



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

No. MGM/01/AC-/2017/

January 9, 2017

OFFICE ORDER

Subject: International students' cell at MGMIHS, Navi Mumbai

It has been decided that an international student cell will be established at MGMIHS Navi Mumbai to facilitate observership/ internship academic program for foreign nationals from overseas. This cell will formulate a standard operating procedure to make the process smooth in accordance with statutory regulations and international procedures for international students.

Composition:

The International students' cell of MGMIHS shall comprise of advisors from the management and faculty

1. Director, MGMIHS students' Affairs Ex-officio Chairperson.
2. Registrar, MGMIHS Ex-officio Member Secretary
3. Faculty advisor: Dr. Gildiyal at university MGMIHS
4. Members: One senior faculty to be nominated by each heads of institutes
5. Office assistant: Mr Sachin


Procedure:

1. The departments and facilities available for observership in various clinical/ paraclinical/ paramedical branches at the constituent colleges will be displayed in the university website providing links to respective institutions. Such visibility will encourage overseas institutions and individual students/ researches to nominate their candidate duly mentioning the period of attachment and exact nature of observership. They will follow the letdown procedure as applicable to their respective institutions /organizations.
2. The applications in proper format, downloadable from MGMIHS website are required to be forwarded through their own institutions along with requisite fees payable online as specified.
3. On receiving the applications the MGMIHS international students' cell will confirm the students acceptance depending upon the availability of such facilities and duration subject to following required VISA formalities.

4. For this purpose one agency has to be hired to facilitate these formalities including verification procedure by local police in advance.
5. The said agency will be responsible to receive the overseas students and facilitate their logistics as demanded by the individual students.
6. The deans of respective medical colleges at Navi Mumbai and Aurangabad will provide at least four rooms at each campus in the PG hostel to accommodate these overseas students on specific demand of accommodation by them. The necessary mess facilities will also be provided in the PG hostel itself.
7. On reporting for observership the international students cell MGMIHS, heads of institutes will provide log book/worksheet to the student along with a letter to respective heads of departments under which student is desirous to pursue his/her observership.
8. During their stay they will be mentored personally by respective heads of the departments. They can be posted in rotation to various branches within the department as specified by the university. They will not be allowed to perform procedures on human subjects or handle any sensitive equipment independently.
9. No leave will be permitted except on gazette holidays and sickness.
10. On completion of the program the completion certificate has to be issued by the Registrar MGMIHS initiated by respective HODs and processed at International Students' Cell
11. The work and conduct of the student will be strictly according to MGMIHS rules and other graduate attributes of the university.
12. The concerned overseas students are required to submit feedback to MGMIHS, failing which completion certificate will not be issued.

Attachment

- Sample application form
- Sample completion certificate
- Sample worksheet
- Rules and regulations as displayed on the university website


Registrar
MGMIHS
Dr. Rajesh B. Goel
Registrar
MGM Institute of Health Sciences
(Recognized University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209



Dr. Nimish C. Mohanty
9.1.2017 ✓

In-charge Director
International Students' Cell
Dr. Nimish C. Mohanty, MD (PGI)
Director, Student & Staff Welfare
MGM Institute of Health Sciences
Navi Mumbai- 410209



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Tel. No. 022-27432471, 022-27432994, Fax No. 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

MGM/01/A-45/2017/900(9)

Date: 01.01.2017

To

Dr. N.C. Mohanty,
Prof. Emeritus (Paediatrics), MGM Medical College, Navi Mumbai

Dear Sir,

This is to inform you that Hon'ble Vice Chancellor is pleased to assign the following full time responsibilities of MGM Institute of Health Sciences, Navi Mumbai in the capacity of **"Incharge Director of Student & Staff welfare, MGMIHS"** with effect from August 1st 2019 for a period of **1 year**.

1. International Student Cell
2. Anti Discrimination Cell (Minority/SC/ST/OBC)
3. Sports/Cultural Cell
4. Student Safety Cell
5. Barrier free access for persons with disability
6. Placement /Carrier Guidance Cell

You are requested to prepare "Standard Operating Procedure (SOP)" for the above mentioned cells/facilities and minutes of meeting of these cells as and when convened.

Further you are also requested to supervise the activities of the following Committee/Cell for which there is a well defined constituted Committee / Nodal Officers:

1. Grievance Redressal Cell
2. Internal Complaint Committee (ICC) for Prevention of Sexual Harassment at work place & Gender Sensitization Cell
3. Anti ragging Cell
4. University Student Council
5. National Service Scheme (NSS)
6. Student Counseling Cell at Institutional level

With regards,

Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy for information to :

1. Dr. S.N. Kadam, Hon'ble Vice Chancellor, MGM Institute, Navi Mumbai.
2. Dr. P.M. Jadhav, Hon'ble Trustee, MGM Institute, Navi Mumbai.
3. Deputy Registrar, MGM Institute of Health Sciences, Aurangabad

To:

MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

Tokyo, January 28, 2019

- To the Medical Director -

this letter is to confirm, that Mrs. Sudipta Chatteraj is our representative in Navi Mumbai.

Our organisation's head office is registered in Germany as „Beratungsservice Auslandsjahr GmbH“. „World Unite“ is owned by „Beratungsservice Auslandsjahr GmbH“ as a protected trademark in Germany and the European Union for international educational travel services.

We also have registered companies and NGOs in several other countries, offering support services to the international students who join our programs, including medical electives and internships.

Mrs. Sudipta has been our representative in Navi Mumbai since 2008.

I'll be happy to answer any remaining questions.

Kind regards,
Chris Engler



Christian Engler
Founder & Managing Director



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International Students Cell

List of International students for Observership/Short Term Training

Sr. no	Year	Name of Student	Gender	Short Training Program	Training Start Date	Training End Date	Parent institute	Nationality
1	2014-15	Sah Sanjay Prasad	M	M.Sc. Medical Anatomy	2014-15		Hemwatinandan Bahuguna Garhwal University, Srinagar	Nepalese
2	2014-15	Sunil Kumar Sah	M	M.Sc. Medical Biochemistry	2014-16		Rajiv Gandhi University of Health sciences	Nepalese
3	2014-15	Dangol Anamika	F	M.Sc. OBGY Nursing	2014-17		NA	Nepalese
4	2014-15	Sanotosh Sah	M	Ph.D. in Medical Physiology	2014-18		NA	Nepalese
5	2015-16	Vijay Kumar Shah	M	Ph.D. in Medical Biochemistry	2014-19		NA	Nepalese
6	2015-16	Kabi Raj Pandey	M	M.Sc. Medical Biochemistry	2014-20		Tribubhan University	Nepalese

Wimam Muzah





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7	2016	Andrea Therese Przegenda	F	Psychiatry	01-08-2016	09-09-2016	University of Cologne	Deutsch
8	2016	Maria Nicole Przegenda	F	Psychiatry	01-08-2016	09-09-2016	University of Cologne	Deutsch
9	2016	Hoan Cam Nhung	F	Psychiatry	22-02-2016	22-03-2016	Friedrich schiller University	Deutsch
10	2016	Kaur Gurpreet	F	Pediatric Dentistry & Oral surgery	21-03-2016	25-03-2016	University of Washington	Indian
11	2016	Kunaal Shah	M	Emergency Medicine	29-02-2016	24-03-2016	University of Manchester	Indian
12	2016	Lina Kursinski	F	Pediatric Dentistry & Oral surgery	16-02-2016	16-03-2016	Rostock University	Deutsch
13	2016	Sophia Bodendieck	F	Paediatrics	15-02-2016	15-03-2016	Leipzig University	Deutsch
14	2016	Luisa Klan	f	Psychiatry	02-08-2016	03-11-2016	Ernst Mortiz Arndt	Deutsch
15	2016	Sushma Naik	F	Psychiatry	12-02-2016	10-05-2016	Madurai University	Indian

