

Homoeopathic Medical College & Hospital

RAJENDRA PRASAD ROAD, AKOT ROAD, AKOLA- 444 003 (M.S.)
Phone No. 0724- 2433628, 2991023 Email Id -: heshmc1954@gmail.com
Website:- heshmcakl.in

Dr. S. U. Tiwari (M.D.) Principal Mob. No. 9921979967

No. HMC/AKL/SUT/2024/

Date:-12/08/2024

## Compliance

To, The Registrar MUHS, Nashik.

Subject: Compliance regarding deficiencies of our college for the academic year 2024-25.

Ref.:- No. MUHS/(UG)/E-4/145107/219/2024 dt. 26/07/2024

R/Sir,

As per subject & ref. cited above here the college submitted our compliance point wise regarding the deficiencies pointed out by the committee as follow.

(i) Deficiencies regarding Staff.

**Compliance.**:- As for as the staff is concerned no such deficiencies is mention, hence no need of explanation on this regard.

(1) Guest Reader not found in Anatomy, Physiology, Organon, Pharmacy & Repertory.

Compliance.:- There is no specific Guideline is given by M.S.R. to appoint the Guest faculty in the respective department in the college, on the other hand college having Guest faculty teacher in the college. List is attached herewith for your kind information

Annexure -1

(2) Guest Professor in FMT not found.

Compliance.:- There is no specific Guideline in the M.S.R for the appointment of Guest faculty in the department of FMT and only reason to not appoint any Guest teacher in the department of FMT, on other hand college having Guest faculty teacher in the college, list attached for your kind information.

Annexure -1

(3) MPCB certificate is under process.

**Compliance.:-** After completion of all formalities regarding the Hospital Registration for the college. College got the new Registration of our college Hospital, a copy of the same here with attached for your kind information.

Annexure -2



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(4) Payment of all University dues including affiliation fees & submission of bank guarantee (Wherever applicable).

**Compliance.:-** No dues is pending of the college Regarding the Affiliation fees, hence no need to further clarification.

(5) The college shall submit Affidavit in the prescribed format as per Academic Council's resolution No.229/2013 (format attached)

**Compliance.**:- College is already submitted affidavit in the prescribed format as per Academic council Resolution no. 229/2013,copy of the affidavit is attached herewith for your kind information .

Annexure -3

(6) for those UG/PG qualifications that are not yet recognized by the central Govt.

**Compliance.:-** College is continuously contact with NCH for the reorganization for qualification of our teachers and online teachers code work is under process as per direction given by NCH.

This is our submission regarding the deficiencies.

Thanking you.

