

ANNEXURE – “B”**(INSTITUTIONAL INFORMATION)****1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)**Name: **Dr Narendra V Vaidya** Age: **57** (Date of Birth): **14/04/1968**

| PG Degree | Subject | Year | Institution | University |
|------------|-----------|------|---|--------------------|
| Recognized | MS Ortho | 1994 | Sancheti Institute of Ortho & Rehabilitation, | University of Pune |
| | DNB Ortho | 1995 | NBEMS | NBEMS |

Teaching Experience

| Designation | Institution | From | To | Total Exp. |
|-----------------------------|-------------------------|-------------|-----------|------------|
| Asst. Professor | Lokmanya Hospital Nigdi | 1995 | 2005 | 10 years |
| Associate. Professor/Reader | Lokmanya Hospital Nigdi | 2005 | 2009 | 4 years |
| Professor | Lokmanya Hospital Nigdi | 2009 | Till date | 16 years |
| Any Other | | Grand Total | | 30 years |

2. Management/Society/Inst. Information:

| | | |
|----|--|--|
| 01 | i) Name of the Society/Institution/ Training Centre /University Dept.: | Lokmanya Medical Foundation |
| | ii) Postal Address, with PIN: | 314/B Telco road Chinchwad Pune 411033 |
| | iii) Contact Details: | Mob: 9920199090 Tele.: 020-67392001/02 |
| 02 | Society/Institution/ Training Centre Registration Number and date: | i) Public Trust Act 1950: E/528/Poona. |
| | | ii) Society's Registration Act.1860:..... |
| | | iii) Year of establishment: 1994 |
| | | iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes Marked as Appendix 'A' |
| 03 | Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms) | Mark as Appendix 'B' |
| | i) Name of the Hospital | Lokmanya Hospital, Nigdi Pune |
| | ii) Nursing Home Registration No. | 096 |
| | iii)... Establishment Year | 1994 |
| 04 | i) Name of the Training Centre /Institute where course is to be conducted: | Lokmanya Hospital, Nigdi Pune |
| | ii) Postal Address, with PIN: | Sector 24 Tilak Road, Pradhikaran, Nigdi, Pune 411044 |
| | iii) Contact Details: | Mob: 9920199090 Tele:020-67392001/02 |
| | iv) E-mail ID: | academics.lokmanya@lokmanyahospitals.in |
| | v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity | Name of the Course(s) Joint Replacement Surgery Approved Intake Capacity: 02 Affiliated Since 2017-18 (List of all courses attached) |
| | vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only) | Name of the Course(s) NOT applicable |

| | | |
|----|---|---|
| 05 | Affiliation Fees details: (Bank/DD no./date/amount/ NEFT/RTGS) | Paid Fees details Attached: *Yes (Pending Fees, if any ;) |
| 06 | Financial position of the Society/ Institute in the preceding 03 years: | Audited Statements of Accounts for Past 3 years *Yes– Mark as Appendix 'C' |
| 07 | Budgetary provision for the FC/CC/DC for the next 03 years | i) 2025-26 to 2028-29 Rs. 50 lakhs per annum |
| 08 | Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik: | Resolution No. LMF\CR\025\16 dated 19/08/2016 . Copy of Management Resolution attached? *Yes– – Mark as Appendix 'D' |
| 09 | other Information: | |
| | a) Land: | *Yes/No. If yes, then Area: 33,343.8 sq. mts |
| | i) Whether the land is owned by the Applicant Institute/Training Centre/ Trust: | Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes– Mark as Appendix 'E' |
| | ii) Whether the land is registered? | *Yes/No. If yes, Registration Number: Dated At (Place): Copy of Land Registration Certificate attached? *Yes/No.– Mark as Appendix 'F' |
| | iii) Any loans, mortgage, etc. shown against the title of the land: | *Yes/No. If yes, amount of loan Rs. /mortgaged for Rs Copy of Loan/Mortgage Deed attached? *Yes/No. – Mark as Appendix 'G' |
| | b) Building: i) Total built-up area: | 3232.329. sq. ft. Certified copy of Building Plan attached? *Yes/No – Mark as Appendix 'H' |

3. Central Library

- Total number of Books in library: **214**
- Books pertaining to concerned Fellowship subject: **20**
- Purchase of latest editions of concerned books in last 3 years: - **Yes**
- Journals:

| | Journals | | Total | Concerned Fellowship subject |
|---|----------|-----------------------------------|-------|------------------------------|
| 1 | Indian | Indian Journal of Orthopaedics | 1 | 1 |
| 2 | Foreign | Journal of Bone and Joint Surgery | 1 | 1 |

- Year / Month up to which latest Indian Journals available : **Jan - Dec 2025**
- Year / Month up to which latest Foreign Journals available : **Jan-Dec 2025**
- Internet / Med pub / Photocopy facility: **Available**
- Library opening times: **8 am to 8 pm**
- Reading facility out of routine library hours: **Available**
(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

- Play grounds Gymnasium

Not available

5. **Hostel Accommodation:**

| Particular | UG | | PG | | Interns | |
|-----------------------|------|-------|------|-------|---------|-------|
| | Boys | Girls | Boys | Girls | Boys | Girls |
| No. of Rooms | | | 3 | 2 | | |
| No. of Students | | | | | | |
| Status of Cleanliness | | | Good | Good | | |


6. **Residential accommodation for Staff / Paramedical staff :**

Available /NOT Available

7. **Ethical Committee (Constitution) :** YES

8. **Medical Education Unit (Constitution) :** YES / NO
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required : NA**
(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)

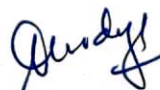

Sign & Stamp
Head of the Department
Date: 11/8/2025

Dr. Narendra V. Vaidya
HOD, Dept. Of Orthopaedics,
M.S. Ortho, DNB Ortho, Mch. Ortho, A.T.L.S.,
Joint Replacement, Spine & Traumatology,
Reg. No. 65156



Training Centre Round Seal




Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11/8/2025

Dr. Narendra V. Vaidya
Chairperson, LHPL,
Lokmanya Hospital
Sec. No:24, Pradhikaran,
Nigdi, Pune - 411044.
Reg. No:96