Arinwan Mander





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16	2016	Susan Nicolai	F	Psychiatry	09-08-2016	16-09-2016	University of Lubeck	Deutsch
17	2016	Bessie April	F	Psychiatry	01-10-2016	31-10-2016	University of Osnabruck	British
18	2016	Sannh Maruardt	F	Psychiatry	29/2/2016	29/3/2016	NA	Deutsch
19	2016	Schmidt Wiebke Johanna	F	Psychiatry	04-08-2016	09-09-2016	University of Osnabruck	Deutsch
20	2016-2017	Avula Usha Rani	F	Psychiatry	01-11-2016	31-01-2017	NA	Indian
21	2016-17	Jaynarayan Thakur	M	B.Sc. In Medical Imaging Technology	2016-17		Harikhetan Multiple Campus	Nepalese
22	2016-17	Dilip Raj Timalisina	M	M.Sc. In Medical Biochemistry	2016-18		H.N. Bahuguna Garhwal University	Nepalese

Pravin Kumar





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23	2016-17	Prakash Tiruwa	M	M.Sc. In Medical Biochemistry	2016-19		Sardar Bhagwan Postgraduate Institute of Biomedical Sciences and Research	Nepalese
24	2016-17	Rakesh Kumar Jha	M	M.Sc. In Medical Biochemistry	2016-20		Sardar Bhagwan Postgraduate Institute of Biomedical Sciences and Research	Nepalese
25	2016-17	Sanjna Durgada	F	M.B.B.S	2016-21		NA	American
26	2017	Suvarna Suryavanshi	F	Psychiatry	01-03-2017	31-05-2017	NA	Indian
27	2017	Georgia Dewey	F	Paediatrics	25-10-2017	17-11-2017	Stellenbosch University	south african
28	2017	Chiara Africa	F	Paediatrics	26-10-2017	18-11-2017	Stellenbosch University	south african

Dr. Manoj Kumar





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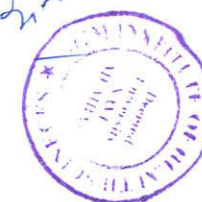
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Sr. no	Year	Name of Student	Gender	Short Training Program	Training Start Date	Training End Date	Parent institute	Nationality
29	2017	Sonam Baburao	F	Pathology	17-07-2017	16-10-2017	Karmaveer Patil college	Indian
30	2017	Simdhkar Shushil	F	Psychiatry	14-03-2017	14-06-2017	IGNOU Delhi	Indian
31	2017	PS. Amruta	F	Psychiatry	04-07-2017	20-08-2017	Stavropol State University	Indian
32	2017	Amrithawalli Sumitra	F	Psychiatry	01-09-2017	31-10-2017	Indira gandhi University	Indian
33	2017	Johan Saellers	F	Psychiatry	01-07-2017	31-09-17	Medical university of vienna	Deutsch
34	2017	Shruti Robin Thakur	F	Psychiatry	17-07-2017	16-10-2017	National chamber	Nepal
35	2017	Anne Hovel	F	Psychiatry	08-08-2017	04-09-2017	NA	Deutsch
36	2017	Anne Bruckmann	F	Psychiatry	09-08-2017	10-09-2017	NA	Deutsch
37	2017	Melissa Campbell	F	Pediatrics	09-06-2017	23/6/2017	St. George University, London	British

Chinmay M. M. M.





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Sr. no	Year	Name of Student	Gender	Short Training Program	Training Start Date	Training End Date	Parent institute	Nationality
38	2017-2018	Natalie Pries	F	Psychiatry	13-12-2017	12-03-2018	Medical school Hamberg	Deutsch
39	2017-2018	Manuel Weiber	M	Psychiatry	13-12-2017	12-03-2018	Medical school Hamberg	Deutsch
40	2017-2018	Ramanpreet singh	M	Paediatrics	29-12-2017	20-01-2018	Long island university	Indian
41	2017-2018	Roshan Kumar Sah	M	M.Sc. Medical Biochemistry	2017-2018		Sardar Bhagwan Postgraduate Institute of	Nepalese
42	2018	Hicks Paul	M	Psychiatry	05-06-2018	04-08-2018	Allison University	Canada
43	2018	William Luke	M	Psychiatry	13-06-2018	12-08-2018	George Washington University	Deutsch
44	2018	Deborah Grathwol	F	Emergency Medicine	22-11-2018	06-12-2018	NA	German
45	2018	Hanna Kleiztein	F	Paediatrics	19/2/2018	20/3/2018	Rostock University	Deutsch
46	2018	Karen Hammer	F	Psychiatry	03-01-2018	27/4/2018	Phillips Universiy	Deutsch

Signature





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Sr. no	Year	Name of Student	Gender	Short Training Program	Training Start Date	Training End Date	Parent institute	Nationality
47	2018	Sussan Rapp	F	Dental Nursing	24-11-2018	08-12-2018	National chamber of dentistry	Deutsch
48	2018-19	Kaushik Avani Shantesh	F	M.B.B.S	2018-19		NA	American
49	2018-19	Khan Shayaan Sarfaraz	M	M.B.B.S	2018-20		NA	American
50	2018-19	Siddesh Venkatraman	M	M.B.B.S	2018-21		NA	American
51	2018-19	Ritu Shah	F	M.Sc Medical Microbiology	2018-22		NA	Nepalese
52	2019	Franziska Gugger	F	Psychiatry	14-01-2019	11-02-2019	University of Bamberg	Deutsch
53	2019	Sarah Birgani	F	Psychiatry	21-01-2019	08-02-2019	Sigmund Freud	Austria
54	2019	Dustin Wawoczny	M	OBGY	25-02-2019	26-03-2019	University Berlin	Deutsch
55	2019	Anastasia Ortbaner	F	OBGY	26-02-2019	27-03-2019	University Berlin	Deutsch

Wimam M. M. M.





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Sr. no	Year	Name of Student	Gender	Short Training Program	Training Start Date	Training End Date	Parent institute	Nationality
56	2019	Kollenbroich Alexander	M	Paediatrics	03-10-2019	02-11-2019	NA	Deutsch
57	2019	Lea Becker	F	Paediatrics	17/7/2019	08-12-2019	Erlangen University	Deutsch
58	2019	Asawari Gharat	F	Psychiatry	17-06-2019	29-07-2019	Temple university	Indian
59	2019	Bjorn Borsh	M	Paediatrics	06-01-2019	08-01-2019	Techniche university	Deutsch
60	2019	Zainab khan	F	General Medicine	01-08-2019	31-08-2019	University of illinois	Indian
61	2019	Ambika Chakravoty	F	Psychiatry	10-06-2019	31-07-2019	Amity university	indian
62	2019	Aditi Acharya	F	Psychiatry	10-06-2019	31-07-2019	Amity university	Indian
63	2019	Samhita Roy	F	General Medicine	01-08-2019	30-08-2019	Ruhr university	Deutsch
64	2019	Georg Raschewski	M	General Medicine	01-08-2019	30-08-2019	Ruhr university	Deutsch

Signature





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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

Ref.: MGMIHS I/O No. 5376

Date: 03/08/2016

To:-

Ms. PRZEGENDZA NICOLE MARIA

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai / Aurangabad under the supervision of Dr. Rakesh Ghildiyal, Professor & Head, Department of Psychiatry, MGM Medical College at Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period commencing from 01/08/2016 and ending on 11/09/2016.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Contd..2



MAHATMA GANDHI MISSIONS

MGM INSTITUTE OF HEALTH SCIENCES
Sector 1, KAMOTHE, NAVI MUMBAI - 410209,

Ph: (022) 27432471 Fax: 27431094, www.mgmuhs.com E-mail: accountmumbai@mgmuhs.com

Application Fee: Rs.1,000/-

R E C E I P T

Receipt. No : 10079 Date 01/08/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : **Przegendza Nicole Maria**
Particulars : Amount
1. Short Term Observership For 10000.00

Training Prog

Grand Total : 10000.00

In Words: Rupees Ten Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 10000.0
Branch:
Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



Mkennik
Cashier

LTH SCIENCES

est. 1956)
NAAC
ai - 410 209.
22-27431092
www.mgmuhs.com

**dents to Pursue Observership /
M Institute**

<i>Nicole</i>		<i>Maria</i>	
First Name		Middle Name	
Y	Y	Y	Y
1	9	9	5
3 months			
str. 18 sen			
Apartment 08 1			
zu Köln Lagnus-Platz 7 21 4700			
7	8	7	0
8	9	7	0



(write legibly)

Nature of Observership
(Write in short or attach a
separate sheet to this
Form if space allotted is
insufficient.

