Coordinator
5	Manisha Nalawade	Accounts Manager
6	Seema	Assistant Manager - Stores
7	Sangeeta Chitruk	Ayabai
8	Prema	Ayabai
9	Sunanda Todkar	Ayabai
10	Vinod Pachghare	Camp Co-ordinator
11	Sangeeta Chavan	Cashier
12	Sakharam Ughade	Cook
13	Varsha Deshpande	Counsellor
14	Sheetal Sawlekar	HR
15	Ankush Sakhare	Driver
16	Salim	Driver

17	Arvind Kumar	Driver
18	Swapnil Sawant	Executive - Accounts
19	Darshana Gawde	Executive - MRD
20	Pradeep Patil	OT Assistant
21	Akshay	House Keeper
22	Devendra Kamble	House Keeper
23	Dharne	House Keeper
24	Deepak Chaudhary	Junior Executive - MRD
25	Padmanabh Bhagwat	Manager - IT
26	Rajayshree	Receptionist
27	Sakshi Patil	Receptionist
28	Rekha Sharma	Receptionist
29	Manohar Sawant	Watchman
30	Rahul Sadavarte	Watchman

8. List of Equipment(s) in the department on concerned fellowship subject:
Equipment: List of important equipment available and their functional status (List here only – No annexure to be attached)

Sr. No	Name of Equipment	Specification	Functional/ Not Functional	Qty
1	Phaco machine	Oertli	Functional	2
2	Phaco machine	Infiniti - Alcon	Functional	1
3	Phaco Machine	Centurion - Alcon	Functional	1
4	Operating Microscope	OPMI Visu 200	Functional	3
5	Operating Microscope	MDO XY	Functional	3
6	Ophthalmic Chair	Mehra eye tech	Functional	24
7	Slit Lamp	Topcon SL-1	Functional	20
8	Auto refractometer with Keratometer	Topcon	Functional	7
9	Non-Contact Tonometer	Topcon	Functional	7
10	Applanation tonometer	Inami	Functional	12
11	Refraction Sets	Baliwala & Homi	Functional	24

12	IOL Master	Zeiss	Functional	3
13	Lenstar	Biomedix – Haag Streit	Functional	1
14	Oculyzer	My healthskape	Functional	1
15	A scan	Biomedix - Ecorule	Functional	3
16	B Scan	OTI Scan 3000	Functional	2
17	iTracey	Hoya	Functional	1
18	Direct ophthalmoscope	Heine	Functional	10
19	Retinoscope	Heine	Functional	10
20	90 D Lens	Volk	Functional	12
21	4 Mirror Gonio lens	Volk	Functional	5
22	Indirect ophthalmoscope with 20 D Lens	Appasamy / Heine	Functional	8
23	Advance Logic Lensometer	Reichert	Functional	7
24	YAG Laser - SLT	Lumenis	Functional	1
25	YAG Capsulotomy and YAG PI Lens	Volk	Functional	1
26	Imaging System	HAAG Streit	Functional	1
27	Optical Coherence Tomography - OCT	Zeiss	Functional	2
28	Perimeter	Humphrey / Octopus 123	Functional	2
29	Pulse Oxymeter with SPO 2	BPL	Functional	4
30	Operation Table	Medicare	Functional	5
31	Operation Chair	Medicare	Functional	5
32	Hipa Filter	Kirloskar	Functional	2
33	Positive pressure Air Filter	SKan	Functional	2
34	Trolleys	Medicare	Functional	8
35	Bipolar Coagulator	Wetfield	Functional	5
36	Defibrillator	BPL DF 2509	Functional	2
37	Dehumidifiers	origin	Functional	6
38	Autoclave	Equitron	Functional	4

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3	1.2 Objectives	2
4	1.3 Scope	2
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6	2. Literature Review	4
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8	2.2 Methodology	5
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82	Appendix BD	76
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84	Appendix BF	78
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87	Appendix BI	81
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89	Appendix BK	83
90	Appendix BL	84
91	Appendix BM	85
92	Appendix BN	86
93	Appendix BO	87
94	Appendix BP	88
95	Appendix BQ	89
96	Appendix BR	90
97	Appendix BS	91
98	Appendix BT	92
99	Appendix BU	93
100	Appendix BV	94

39	ETO Autoclave	ETO	Functional	1
40	Flash sterilizer	1321	Functional	1
41	Flash sterilizer	5000	Functional	1
42	Ultrasonic cleaner	Oscar	Functional	2
43	Instrument Drums	Medicare	Functional	25

