

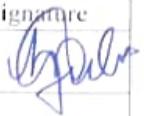


**Maharashtra University of Health Sciences, Nashik**  
**Local Inquiry Committee format for Continuation of Affiliation/Recognition for**  
**Affiliated Training Center's conducting Fellowship and Certificate Course(s) for**  
**the A.Y. 2025 - 2026**



(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   0   1   2   0   2   5			

Name & Designation of Inspectors :			Signature
1)	Dr. Shantaram Gulve	Chairman	
2)		Member	
3)		Member	
4)		Member	

**I. Training Centre Information:**

A	Name of the affiliated training centre	:	Zen Multispeciality Hospital
i	Name of Society / Trust	:	
ii	Address	:	425/437, 10 <sup>th</sup> Road, Chembur, Mumbai 400071
iii	Email Address	:	Zenacademy2015@gmail.com
iv	Telephone No.(s)	:	022/25265630
v	Website	:	Zenhospital.in
vi	Year of Establishment	:	07 / 11 / 2015
B	Name of the Director/ Dean/ Principal	:	Dr. Roysuneel V. Patankar
i	Mobile No.	:	9820075254
ii	Office Landline	:	022-25260066
iii	E-mail	:	roypatankar@gmail.com
C	Name of Co-ordinator	:	Dr. Roy Patankar
i	Mobile No.	:	9820075254
ii	Email ID	:	roypatankar@gmail.com

, of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Minimal Access Surgery	2018	03	Dr. Roy Patankar Dr. Rajan Modi Dr. Prasad Bhukebag Dr. Vishakha Kalikar
02	Basic Gastrointestinal Endoscopy	2025	01	Dr. Roy Patankar Dr. Meghraj Ingale Dr. Mit Shah

(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	Minimal Access Surgery	A.Y. 2020 - 2021	03	02
		A.Y. 2021 - 2022	03	02
		A.Y. 2022 - 2023	03	03
		A.Y. 2023 - 2024	03	02
		A.Y. 2024 - 2025	03	01

(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 –

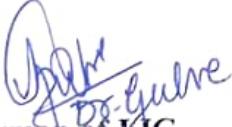
Sr. No.	Point No. in Prescribed format	Particulars of the Point	Observations of the LIC

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)	<p>: - Infrastructure adequate Faculty &amp; mentor available Recommended</p>
02.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	<p>: Yes, Recommend</p>

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

This is certify that the Annexure A to H 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.



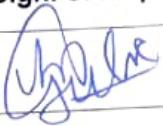
Chairman of LIC  
18/11/25

Member of LIC

Member of LIC

### **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. Shantaram Gulre	Chairman	
2)	Member	
3)	Member	

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

Date: .....

## Short Report

To  
The Registrar  
M.U.H.S., Nashik

**Sub: Short Report of Local Inquiry Committee for Continuation of Affiliation  
for the Academic Year 2025-26...**

Sir,

With reference to the above mentioned subject and letter we are visiting  
Zen multispeciality Hospital ..... Training  
Centre on dated 18/11/25 and sending a Short Report regarding reaching at Training  
Centre at time 10 am. And the Training Centre is Open / Closed at the time of inspection.

3

1. Number of Teaching Staff / Mentor Present : .....

.....  
(Name & Sign of LIC Member)

.....  
(Name & Sign of LIC Member)

  
Dr. Gulme shantaram

.....  
(Name & Sign of LIC Chairman)