Przegendza@hotmai.de
Psychology Internship
(Psychotherapy and Psychiatry)

Accountant
to collect the 10000/- cash
for observership fees
11/8/16

Mkennik
11/8

MGM Institute Of Health Sciences
INWARD NO. *S376*
DATE: *12/11/2016*
REP: *Day*



Application Fee: Rs.1,000/-

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Email: registrar@mgmhuhs.com | Website: www.mgmhuhs.com

Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	Ms. Przegendza		Nicole		Maria	
	Surname		First Name		Middle Name	
Date of Birth	D	D	M	M	Y	Y
	2	6	0	1	1	9
Age in completed yrs & months	21 yrs and 3 months					
Communication Address complete with landmark and pin code (Attach address proof)	Sauerbruchstr. 18 41749 Viernsen Germany					
Permanent Address complete with landmark and pin code (Attach address proof)	Graeffstr. (Apartment 08) 50823 Köln Germany					
Name of School / College / Institution / Organization currently studying / working with address and telephone no.	Universität zu Köln Albertus-Magnus-Platz 50923 Köln Tel.: +49 221 4700					
Mobile No.	+	4	9	1	5	7
	8	7	0	8	9	7
Landline Telephone No. with STD Code						
Email Address (write legibly)	nicole.przegendza@hotmail.de					
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.)	Psychology Internship (Psychotherapy and Psychiatry)					



Account
to collect for 1000/- cash
for observership fees
11/11/16

Mukher
18

MGM Institute Of Health Sciences
INWARD NO. 5376
DATE: 12/11/2016
REP: Day



Application Fee: Rs.1,000/-

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Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	:	Ms. Przegendza	Nicole	Maria					
		Surname	First Name	Middle Name					
Date of Birth	:	D	D	M	M	Y	Y	Y	Y
		2	6	0	1	1	9	9	5
Age in completed yrs & months	:	21 yrs and 3 months							
Communication Address complete with landmark and pin code (Attach address proof)	:	Sauerbruchstr. 18 41749 Viersen Germany							
Permanent Address complete with landmark and pin code (Attach address proof)	:	Graeffstr. (Apartment 08) 50823 Köln Germany							
Name of School / College / Institution / Organization currently studying / working with address and telephone no.	:	Universität zu Köln Albertus-Magnus-Platz 50923 Köln Tel.: +49 221 4700							
Mobile No.	:	+ 4 9 1 5 7 8 7 0 8 9 7 0 7							
Landline Telephone No. with STD Code	:								
Email Address (write legibly)	:	nicole.przegendza@hotmail.de							
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.)	:	Psychology Internship (Psychotherapy and Psychiatry)							



Account
to collect for 1000/- cash
for observership fees
11/11/16

Mukher
D
11/11/16

MGM Institute Of Health Sciences
INWARD NO. 5376
DATE: 12/11/2016
REP: [Signature]

Time Frame (Maximum 3 months)	:	Start Date 1st of August 2016	End Date 11th of September 2016	Hours per day 8	Certain Days of week Monday-Friday (5)
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:	Learning about the use of psychotherapy, diagnostic methods and a medical system in general in a foreign country; improving intercultural skills, getting to know the daily business of a psychiatry			
Degree earned / pursuing	:	/			
Specialties of interest	:	Psychotherapy and Clinical Psychology			
Whether Citizen of India	:	Yes () No (X) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)					
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	:	Visa not yet applied for			
Sponsoring Institution details					
Name of the Sponsoring Institution	:				
Address of Sponsoring Institution	:				
Telephone No.	:				
Email ID:	:				
Contact Person Details of the sponsoring Institution with name and Mobile No.	:				
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	:	Navi Mumbai, MGM Medical College and Hospital			

N. P. Legendra
Signature of the Observer:

Date: 04.05.2016

Signature of Supervisor / Mentor:

Date: _____



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Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Nirde Prajendra, wish to observe the activities of the MGM Medical College and Hospital in furtherance of my personal, educational goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in MGM Medical College and Hospital, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the MGM Medical College and Hospital to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Nicole Przegendza Date: 04.05.2016

Signature: N. Przegendza

Name of Witness in Full: Anton Przegendza

Address of Witness: Sauerbruchstr. 18
41749 Viersen
Germany

Signature of Witness: Anton Przegendza

Date: 04.05.2016

KÖLN

11. Wohnort/Residence/Domicile

11. Wohnort/Residence/Domicile

12. Größe/Height/Taille

179 cm

13. Augenfarbe/Colour of eyes/Couleur des yeux

BRAUNGRÜN

14. Ordens- oder Künstlername/

Ordens- oder Kunstername/
Religious name or pseudonym / Nom de religion ou pseudonyme



Typ/Type/Type

P

1. Name/Surname/Nom

PRZEGENDZA

2. Vornamen/ Given names/ Prénoms

NICOLE MARIA

3. Staatsangehörigkeit/Nationality/Nationalité

DEUTSCH

5. Geschlecht/Sex/ Sexe 6. Geburtsort/Place of birth/Lieu de naissance

F

VIERSEN

7. Ausstellungsdatum/Date of issue/Date de délivrance

28.04.2016

Pass-Nr./Passport No./Passeport No°

C744PLRGP

4. Geburtstag/Date of birth/Date de naissance

26.01.1995

6. Gültig bis/Date of expiry/Date d'expiration

27.04.2022

9. Behörde/Autorität/Autorita

STADT KÖLN

10. Unterschrift der Inhabern/des Inhabers - Signature of bearer - Signature de la titulaire/du titulaire

N. Pizgendaa

P<D<<PRZEGENDZA<<NICOLE<MARIA<<<<<<<<<<<<<<

C744PLRGP5D<<9501267F2204271<<<<<<<<<<<<<<<

Nicole Przegendza

Graeffstraße 1 / 0805
50823 Köln, Germany (Main Residence)

Sauerbruchstraße 18
41749 Viersen, Germany (Secondary Residence)

Cellphone: +49 157-87089707
E-Mail: Nicole.Przegendza@hotmail.de

Date of Birth: 26.01.1995
Place of Birth: Viersen, Germany
Citizenship: German

Education

- 10/2013 – today** **University of Cologne, Germany**
Study of Psychology
Target Degree: Bachelor of Science
Current Grade: 1.5 (approximate equivalent: A)
- 08/2005 – 06/2013** **Erasmus-von-Rotterdam-Grammar School, Viersen, Germany**
Higher Education Entrance Qualification: 1.0 (approximate equivalent: A)

Experience

- 10/2015 – today** **University of Cologne, Germany**
Chair for Social and Economic Cognition II, Jun.- Prof. Dr. Topolinski
Student Assistant, Supporting Daily Business of the Chair

Skills

- Languages**
- | | |
|----------|---------|
| German: | Native |
| English: | Fluent |
| Latin: | Latinum |
| Spanish: | Basic |
| Polish: | Basic |
- Computer** IBM SPSS Statistics, Microsoft Word, Excel, Outlook, PowerPoint
- 08/2013 – today** Online-scholarship of e-fellows.net

Engagement and Activities

- 04/2014 – today** Active Membership in the Student Initiative "Weitblick Köln e. V. ".
Currently Organizing the Project "Open Your Doors!" (intercultural und culinary exchange between refugees und local people) and in Charge as Executive Director for Public Charity Communication
- 03/2011 – 06/2012** Project "Spektrum - Unter Uns (Spectrum - Among Us)" within the campaign "Füreinander.Miteinander (For Each Other.Together)" of the Volunteer Central Office Viersen: Creating a Parcour "Disabled in Everyday Life" and a documentary with the topic „Inclusion of Disabled People“
- Interests** Tutoring, Babysitting, Reading, Art (Acryl, Water Color), Dancing Salsa

Köln, 04.05.2016

Place, Date, Signature

N. Przegendza

4th Aug

To,
Mr. Mahanty
h



Social and Economic Cognition II •
Richard-Strauss-Str. 2 • 50931 Köln

MGM Institute of Health Sciences
(Deemed University established u/s 3 of UGC Act.)
MGM Campus,
Sector 1, Kamothe,
Navi Mumbai-410209, Maharashtra State (India)

Department Psychologie

**Social and Economic
Cognition II**

Jun.-Prof. Dr. Sascha Topolinski

Telefon +49 221 470-2060
sascha.topolinski@uni-koeln.de
soccoo.uni-koeln.de/topolinski-group

Recommendation letter for Nicole Przegendza

Name of referee:
Prof. Dr. Sascha Topolinski

Köln, 04.05.2016

I herewith wholeheartedly recommend Nicole for an internship in the MGM Institute of Health Sciences in Navi Mumbai.