9. Intensive care service provided by the Department: (Emergency) – **YES** –

OPHTHALMIC EMERGENCY

10. Specialty clinics run by the department and number of patients in each

Sr. No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended In a day	Name of Clinic In-charge
1	CATARACT	MON TO SAT	8 AM TO 8 PM	35	DR. TANVI HALDIPURKAR
2	GLAUCOMA	MON TO SAT	8 AM TO 8 PM	28	DR. RITA DHAMANKAR
3	RETINA	MON TO SAT	8 AM TO 8 PM	25	DR. DEVENDRA VENKATRAMANI
4	COMMUNITY OUTREACH	MON TO SAT	8 AM TO 8 PM	35	DR. HETAL SHAH
5	CORNEA	MON TO SAT	8 AM TO 8 PM	14	DR. NIKET GANDHI
6	REFRACTIVE	MON TO SAT	8 AM TO 8 PM	27	DR. TANVI HALDIPURKAR
7	OCULOPLASTY	TUESDAY	9 AM TO 3 PM	5	DR. HRISHIKESH TADWALKAR
8	PEDIATRIC	TUES TO SAT	8 AM TO 5 PM	19	DR. MONICA SAMANT
9	EYE BANK	MON -SAT	8 AM TO 8 PM	5	DR. NIKET GANDHI

11. Services provided by the Department

a) Services

i. **CATARACT SERVICE – eye camps, outreach program – 6 camps per week , mobile eye clinic**

b) Ancillary Services - **YES/No**

i. **TO AND FRO THE PATIENTS**

ii. **FOOD for OPERATED PATIENTS**

iii. **POST OPERATIVE MEDICATIONS**

iv. **POST OPERATIVE FOLLOW UPS AT SATELLITE CENTRES**

OPHTHALMIC SERVICES

The following table shows the location and number of ophthalmic services.

Service	Location	Number of Services
1. CATARACT	MON TO FRI 8 AM TO 5 PM	25
2. GLAUCOMA	MON TO FRI 8 AM TO 5 PM	25
3. RETINA	MON TO FRI 8 AM TO 5 PM	25
4. CONTACT LENS	MON TO FRI 8 AM TO 5 PM	25
5. OPTOMETRIC	MON TO FRI 8 AM TO 5 PM	25
6. LASER	MON TO FRI 8 AM TO 5 PM	25
7. CORNEA	MON TO FRI 8 AM TO 5 PM	25
8. STRABISMUS	MON TO FRI 8 AM TO 5 PM	25
9. PEDIATRIC	MON TO FRI 8 AM TO 5 PM	25
10. NEUROROPHTHALMOLOGY	MON TO FRI 8 AM TO 5 PM	25
11. ORBIT	MON TO FRI 8 AM TO 5 PM	25
12. OCULAR ONCOLOGY	MON TO FRI 8 AM TO 5 PM	25
13. OCULAR IMMUNODEFICIENCY	MON TO FRI 8 AM TO 5 PM	25
14. OCULAR INFECTIONS	MON TO FRI 8 AM TO 5 PM	25
15. OCULAR TRAUMA	MON TO FRI 8 AM TO 5 PM	25
16. OCULAR TUMORS	MON TO FRI 8 AM TO 5 PM	25
17. OCULAR VASCULAR DISEASE	MON TO FRI 8 AM TO 5 PM	25
18. OCULAR SYSTEMIC DISEASE	MON TO FRI 8 AM TO 5 PM	25
19. OCULAR PHARMACOLOGY	MON TO FRI 8 AM TO 5 PM	25
20. OCULAR RECONSTRUCTION	MON TO FRI 8 AM TO 5 PM	25

CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER

- 1. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 2. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 3. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 4. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 5. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 6. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 7. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 8. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 9. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 10. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 11. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 12. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 13. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 14. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 15. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 16. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 17. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 18. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 19. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER
- 20. CATARACT SERVICE - WE KAMPT OPHTHALMOLOGICAL CENTER

c) Others:

- I. MOBILE EYE CHECKUP SCREENING
- II. DISTRIBUTION OF FREE SPECTACLES
- III. AWARENESS CAMPAIGNS

12. Space:

Sr. No.	Details	In OPD	In IPD
1	Patient Examination / Checking Arrangement	2500 SQ.FTS	500 SQ.FTS
2	Equipment	1000 SQ.FTS	1000 SQ.FTS
3	Teaching space	1500 SQ. FTS	500 SQ.FTS
4	Waiting area for patients	500 SQ.FTS	nil