Your's faithfully

Dr. Sanjaykumar U. Tiwari PRINCIPAL

Homoeopathic Medical College Akot Road, AKOLA

# HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOLA List of Guest Faculty

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cher         Post         Qualification         Reg. No.         Subject         Date of Birth           G.         M. B. B. S.         091487         FMT         21/06/1971           Reader         M. B. B. S.         091487         FMT         21/06/1971           arri         G. Prof.         M. B. B. S.         073179         Medicine         03/02/1971           d. Prof.         M. B. B. S.         073179         Pathology         11/04/1969           e         Reader.         (Pathology)         75489         Obst & Gynec.         1972           ukh         G. Prof.         M. B. D.         77324         Anatomy         16/11/1970           y         G. Prof.         Ophthalmogy         2882         Surgery         03/03/1976           y         G. Prof.         Ophthalmogy         2882         Surgery         07/04/1964           a         G. Prof.         Ophthalmogy         2882         Surgery         07/04/1964           a         G. Prof.         MBBS, MS         59062         Surgery         07/04/1964           wai         G. Prof.         (Radiologist)         13/04/1969         13/04/1969           grader         MBBS, DNB         13-50617 <t< th=""><th>30</th><th>05</th><th>01</th><th>05</th><th>05</th><th>05</th><th>01</th><th>04</th><th>01</th><th>05</th><th>05</th><th>01</th><th>03</th><th>90</th><th>05</th></t<>	30	05	01	05	05	05	01	04	01	05	05	01	03	90	05
cher         Post         Qualification         Reg. No.         Subject           G. Prof.         M. B. B. S.         091487         FMT         2           G. Prof.         M. B. B. S.         091487         FMT         2           G. Prof.         M. B. B. S.         073179         Physiology         1           vari         G. Prof.         M. B. B. S.         073179         Pathology         1           vari         G. Prof.         M. D.         75489         Obst & Gynecologygist.         75489         Obst & Gynecologygist.           vari         G. Prof.         MBBS, D. Ortho.         77324         Anatomy         1           y         G. Prof.         Ophthalmogy         2882         Surgery         1           y         G. Prof.         MBBS, MS         59062         Surgery         1           a         G. Prof.         M. D.         79323         (Radiologist)         1           wal         G. Prof.         (MD)         13-50617         Com. Medicine           cre         G. Prof.         (MD)         13-50617         Physiotherapist           de         G. Prof.         Dietician         00002558         Dietician	Appointment	25/10/2018	29/10/2022	25/10/2018	25/10/2018	25/10/2018	07/01/2022	25/02/2019	07/11/2022	25/10/2018	25/10/2018	01/11/2022	02/03/1920	01/04/2017	25/10/2018
cher         Post         Qualification         Reg. No.           G. Prof.         M. B. B. S.         091487           Reader         M. B. B. S.         091487           G. Prof.         M. B. B. S.         073179           e         Reader.         (Pathology)         79663           ukh         G. Prof.         M. D.         75489           ukh         G. Prof.         Ophthalmogy         2882           y         G. Prof.         Ophthalmogy         2882           a         G. Prof.         Ophthalmogy         2882           a         G. Prof.         Ophthalmogy         2882           a         G. Prof.         Ophthalmogy         79323           vari         G. Prof.         (MS)         79323           vari         G. Prof.         (MBBS, DNB.         23/08/13MCI           wal         G. Prof.         (MBBS, DNB.         23/08/13MCI           re         G. Prof.         BPTH         01291           de         G. Prof.         Dietician         0002558	Birth	21/06/1971	12/01/1991	03/02/1971	11/04/1969	1972	16/11/1970	03/03/1976	07/04/1964	12/04/1973	13/04/1969	06/09/1988	26/09/1979	28/02/1980	04/07/1973
cher Post Qualification  G. Prof. M. B. B. S. Reader MBBS, G. Prof. (Anesthesist) G. Prof. (Anesthesist) G. Prof. (Anesthesist) G. Prof. (Anesthesist) G. Prof. (Pathology) V. G. Prof. (MS) Ophthalmogy ale G. Prof. (MS) Ophthalmogy ABBS, D. Ortho. G. Prof. (MS) Ophthalmogy ABBS, D. Ortho. G. Prof. (Radiologist)		FMT	Physiology	Medicine (Pediatrics)	Pathology	Obst & Gynec.	Anatomy	Surgery	Surgery	Medicine (Dentist)	Medicine (Radiologist)	Com. Medicine	Physiotherapist	Dietician	YOGA
cher Post  G. Prof.  G. Prof.  G. Prof.  G. Prof.  G. Prof.  G. Prof.  J. G. Prof.		091487	2015/06/3455	073179	79663	75489	77324	2882	29065	A-6353	79323	23/08/13MCI 13-50617	2010/09/PT/0 01291	0002558	623
cher vari ale ale wal wal cre		M. B. B. S.	MBBS, (Anesthesist)	M. B. B. S.	M. D. (Pathology)	M. D. Gynecologygist.	MBBS, D. Ortho.	(MS) Ophthalmogy	MBBS, MS Ortho.	B. D. S.	M. D. (Radiologist)	MBBS, DNB. (MD)	BPTH	Dietician	jodharvind1@gm ail YOGA
Name of the Teacher  Dr. Ranjeet Korde  Dr. Nisha A. Rathi  Dr. Vijay K. Ahuja  Dr. Smita Maheshwari  Dr. Sandeep Phadke  Dr. Ranjeet Deshmukh  Dr. Manish Harshey  Dr. Mahendra R. Kale  Dr. Babita V. Ahuja  Dr. Babita V. Ahuja  Dr. Brang Maheshwari  Dr. Shreya S. Agrawal  Dr. Shreya S. Agrawal  Dr. Mamta V. Thakre  Dr. Mamisha Warade	0	G. Reader	G. Prof.	G. Prof.	G. Reader.	G. Reader.	G. Prof.	G. Prof.	G. Prof.	G. Reader	G. Prof.	G. Reader.	G. Prof.	G. Prof.	G. Prof.
		Dr. Ranjeet Korde	Dr. Nisha A. Rathi	Dr. Vijay K. Ahuja	Dr. Smita Maheshwari	Dr. Sandeep Phadke	Dr. Ranjeet Deshmukh	Dr. Manish Harshey	Dr. Mahendra R. Kale	Dr. Babita V. Ahuja	Dr. Parag Maheshwari	Dr. Shreya S. Agrawal	Dr. Mamta V. Thakre	Dr. Manisha Warade	Shri. Arvind T. Jodh
Sr.           No           No           01.           02.           03.           04.           05.           06.           07.           10.           11.           12.           13.	No	-	25-77		.40	05.	.90	07.	.80	.60	10.	11.	12.	13.	14.