Nicole has been working in my unit since October 2015 as a student assistant. Within this position Nicole is responsible for the conceptualization and realization of different research projects and the collection of empirical data. Nicole always fulfills her tasks excellently and very efficiently. I am utterly impressed by the rigorous conceptual and methodological treatment, her inventive spirit, and the lucid professional language she uses. She steadily shows a great eagerness and commitment during the acquisition and supervision of participants from different social groups and cultural backgrounds for various experiments.

Besides her professional qualities, especially Nicole's open and cordial nature enables her to approach others easily. This great gift of empathy and cultural sensitivity is also being experienced by Nicole's fellow students and colleagues, who value her attentive, helpful and cooperative behavior. Nicole is incredibly reliable and able to work well in a team.

On the strengths of the impressions of her during the working context, her recently achieved academic accomplishments and her power of comprehension, I estimate Nicole as one of the best and most committed students of her semester. Her dedication, her interests and cultural sensitivity qualify her for a stay abroad and the work within a clinical context. I can emphatically fully recommend her.

A handwritten signature in blue ink, likely belonging to Prof. Dr. Sascha Topolinski.

Jun. – Prof. Dr. Sascha Topolinski

UNIVERSITÄT ZU KÖLN
Humanwissenschaftliche Fakultät
Department Psychologie
Social and Economic Cognition II

Jun.-Prof. Dr. Sascha Topolinski
Social and Economic Cognition II
Richard-Strauss-Str.2
50931 Köln



MAHATMA GANDHI MISSIONS

MGM INSTITUTE OF HEALTH SCIENCES

Sector 1, KAMOTHE, NAVI MUMBAI - 410209,

Ph: (022) 27432471 Fax: 27431094, www.mgmuhs.com E-mail: accountmumbai@mgmuhs.com

R E C E I P T

Receipt. No : 10084 Date 02/08/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : Schmidt Wiebke Johanna

Particulars : Amount
1. Short Term Observership For 10000.00

Training Being Prog.

Grand Total : 10000.00

In Words: Rupees Ten Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 10000.0

Branch:

Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



mka2nik
Cashier



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Sector 1, KAMOTHE, NAVI MUMBAI - 410209

Ph: (022) 27432471 Fax: 27431094, www.mgmuhs.com E-mail: accountmumbai@mgmuhs.com

R E C E I P T

Receipt. No : 9857 Date 12/07
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : Schmidt Wiebke Johanna

Particulars : Amount
1. Observership Fees Non Mgmihs 100

Grand Total : 100

In Words: Rupees One Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 100

Branch:

Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



mka2nik
Cashier



Application Fee: Rs.1,000/-

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -I, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmhuhs.com | Website: www.mgmhuhs.com

Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	Schmidt	Wiebke	Johanna
	Surname	First Name	Middle Name
Date of Birth	D	D	M
	2	2	1
Age in completed yrs & months	M	M	Y
	2	1	9
Communication Address complete with landmark and pin code (Attach address proof)	Y	Y	Y
	9	9	4
Permanent Address complete with landmark and pin code (Attach address proof)	Eisenbahnstraße 9 49074 Osnabrück Germany		
Name of School / College / Institution /Organization currently studying / working with address and telephone no.	Universität Osnabrück Neues Graben / Schloss, Postfach 44 69 49074 Osnabrück Germany Phone +49 541 969 0		
Mobile No.	+ 4 9 1 5 7 5 1 0 7 9 1 3 1 2 1 6		
Landline Telephone No. with STD Code	-		
Email Address (write legibly)	wiebke.schmidt94@gmx.de		
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient)	Psychology / Psychiatry Observership		



Handwritten notes:
 1000/-
 to receive Mr. 1000/-
 cash for Observership
 2/8

MGM Institute Of Health Sciences
 INWARD NO. 5375
 DATE: 12/7/2016
 REP: [Signature]

Mukherjee

2/8

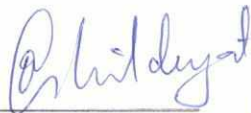
Time Frame (Maximum 3 months)	:	Start Date 01.08.16	End Date 09.09.16	Hours per day 6 - 8	Certain Days of week
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:	As I am studying psychology and interested in neuropsychology and clinical psychology in specific, I am thankful for any experience in this field by observing psychiatrists and psychotherapists in their daily routines, I want to find contribution for my professional goals as well as get an insight in the medical and psychological case in India.			
Degree earned / pursuing	:	Bachelor of Psychology, Master of Psychology			
Specialties of interest	:	Neuropsychology, Psychotherapy, Clinical psychology, daily routines in a hospital, psychological tests, group therapy, Indian Health Care Systems, Indian Culture, Indian Life			
Whether Citizen of India	:	Yes () No (<input checked="" type="checkbox"/>) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)					
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	:	X/Entry Visa, not yet applied for passport no.: C2265CFYT, copy of passport attached validity / Date of expiry - 11.10.2017			
Sponsoring Institution details					
Name of the Sponsoring Institution	:				
Address of Sponsoring Institution	:				
Telephone No.	:				
Email ID:	:				
Contact Person Details of the sponsoring Institution with name and Mobile No.	:				
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details - Please refer Page No. '3')	:	MGM Medical College and Hospital in Navi Mumbai (No 1)			

W. Schmidt
Signature of the Observer:

Date: 17.08.16

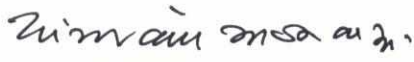
Signature of Supervisor / Mentor:

Date: _____


Signature of HOD

**Professor & Head
Department of Psychiatry
MGM Medical College,
Kamothe, Navi Mumbai**

Date: 12/7/16.


Signature of Institute Head

DR. NIMAIN C. MOHANTY
M. D. (PGI, CHG)
**PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT**

Approved by:
MGM MEDICAL COLLEGE HOSPITAL,
KALAMBOLI, NAVI MUMBAI - 410 218.

12/7
Date: _____

Registrar
MGM Institute of Health Sciences
Navi Mumbai

Date : _____

Seal :

Enclosures:

1. Identity and Address Proof
2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
3. NOC from Relieving Institute
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details (for foreign students only)
6. Curriculum Vitae' / Bio-Data / Resume

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing



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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Wiebke Schmidt, wish to observe the activities of the MGM Medical College and Hospital in furtherance of my personal, educational goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in MGM Medical College and Hospital, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the MGM Medical College and Hospital to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Wiebke Schmidt Date: 20.01.16

Signature: W. Schmidt

Name of Witness in Full: Dr. Maria Grote-Schmidt

Address of Witness: Gebäude-Grimm-Hof 12, 31187 Hannover,
Germany

Signature of Witness: M. Grote-Schmidt

Date: 02.02.16

C22G5CFYT7D<<9412228F1710113<<<<<<<<<<<<<<6

st
1 Aug

Dr. Molanty
h p

Curriculum Vitae

Personal Information

Name Wiebke Schmidt
Address Eisenbahnstraße 9
49074 Osnabrück
Date of Birth 22.12.1994
Place of Birth Hanover
Family father: Christoph Schmidt, landscape architect
mother: Dr. Maria Grote-Schmidt, gynecologist, psychotherapist
brother: Arne Schmidt, 23 years old, Technische Universität Berlin
(studying mathematics)