13. Office Space:

Department Office		Office space for Teaching Faculty	
Space (Adequate)	<u>YES/No</u>	HOD	800 SQ.FTS
Staff (Steno/Clerk)	<u>YES/No</u>	Professors	250 SQ.FTS
Computer/typewriter	<u>YES/No</u>	Associate Professors	250 SQ. FTS
Storage space for files	<u>YES/No</u>	Assistant Professor	100 SQ.FTS
		Residents	100 SQ.FTS

14. Clinical Load of Dept.: No of Surgeries / Procedures APPROX 20 PER DAY

15. Submission of Data to national authorities if any: YES – DBCS, CHARITY COMMISSIONER AND CIVIL HOSPITAL, ALIBAG

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
LICENSING DIVISION

Licensee Name	License Number	Expiration Date	Category
John Doe	123456789	12/31/2024	Physician
Jane Smith	987654321	06/30/2025	Nurse Practitioner
Michael Johnson	567890123	03/31/2024	Physician Assistant
Sarah Williams	345678901	09/30/2024	Registered Nurse
David Brown	234567890	11/30/2024	Pharmacist
Emily White	012345678	08/31/2024	Physical Therapist
Robert Green	890123456	05/31/2025	Chiropractor
Laura Black	678901234	02/28/2024	Massage Therapist
James Gray	456789012	10/31/2024	Podiatrist
Amanda Pink	234567890	07/31/2024	Occupational Therapist
Christopher Blue	012345678	04/30/2025	Speech Therapist
Michelle Yellow	890123456	01/31/2024	Behavioral Health
Kevin Purple	678901234	12/31/2024	Psychologist
Nicole Red	456789012	09/30/2024	Marriage Counselor
Brandon Orange	234567890	06/30/2025	Family Therapist
Samantha Green	012345678	03/31/2024	Individual Counselor
Eric Blue	890123456	12/31/2024	Group Counselor
Stephanie Yellow	678901234	09/30/2024	Community Health Worker
Benjamin Purple	456789012	06/30/2025	Health Educator
Karen Red	234567890	03/31/2024	Public Health
Gregory Orange	012345678	12/31/2024	Health Services Administration
Christina Green	890123456	09/30/2024	Healthcare Management
Anthony Blue	678901234	06/30/2025	Healthcare Compliance
Heather Yellow	456789012	03/31/2024	Healthcare Quality Improvement
Jonathan Purple	234567890	12/31/2024	Healthcare Research
Rebecca Red	012345678	09/30/2024	Healthcare Policy
Andrew Orange	890123456	06/30/2025	Healthcare Law
Olivia Green	678901234	03/31/2024	Healthcare Ethics
Isaac Blue	456789012	12/31/2024	Healthcare Informatics
Grace Yellow	234567890	09/30/2024	Healthcare Analytics
Samuel Purple	012345678	06/30/2025	Healthcare Data Science
Chloe Red	890123456	03/31/2024	Healthcare Technology
Benjamin Orange	678901234	12/31/2024	Healthcare Innovation
Abigail Green	456789012	09/30/2024	Healthcare Entrepreneurship
Lucas Blue	234567890	06/30/2025	Healthcare Leadership
Madeline Yellow	012345678	03/31/2024	Healthcare Management
Christopher Purple	890123456	12/31/2024	Healthcare Administration
Victoria Red	678901234	09/30/2024	Healthcare Compliance
Christopher Orange	456789012	06/30/2025	Healthcare Quality Improvement
Madison Green	234567890	03/31/2024	Healthcare Research
Christopher Blue	012345678	12/31/2024	Healthcare Policy
Olivia Yellow	890123456	09/30/2024	Healthcare Law
Christopher Purple	678901234	06/30/2025	Healthcare Ethics
Isabella Red	456789012	03/31/2024	Healthcare Informatics
Christopher Orange	234567890	12/31/2024	Healthcare Analytics
Charlotte Green	012345678	09/30/2024	Healthcare Data Science
Christopher Blue	890123456	06/30/2025	Healthcare Technology
Amelia Yellow	678901234	03/31/2024	Healthcare Innovation
Christopher Purple	456789012	12/31/2024	Healthcare Entrepreneurship
Sophia Red	234567890	09/30/2024	Healthcare Leadership
Christopher Orange	012345678	06/30/2025	Healthcare Management
Olivia Green	890123456	03/31/2024	Healthcare Administration
Christopher Blue	678901234	12/31/2024	Healthcare Compliance
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Christopher Orange	456789012	12/31/2024	Healthcare Quality Improvement
Olivia Green	234567890	09/30/2024	Healthcare Research
Christopher Blue	012345678	06/30/2025	Healthcare Policy
Isabella Yellow	890123456	03/31/2024	Healthcare Law

