

(INSTITUTIONAL INFORMATION)

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

Name: Dr Sanjay B. Kulkarni Age: 69 (Date of Birth) 12/04/1953

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>Unlbrgy</u>	<u>1984</u>	<u>FRES, Dip. Unlbrgy</u>	<u>Royal College of London.</u>

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	<u>KFM Hospital</u>	<u>1992</u>	<u>1997</u>	<u>5 Yrs.</u>
Asso. Professor/Reader	<u>KFM Hospital</u>	<u>1997</u>	<u>2014</u>	<u>17</u>
Professor	<u>Kulkarni Endo Surgery</u>	<u>2014</u>	<u>2022</u>	<u>08</u>
Any Other	<u>Institute</u>		Grand Total	<u>30 yrs.</u>

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	<u>Kulkarni Endo Surgery Institute & Reconstructive Urology center Pune</u>
	ii) Postal Address, with PIN:	<u>03 Raj Park S2 near Vajray Bgy, Park Pune</u>
	iii) Contact Details:	Mob: <u>7620400771</u> Tele: <u>02025380505</u>
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950:.....
		ii) Society's Registration Act. 1860:.....
		iii) Year of establishment: <u>1995</u>
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Marked as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	<u>Kulkarni Endo Surgery Institute & Reconstructive Urology center Pune</u>
		i) Name of the Hospital <u>LCBPOSOG/01361</u>
		ii) Nursing Home Registration No. <u>1995</u> - Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted:	<u>Kulkarni Endo Surgery Institute & Reconstructive Urology center Pune</u>
	ii) Postal Address, with PIN:	<u>03 Raj Park S2 near Vajray Bgy, Park Pune</u>
	iii) Contact Details:	Mob: <u>76 20400771</u> Tele: <u>02025382554</u>
	iv) E-mail ID:	
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>Fellowship in Reconstructive Urology</u> Approved Intake Capacity... <u>2</u> ... Affiliated Since... .. (if necessary Attach separate List) <u>2014</u>
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Required Required Intake Capacity.....(if necessary Attach separate List) <u>-</u>
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No- Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 20... - ... Rs... <u>2021-22 35 Lakhs</u> <u>2022-23 38 Lakhs</u> <u>2023-24 40 Lakhs</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated... .. <u>14.5.22</u>
		Copy of Management Resolution attached? *Yes/No- Mark as Appendix 'D'