Education

2001-2005 primary school Hohes Feld, Hameln
2005-2013 Albert Einstein grammar school, Hameln
A-Levels June 2013 (average grade: 1,6)
2014 until now University of Osnabrück (Bachelor Psychology)
(average grade: 0,9)

Practical experiences

2010 8-week social practical training with an elderly person
2011 2-week practical training in a primary school
2013 3-week practical training in a school for children with special needs
2013-2014 Voluntary Social Year at St. Christopher's School in Bristol, England
(boarding school for young people with special needs)
2014-2015 160-hour scientific internship at University of Osnabrück
(Faculty of Culture and Development)
2015 1-week practical neuroanatomy course at University of Münster

Employment History

2014 research assistant at University of Osnabrück
(Faculty of Culture and Development)
2014 until now support of a man with special needs, once or twice a week
2015 until now tutor for the module Research Methods at University of Osnabrück

Other qualification

2009 babysitting course
2011 first aid course
2011 youth group leading certificate
2012 driving licence
2013 first aid course

Osnabrück, den 11.01.16
Wiebke Schmidt

Universität Osnabrück · FB 08 · 49069 Osnabrück

Fachbereich Humanwissenschaften

Institut für Psychologie

Fachgebiet Forschungsmethodik, Diagnostik
und Evaluation

Dipl. Psych. Jennifer Molitor

Seminarstraße 20 · 49074 Osnabrück

Telefon: +49 541 969 4349

E-Mail: jennifer.molitor
@uni-osnabrueck.de

Ihr Zeichen, Ihre Nachricht vom

Mein Zeichen

Datum

January 14, 2016

This is to certify that Wiebke Schmidt, born December 22nd, 1994, is a student of psychology at Osnabrück University, Germany. Ms. Schmidt is currently enrolled in her 3rd semester of a three-year curriculum of a bachelor's degree.

I know Ms. Schmidt well because she works as a tutor in the Department for Research Methods, Psychological Assessment and Evaluation under my supervision and took part in two of my courses. She completed all course work without difficulty and acknowledges good achievements as a tutor. She is entitled to continue and to complete her psychological studies at Osnabrück University.

I fully support Ms. Schmidt in her search for an internship in India. Based on her performance, I have no hesitations in recommending her as a trainee in your hospital. At Osnabrück University, all psychology students have to complete an internship for at least ten weeks. They can absolve this in a psychological field of their choice. The aim of the internship is to broaden and improve students' knowledge and skills by being able to carry out tasks under supervision.



Jennifer Molitor



MAHATMA GANDHI MISSIONS
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Sector 1, KAMOTHE, NAVI MUMBAI - 410209,
Ph: (022) 27432471 Fax: 27431094, www.mgmuhs.com E-mail: accountmumbai@mgmuhs.com

R E C E I P T

Receipt. No : 10817 Date 22/09/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : O Dell Bessie April
Particulars : Amount
1. Observership Fees Non Mgmih 1000.00

Grand Total : 1000.00

In Words: Rupees One Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 1000.00
Branch:
Remark:

Receipt is issued subject to realization of DD/Cheque


Accountant


Cashier

Office Copy



MAHATMA GANDHI MISSIONS
MGM INSTITUTE OF HEALTH SCIENCES
Sector 1, KAMOTHE, NAVI MUMBAI - 410209,
Ph: (022) 27432471 Fax: 27431094, www.mgmuhs.com E-mail: accountmumbai@mgmuhs.com

R E C E I P T

Receipt. No : 10925 Date 04/09/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : O Dell Bessie April
Particulars : Amount
1. Observership Fees Non Mgmih 1000.00

Grand Total : 1000.00

In Words: Rupees Ten Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 1000.00
Branch:
Remark:

Receipt is issued subject to realization of DD/Cheque


Accountant


Cashier

Office Copy



Application Fee: Rs.1,000/-

MGM INSTITUTE OF HEALTH SCIENCES

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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mghmuhs.com | Website: www.mghmuhs.com



Application Form for Non - MGM Institute Students to Pursue Obs Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	O'DELL Surname	BESSIE First Name	APRIL Middle Name
Date of Birth	D 1	D 3	M 0
Age in completed yrs & months	M 4	Y 1	Y 9
Communication Address complete with landmark and pin code (Attach address proof)	Y 9	Y 9	Y 1
Permanent Address complete with landmark and pin code (Attach address proof)	ORCHID LODGE, GANNOK PARK WEST, DEANWY, CONWY, LL31 9HQ.		
Name of School / College / Institution /Organization currently studying / working with address and telephone no.	AS ABOVE.		
Mobile No.	DEUTSCHE BANK 5 BRINDLEY PLACE BIRMINGHAM		
Landline Telephone No. with STD Code	0 7 7 9 6 6 7 7 3 6 6 (+44)		
Email Address (write legibly)	—		
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.	bessieodell@mail.com		
	PSYCHOLOGY INTERNSHIP.		



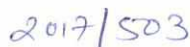
Time Frame (Maximum 3 months)	:	Start Date 01/10/2016	End Date 31/10/2016	Hours per day ANY	Certain Days of week ANY
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:	INTEREST IN PURSUING PSYCHOLOGY / PSYCHOLOGY AS A CAREER PATH - WOULD LIKE TO LEARN ABOUT MEDICAL SYSTEM IN INDIA.			
Degree earned / pursuing	:	BA HISTORY (HONS); MPhil CRIMINOLOGY (CANTAB)			
Specialties of interest	:	NEUROPSYCHOLOGY, CLINICAL PSYCHOLOGY, GROUP THERAPY.			
Whether Citizen of India	:	Yes () No (<input checked="" type="checkbox"/>) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)					
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	:	VISA NOT YET APPLIED FOR, PASSPORT ATTACHED.			
Sponsoring Institution details					
Name of the Sponsoring Institution	:	— Self.			
Address of Sponsoring Institution	:	—			
Telephone No.	:	— 07796677366. (+44).			
Email ID:	:	—			
Contact Person Details of the sponsoring Institution with name and Mobile No.	:	— Bessieadess@gmail.com.			
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	:	NAVI MUMBAI, MGM MEDICAL COLLEGE AND HOSPITAL.			

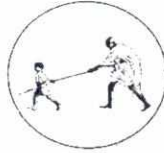

Signature of the Observer:

Date: 28/07/2016.

4
Signature of Supervisor / Mentor:

Date: _____





MGM Institute Of Health Sciences
INWARD NO. 478
DATE: 30/11/2017
REF: dy

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgsuhs.com | Website: www.mgsuhs.com

Attendance log

(This form is to be completed by the observer and approved/signed by the Physician.)

Name of observer: KESSIE O'DELL

Supervisor / Mentor: Vaishali R. Shelar, Clinical, Psychologist.

Department/Specialty: PSYCHIATRY / PSYCHOLOGY.

Date	Arrival	Departure	Number of hours	Assigned task
Week 1	01/10/16	01/10/16	5 days	History taking, reading case histories, visit to ward.
Week 1				
Week 2	10/10/16	16/10/16	" "	Jacobson's Relaxation technique, history taking
Week 3	17/10/16	23/10/16	" "	Psychodiagnostic test - Borschoff, TAT, CAT
Week 4	24/10/16	30/10/16	" "	IQ testing, Psychotherapy (CBT).

[Signature]
Signature of observer

[Signature]
Signature of Supervisor
Mrs. Vaishali Shelar
Incharge,
Students Counselling Cell,
Clinical Psychologist

Motion h break
[Signature]
3/11/

To:
Ragistom
MCHHS -

Psychiatry
dept -

Bessie O'Dell

Orchid Lodge, Gannock Park West, Deganwy, LL31 9HQ

Email: bessieodell@mail.com Tel: 07796677366

Education

2013-14 **University of Cambridge** **MPhil Criminology (Pass: 74% Average)**

Thesis: Neurocriminology: What can neuroscience contribute to informing the law on 'minimum age of criminal responsibility?'