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Director	: DR. SUHAS HALDIPURKAR
02.	Date of Birth	: 26 JUNE 1954
03.	Address	: PLOT 73, MCCH SOC PANVEL - 410206
04.	Tel. No./ Mob. No.	: 9594986811
05.	E-mail id	: mdoffice@laxmieye.org
06.	Nationality.	: INDIAN
07.	Qualification in details : (attach documentary proof)	: DOMS
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 30 YEARS TEACHING EXPERIENCE IN CATARACT AND PHACOEMULSIFICATION, RECOGNISED PHACO TEACHER IN WINTER ACADEMY CONDUCTED AT AUSTRIA
09.	Present Appointment	: MEDICAL DIRECTOR
10.	Publications (List & Proof)	: 8 PUBLICATIONS
11.	Post Graduate Teaching experience (Attach documentary evidence)	: TEACHING DNB CANDIDATES FROM YEAR 2008
12.	Any other relevant information	: NIL

Date: - 22/05/2022

Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).



Sign & Stamp
Head of the Department

Date: 22/05/2022

Dr. Suhans S. Haldipurkar

Medical Director

Laxmi Charitable Trust Eye Hospital
Panvel


Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date: 22/05/2022

Dr. Suhans S. Haldipurkar

Medical Director

Laxmi Charitable Trust Eye Hospital
Panvel

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. TANVI HALDIPURKAR
02.	Date of Birth	: 08/02/1987
03.	Address	: PLOT 81, MCCH SOCIETY, PANVEL
04.	Tel. No./ Mob. No.	: TEL - 022 27452228 MOB - 9594986804
05.	E-mail id	: tanuh8@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MS - Oph
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: Teaching DNB candidates and Fellowship candidates
09.	Present Appointment	: Consultant and Guide
10.	Publications (List & Proof)	: Available - List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Teaching DNB candidates since 2015
12.	Any other relevant information	: None


Date: - 22/05/2022



Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.


Sign & Stamp
Head of the Department

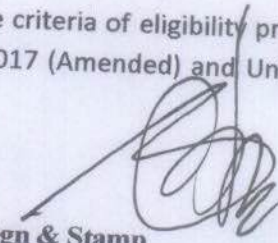
Date: 22/05/2022

Dr. Sohas S. Haldipurkar

Medical Director

Laxmi Charitable Trust Eye Hospital
Panvel

Training Centre Round Seal


Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 22/05/2022

Dr. Sohas S. Haldipurkar

Medical Director

Laxmi Charitable Trust Eye Hospital
Panvel

International Mentor of Training Centre
Institute of Education of the Islamic Republic of Iran

Dr. Zahra S. Habibpour
Medical Director
Laxmi Charitable Trust Eye Hospital
Bavel



Dr. Zahra S. Habibpour
Medical Director
Laxmi Charitable Trust Eye Hospital
Bavel

ANNEXURE - "G"

Information of Co-ordinator of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: HEMA MISRA
02.	Date of Birth	: 28/10/79
03.	Address	: KARANJADE, PANVEL
04.	Mob. No.	: 9594986811
05.	E-mail id	: info@laxmieye.org
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: GRADUATE
08.	Present Appointment	: ACADEMIC COORDINATOR
09.	Any other relevant information	NONE

Date:22/05/2022



Sign & Stamp
Head of the Department


Date: 22/05/2022

Dr. Snhas S. Haldipurkar
Medical Director
Laxmi Charitable Trust Eye Hospital
Panvel



Training Centre Round Seal

Sign. of Co-ordinator



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 22/05/2022

Dr. Snhas S. Haldipurkar
Medical Director
Laxmi Charitable Trust Eye Hospital
Panvel

Information of a ...
... by the ...

Dr. Suresh S. Halderkar
Medical Director
Laxmi Charitable Trust Eye Hospital
Pune



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Medical Director
Laxmi Charitable Trust Eye Hospital
Pune

DECLARATION


I, the Dean / Director/ Principal of the Laxmi Charitable Trust Eye Hospital Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective **Annexure- F** are not working in / at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year **2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-F** are staying in the same city / town / village where the Training Centre/ Institute is situated or adjacent to the city / town / village, where the Training Centre /Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure - F** are not practicing in Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 22nd Day of May 2022 At Panvel.

Date: .22/05/2022

Place: Panvel



Signature of Dean/Principal/DirectorName of the Signatory

(With Seal of the Training Centre)

Dr. Satya S. Haldipurkar
Medical Director
Laxmi Charitable Trust Eye Hospital
Panvel