Dr. Sanjaykumar U. Tiwari PRINCIPAL Homoeopathic Medical College Akot Road, AKOLA No:-442/2024

Registration No.



### Certificate of Registration Under Section 5 of Maharashtra (Bombay) Nursing Home Registration Act. 1949

# New Registration / Renewal

This is to certify that Dz. S. V. Tiwazi [M. D. HOM.]

has been Registered under the Bombay Nursing Home Registration

Act. 1949 in respect of HOMOEOPATHIC MEDICAL COLLEGE & HOSPT.
AKOT ROAD, AKOIA.

and has been authorized to carry on the said Nursing Home.

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	50	7.			
	04/07/2024				
		50			

This Certificate of Registration shall be valid upto MAR 2027



Dated: 04/07/2024

Medical Officer of Health Akola Municipal Corporation

13323 02/12/1985

Akola
Medical Officer of Health
Akola Municipal Corporation
Akola

Dr. Sanjaykumar U. Tiwari PRINCIPAL Homoeopathic Medical College Akot Road, AKOLA.

Annexure -3



महाराष्ट्र MAHARASHTRA

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महाक प्रवंत





### **DECLARATION**

I, the Principal of the Homoeopathic Medical College & Hospital,

Akot – Road, Akola. /Institute solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexure is true and correct to the best of my knowledge. The said information is provided to meby the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure-VI are not working in /at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-25, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI are staying in the same city / town / village where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure-VI

फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद –4) महाराष्ट्र खाराज्य निहानं विद्यापिड नाहिन प्रतिज्ञापत्र कोणाकडे सादर करावयाचे 🕏 प्रतिज्ञापत्रासाठीचे कारण -मुद्रांक विकत घेणा-याचे नाव व रहिवासी पत्ता होने योपं योज 2-100 M1 हस्ते असल्यास त्याचे नाव व पत्ता - लेफी श्रीक्रीली मुद्रांक विकी बाबतची नोंदवही अनु.कमांक/दिनांक 46237 Y.G AGRAWAL मुद्रांक विकतं घेणा-याची सही LIC NO 6/86, Akola

Adv. M. Y. Agrawa further hereby declare that every information or contents in this Inspection Format is R. No. based on the information provided by the concerned teachers and endorsed by me after due 19/11 verification and the same is/are absolutely true and correct. If at any stage it is revealed that Cany 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 College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 3.0. day of ........ 202.3 at... Alcolo.

\*ATTENDATES

Date: 30 112 123

ARRIVATE NAME

Place : 17 01.0 ...

PRINC PRINC

Signature of Principal

Name of the Signatory-

(with Seal of the College / Institute)

Dr. Sanjaykumar U. Tiwari

PRINCIPAL Homoeopathic Medical College Akot Road, AKOLA

30/12/20

Dr. Sanjaykumar U. Tiwari

Homoeopathic Medical College

Certified that this document