Modules: Legal and Criminological Psychology
Criminal Justice (LLM)
Sociology of Prison Life
Research Methods
Criminological Theories
Neurocriminology

2009-13 **Cardiff University** **GDL (Commendation)**

Extended essay: 'The law of England and Wales on assisted suicide is in urgent need of reform.' A critical evaluation.

BA History Hons (2:1)

2002-9 **Ysgol Aberconwy** **A Levels (AAA)**

Key Achievements, Positions of Responsibility and Funding

- Women's Captain, St. Edmund's College Boat Club (Cambridge University)
- Leverhulme Trade Charities Trust (£5,000 towards MPhil) 2013-14
- Winner of Linklaters Aspire competition and Simmons & Simmons 'do you see the world like we do?' competition 2013. Received funding to volunteer in Honduras
- Graduate Law Student Representative (Cardiff University)
- Assistant Social Secretary, Cardiff University Kickboxing Club

Research Experience

Summer 2013 **Utila Research Station (Honduras)** **Volunteer**

- Assisting researchers in collecting and recording soil samples for a study into the mangrove ecosystem within Central America
- Tracking and recording the local iguana population for future use in research

Murphy
11/11/13

Accounts
to 17/11/13

Murphy
11/11/13

MGM Institute Of Health Sciences
INWARD NO. 8156
DATE: 11/11/13
REF:

- Transcribing, cataloguing, translating (from Welsh, if required) and uploading historic documents onto a public website for future use in teaching, research and studying

Skills and languages

I have a good command of the following:

- English (native), Welsh (intermediate), Arabic (basic)
- Microsoft Office, iWork and iLife, OS and iOS applications
- Basic XCode, HTML, JavaScript

Work Experience

Jan - June 2016

Deutsche Bank

Intern/ Analyst

- Supporting the Prime Brokerage ISDA and associated Platforms across the bank
- Updating legal contract templates, amendment agreements and Non Disclosure Agreements
- Updating legal contract templates and conducting legal research
- Shadowing other departments, such as the trading floor and the surveillance team

Feb – May 2015

Mishcon de Reya

Litigation Paralegal

- Drafting and proofreading documents such as letters to the client, consent orders, witness statements and instructions to counsel
- Carrying out legal research and producing a research memorandum
- Producing trial bundles as well as bundles for counsel and the court
- Administrative tasks such as billing, filing, handling correspondence, photocopying, faxing, archiving, taking minutes in meetings, creating new files and ensuring that the electronic database reflected the hard copy files
-

Oct 2012-Apr 2013

Lyons Davidson Solicitors

New Business Consultant

- Informing clients of the legal process and assisting with immediate needs
- Gathering information required by fee earners and producing claim forms
- Completing attendance notes and keeping up to date files for clients
- Providing administrative support to fee earners by proofreading, scanning, photocopying and facilitating the receipt of key legal documents
-

2012-13

Various law firms

Work experience /Open days

- Work experience at several firms for between 1 and 4 days, including Freshfields Bruckhaus Deringer, Simmons and Simmons, Eversheds, RPC, SNR Denton and CMS Cameron Mckenna. Included shadowing trainees within banking and project finance departments. Undertook independent work including legal research, running CH searches, and participating in a negotiation task

INFORMATION IDENTIFYING THE HOLDER OF THE QUALIFICATION

Surname	O'Dell
Forenames	Bessie April
Date of Birth	13-April-1991
USN	302581351
Matriculation Date	Michaelmas Term 2013 (01-Oct-2013)
HESA unique student identifier	0911790079799

DEGREES CONFERRED

Master of Philosophy	19-July-2014
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INFORMATION IDENTIFYING THE QUALIFICATION(S)

Name and status of awarding institution	University of Cambridge
College	St Edmund's College
Name of Qualification	Master of Philosophy
Level of Qualification	Graduate (Full-Time)
Main field(s) of study for the qualification	Criminology
Official length of Program	One Year
Course Start Date	Michaelmas Term 2013 (01-Oct-2013)
Language of Instruction and Examination	English

ACADEMIC RECORD

Approved for the degree of Master of Philosophy on 29-May-2014

****** EASTER TERM 2014 ******

Examination in Criminology for the degree of Master of Philosophy

Result : Pass

Overall Mark : No recorded result

The examination included the following components:	Result
METH : Criminological research methods (ET)	75 / 100
SE1 : Submitted essay 1 (ET)	80 / 100
SE2 : Submitted essay 2 (ET)	71 / 100
SE3 : Submitted essay 3 (ET)	74 / 100
SE4 : Submitted essay 4 (ET)	68 / 100
THESIS : Thesis (ET)	73 / 100



HS1893 Women, Health and Medicine in British Society, 1870-1980 3 1 30 71

This Transcript does not constitute an award certificate. Any award made is certified separately.

The authenticity of the transcript can be verified by the presence of the Head of Student Records' signature at the end of the transcript along with the official University stamp. In addition, the transcript will have been produced on paper bearing a watermark of the University's crest.

Nid yw'r Adysgrif hwn yn gyfystyr â thystysgrif. Rhoddir tystysgrif ar wahân am unrhyw ddyfarniad a wneir.

Gellir gwino dilysrwydd yr adysgrif yn ôl presenoldeb llofnod Pennarth Cofnodion Myfyrwyr ar ddiwedd yr adysgrif, ynghyd â stamp swyddogol y Brifysgol. Yn ogystal, bydd yr adysgrif wedi cael ei chynhyrchu ar bapur sy'n dwyn dyfnod arfbais y Brifysgol.

Janet Cornack



Janet Cornack

Head of Student Records / Pennarth Cofnodion Myfyrwyr

Date of Issue / Dyddiad Dosbarthu: 03/08/2012



Ms B O'Dell
Orchid Lodge
Gannock Park West
Deganwy
Conwy
LL31 9HQ

INTERIM TRANSCRIPT TO CONFIRM DECISIONS TAKEN BY THE EXAMINING BOARD FOR ACADEMIC SESSION 2012/3

Date of Issue: 15/07/2013

Student Name: Bessie April O'Dell (Your name will appear as shown on your certificate, should this be incorrect please use the contact details below to update your name.)

Student Number: 1260717

Title of Programme: Graduate Diploma Law
Year of Study: 1

Result: Pass - recommend to the Awards and Progress Committee that you receive the award specified below

Award: Graduate Diploma

Classification: Commendation

CODE	TITLE	MARK	RESULT	CREDITS
CL9000	English and Welsh Legal System	70	PM	0
CL9100	Extended Essay	75	PM	10
CL9200	Criminal Law	62	PM	20
CL9201	Equity and Trusts	52	PM	20
CL9202	EU Law	65	PM	20
CL9203	Land Law	58	PM	20
CL9204	Public Law	65	PM	20
CL9205	Tort	65	PM	20
CL9300	Contract	62	PM	30

The codes used in the Module Result column are explained overleaf.

The recommendation will be considered by the next meeting of the Awards and Progress Committee subject to confirmation that you have fulfilled financial obligations to the University. Information regarding the Award and Progress Committee meetings and dates is available on the web at <http://www.cardiff.ac.uk/graduation/ceremonies/graduates/certificate/index.html>

Please keep this Interim Transcript as it provides a statement of your academic record for 2012/3.

Janet Cormack

Janet Cormack
Head of Student Records

Telephone: +44 (0)29 208 76211
Email: studentrecords@cardiff.ac.uk

PASS AWARD

TRANSCRIPT/ ADYSGRIF



PERSONAL DETAILS / MANYLION PERSONOL

Name / Enw: BESSIE O'DELL
 Date of Birth / Dyddiad Geni: 13/04/1991
 Student Number / Rhif Myfyriwr: C927881
 HESA Number / Rhif HESA: C911790079799

PROGRAMME DETAILS / MANYLION RHAGLEN

Title of Programme / Teitl y Rhaglen: BACHELOR OF ARTS IN HISTORY / BAGLOR YN Y CELFYDDYDAU MEWN HANES

Awarding Institution / Sefydliad Dyfarnu: CARDIFF UNIVERSITY / PRIFYSGOL CAERDYDD

Name of Institution / Enw'r Sefydliad: CARDIFF UNIVERSITY / PRIFYSGOL CAERDYDD

RECORD OF LEARNING AND ACHIEVEMENT / COFNOD DYSGU A CHYRHAEDDIAD

Award and Classification / Dyfarniad a Dosbarth: BACHELOR OF ARTS IN HISTORY, 2-1 HONOURS / BAGLOR YN Y CELFYDDYDAU MEWN HANES, 2-1 ANRHYDEDD

Award Date / Dyddiad Dyfarnu: 11/07/2012

Module Code Modur Cod	Module Title Teitl y Modiwl	Module Level Lefel y Modiwl	Number of Attempts Nifer o gynigion	Module Credits Credydau'r Modiwl	Module Mark Marc y Modiwl
HS1101	Medieval Europe	1	1	20	61
HS1105	The Making of The Modern World, 1750-1970	1	1	20	59
SE2109	Poetry	1	1	10	60
SE2122	Addressing The Past	1	1	10	67
SE2123	Reading & Identity	1	1	10	65
SE2127	Introduction To The Novel	1	1	10	70
SE4101	Mind, Thought and Reality	1	1	20	63
SE4102	The Individual, Morality & The State	1	1	20	63
HS1711	Exploring Historical Debate: Indep Study	2	1	30	66
HS1701	Approaches To History	3	1	30	55
HS1716	After Rome Society, Economy and Culture in The Mediterranean World (AD 500-800)	3	1	30	60
HS1787	Into The Vortex: Britain and The First World War	3	1	30	58
HS1801	Dissertation	3	1	30	67
HS1829	From Bismarck To Goebbels: Biography and Modern German History, 1870-1945	3	1	30	65
HS1872	Identity and The British State: Wales, 1485-1660	3	1	30	69

Professor & Head
Department of Psychiatry
MGM Medical College,
Kamothe, Navi Mumbai

Signature of HOD

Date: 22/9/2016

Signature of Institute Head

Date: 22/09/2016

Approved by :

Registrar
MGM Institute of Health Sciences
Navi Mumbai

Date :

Seal :

Enclosures:

1. Identity and Address Proof
2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
3. NOC from Relieving Institute
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details (for foreign students only)
6. Curriculum Vitae / Bio-Data / Resume

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.


OBSERVER

Name: BESSIE O'DELL Date: 28/07/2016

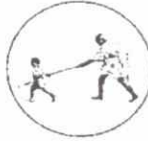
Signature: 

Name of Witness in Full: JEANNETTE BROCKLEHURST

Address of Witness: CAN-YR- AFON, MOUNT PLEASANT,
CONWY, NORTH WALES, LL32 8PD

Signature of Witness: 

Date: 29/07/2016.



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mguhs.com | Website: www.mguhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, BESSIE O'DELL, wish to observe the activities of the PSYCHOLOGY / PSYCHIATRY DEPARTMENT in furtherance of my personal, educational goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in PSYCHOLOGY / PSYCHIATRY DEPARTMENT, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the PSYCHOLOGY / PSYCHIATRY DEPARTMENT to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

Authority/Autoridad/ Lqhkarres/ Instancas/ Autorité/ Behörde/ Autorità/
 myndighet/ Учас/ Edoouca Apxy/ Autoritate/ Autorität/
 Viattamäistä/ Myndighet/ Pasa ydall/ Valiandria/ Izdevējstāde/ Kārove/
 Avtorität/ Organ Władzy/ Organ/ Urad/ Kāllitē hatōšāg

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UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
PASSPORT Type/Type Code/Code

PASSPORT
PASSEPORT

Type/Type

Code/Code
GBR

Passport No./Passeport No.
460924366

Surname/Nom (1)
O'DELL

Given names (Prénoms) (2)
BESSIE APRIL

Nationality/Nationalité (3)
BRITISH CITIZEN

Date of birth Date de naissance (4)
13 APR / AVR 91

Sex/ Sexe (5) Place of Birth/ Lieu de naissance (6)
F ST ASAPH

Date of issue / Date de délivrance (7)
08 JUN / JUIN 07

Date of expiry/Date d'expiration (9)
08 JUN / JUIN 17

UKPA

Holder's signature/Signature du titulaire (10)

P<GBRO<DELL<<BESSIE<APRIL<<<<<<<<<<<<<<<<<
4609243664GBR9104130F1706088<<<<<<<<<<<<<<<DZ

case 46

Date : 27/10/16.

PT Name : Mr ~~Mustafa~~ Issa Shaikh

Age/sex : Male / 27 - married

Complaints : From childhood, medication for 8 years,
could not face relapse. Now having slight episodes.
feels bodyweight becomes less, shaking of teeth,

5 15 mins - 30 mins, feels sadness, fearfulness, deep dist

Diagnosis : seizure disorder, with depression.

cont. tension, lethargic,

Gen. illness transgen to other problems -

10 irritation, sensitivity, depression, anxiety etc.

Stopped grad. (Blomm) after 2nd year -

b/c of this, quarrelling b/w PT & wife.

15 case 47

Date : 27/10/16

PT Name : Sharmila

Age/sex : 25 yrs / F

Complaints : Suspiciousness, hearing noises, paranoia.

20 Follow-up : 30 - 60% better reducing dosage on her own, suicidal

Diagnosis : Schizophrenia.

thoughts, suspicious that people are talking about her.

case 48

25

Malin Intelligence / IQ Test
scale for Indian children

→ mental age

$$IQ = \frac{MA}{CA} \times 100$$

CA Chronological age

Case 45

PT Name : Murund Patel

Age/Sex : 52 yrs/M

Complaints : Altered behaviour, unable to
recognise places, disturbed sleep,
poor self-care, perplexed/
confusion.

Diagnosis: Acute confusional state.

case 43

26/10/16

PT Name: Devidas Jhadul

Age/sex: Male / 32 yrs

Complaints: unable to speak more, visual hallucinations, not able to enjoy happiness, can't express emotions, frequently washed hands

Mood - Euthymic, affect - restricted, thought rumination.

Diagnosis: Schizophrenia w obsession

case 44 Follow-up case

26/10/16

PT Name: Mrs Meena Nayar

Age/sex: 56/F

Depression w Somatic complaints

case 45 - Follow-up

27/10/16

PT Name: Mandakmi

Age/sex: 55 yrs / F

Complaints: Sadness of mood, hypertension, high BP, multiple Somatic complaints

(Headache, back pain, chest pain)

case 40 Follow-up.

PT Name : Mr. Dinesh Shivaji Wankhede

Age / sex : Male / 46 yrs.

Complaints : Sleep disturbance (since 1 week - early morning awakening, death wish, sadness of mood, suspiciousness.

5 Diagnosis : Schizophrenia w/ depression. HTN (hypertension).

Case 41 - Follow-up

Date : 26/10/16.

PT Name : Sanjay Kumar

10 Age / Sex : 42 yrs / male

Complaints : Schizophrenia follow-up case.

No sleep dist / no hallucinations or delusions / constipation, decreased appetite.

15

case 42

Date : 26/10/16.

PT Name :

Age / sex : , for many years.

20 Complaints : Panic attacks, suicidal thoughts, depression, hopelessness, helplessness, 1 1/2 month headache

Diagnosis : Panic attacks w/ ~~an~~ anxiety / depression.

25

sleep disturbance, headaches,

drinks + smokes occasionally.

Personal life - one who takes care of her family, biting of wrists, suicidal tendencies

case 38

in-patient

5 PT name :

Age/sex : Male /

Complaint/symptoms : Works as farmer - while working he was bitten by a scorpion in the hand. Words lagging - was like this before incident. Anxious.

10

case 39

PT Name : Pramilla

15

Age/sex : Female /

Symptoms : Depression on and off for 6 yrs.

Fearfulness, upset, tension, palpitations.

Appears to be recovering now is on medication, dizziness, anger, hallucination ^{oratory} & previous

20

believes - burning sensation from head through entire body. If stop taking medication, will deteriorate.

Suicidal thoughts. Wants to run away from the house in the evening. Paranoid thinking. Treatment was stopped during pregnancy.

25

Diagnosis : Manic disorder with psychotic episodes
Prescription : current medication - no improvement. New medication provided.

case 35

PT name : Mrs. Vijaya vijay Pandav

Age/sex : 47 / F

Date : 24/10/16.

Complaints : unable to work

5

Diagnosis : Depression with stressors.

case 36

PT Name : Nilesh Chaudhary

10 Age/sex : 30 yrs/m - unmarried.

Date :

Complaints : for 2-3 yrs has experienced back pain, vomiting, right abdominal, sadness, sleep disturbance. Problems started with vomiting.

15 Tightness in abdomen - back of body.

worried about illness. Changed 2 jobs because of condition. Constipation.

Problem is 99% psychological, 1% organic problem.

Diagnosis : Depression w/ Somatic symptoms.

20

case 37

PT Name : Amrita Tapan

Age/sex : F /

Diagnosis : Borderline personality disorder + adjustment disorder

25 Symptoms/complaints :

Stressors in life, migraine, dizziness, irritation, anger easily, hopelessness, helplessness, anxiousness,

Follow-up
case

Case 33

PT Name: Mr. Imran Abdel Anzen

Age/Sex: 18 yrs/male

Date: 20/10/16

Symptoms/complaints: PT has been having
Seizures for x 13 days. Not able to speak)

5 do daily activity. Delayed global milestones.

MSE on admission - PT is conscious, unco-operative, non-communicative, cannot be checked

Diagnosis: Intellectual disorder w, epilepsy.

10

case 34 20/10/16

PT name: Mr Malaya Mallick

Age/Sex: 42/male

PT started experiencing

15 symptoms: in crowded places (e.g. lifts)

PT was o/k until 2 yrs ago, where he witnessed a

RSA with blood - then started getting anxious/
palpitations/occasional sweating. Duration of symptoms is 5 mins in evening.
Diagnosis: k/d a panic attack & agoraphobia.

PMH:
Extrovert/
socially
well-
adjustable.

20

25

Alert / drowsy - tensed + feels
somewhat drowsy.

- Can't hear other sounds when alone.
- Feels good now.
- Phobias : Fear of sounds.
- Remote recent memory good -
- 5 moral judgement (e.g. in case of seeing an accident on the road) - judgement in tact
- Emotions : normal.

10 case 34

Pt name : Maryeta

Age / sex : 28 / F

Complaint : married, 3 children.

15

Anger, unable to eat / not
interested, back pain - for
1½ years, irritation, drowsiness,
headache, burning in chest,
tension; fear, suspicion towards
husband, sleep disturbance, wakes

20

~~Diagnosis~~ : up in night, menstrual cycle is
not regular

Husband advised she goes to market
to buy things they don't need.

25

Borderline personality - psychotic
features.

Complaint: Neurodermatitis

5 PT Name: Mr Sachin Borate

Age/sex: Male / 31 yrs.

Education: BA - education

Address: Lives in Kalamboke

Occupation: occupation - bus conductor

Informant: Informant - wife

Symptoms: skin allergy / neurodermatitis - becomes worse in summer months. Experiences itching.

History: 4 years skin problems - taking medicine 2 yrs 6 months - psychiatry

15

Past 1 week - coming to psychiatry

→ 2008^{5th} affected by Dengue for 1 week no other problems.

Development: normal milestones

Interests: occasional interaction w/ friends.

20

behavioural changes: none.

marriage: 2008. (21 yrs).

operation of wife: none.

Children: daughter (5 yrs). son (2 yrs 6 months). normality before condition - fine. no change.

25

~~habits~~ Habits: no alcohol / tobacco consumption.

Parents -

has 2 sisters. 20/21 yrs.

Misc

lacking concentration.

case 9 (follow-up case)

P/name :

Age :

Sex : female

Date : 07/10/16

Symptoms/complaints : HIV positive

Case has been a follow-up for 3 years.

Presenting with anxiety + some depression over diagnosis

10 case 10 (follow-up case)

P/name : Zahida Mallet Age : 36

Sex : F

Date : 07/10/16

Symptoms/complaints : originally anxious + suicidal thoughts, agitation, adjustment problem for illness.

15 Worried about Tuberculosis (TB). Had a case of TB 10 years ago, and recently contracted again.

Has 5 yr old son. No symptomatic complaints - no trouble working etc. Does not want to take psych medicine alongside T.B. - has not taken suggested medicine.

20 No suicidal thoughts.

Note - needs to monitor her own stress + diet, as may compromise immune system.

case 11

P/name : Mr Sachin Bhatnagar

25 Age : 14

Sex : Male

Date : 07/10/16

Symptoms/complaints : After praying, I gets headaches +

dizziness, b + w vision -

Seizures.

Episodes last approx 5 minutes.

Originally had issues at school - developed fear towards school and schoolteachers.

Hyperventilation when told to go to school, says he can't breathe.

case 12 - 10/10/16

5 Patient name: Jirendra

Age: 36

Sex: Male

Date: 07/10/16

10 Symptoms/complaints: Schizophrenia + manic
depressive disorder

- used to take Nicotin

- Previously: increased appetite, decreased concentration

Irritation/anger

(dramatically - 15kg
in 2 months)

15 Now: Increase in weight / increase hunger
+ pain in neck.

- increased thirst.

case 13 - 10/10/16

20 P name:

Age/sex: Male

Symptoms:
Complaints:

25

Diagnosis:

October 2016 - Observation log

Case 1

Date : 04/10/16.

Patient name : Papu Kumar

Sex : Male

5 Age : Unknown.

Symptoms/complaints : Tobacco and alcohol habit.

Diagnosis : Panic attacks, fear of heights, depression with somatic symptoms.

10 Case 2

Date : 05/10/16.

Patient name : unknown.

Sex : Female.

Age : unknown (30/40's).

15 Symptoms : Trouble sleeping, headaches, problems at home (not allowed access to child by husband), somatic complaints.

Diagnosis : Oral medicine (unknown) plus a follow-up appointment every 15 days.

20

05/10/16 - Activities ^{Index}

• As part of Mental Health Week - powerpoint presentation + video to highlight importance of caregiver support. (present given, lunch ^{snacks} provided).

25 • Observed psychiatric ward + patient files. - most patients admitted for ^{alcohol} ~~add~~ addiction/schizophrenia. A family member must be with P before they can be admitted.

On ward - M/F room, several beds in each, dips for withdrawal symptoms. Nurses station - info on rounds - where files are kept. Psych ward is locked.

case 3 - Mental Health Week (drop-in clinic)

Patient name : -

Age : ~~35~~

Sex : male

Date : 06/10/16.

- 5 Complaints : Nicotine addiction - 1 packet a day for past 7 years. Only abstinent twice - once for max 2 weeks, occasional hypnoses, sleep disturbance, occasional alcoholism over past 9 years.

- 10 Diagnosis : Medication for nicotine addiction, as well as medication to aid sleep disturbance/worry.

Note : Nicotine patches expensive + not readily available in pharmacies, hence other meds given.

Case 4

Name : Mr. Vishal

- 15 Age : 35.

Sex : Male.

(Spoke to patient to take case history)

- translation needed as spoke no English.

Date : 06/10/16.

- 20 Complaints : Symptoms resulting from ceasing cannabis use. Patient had smoked cannabis from youth - he used a ground part of the plant seed to smoke 1-2 cigarettes a day. He ceased smoking (abruptly) several years ago, once he realised it was now an addiction, and he was no longer using it socially for pleasure.

- 25 Symptoms - He is now suffering from apathy & lack of motivation. He works, but is not motivated to go to work. He also has additional stress triggers - e.g. the death of his

grandmother.

Diagnosis: Apathy resulting from withdrawal. Low dosage of anti-depressants prescribed to aid apathy + motivation.

case 5

5 Patient name: Mr Akash (Spoke to patient - Spoke English)

Age: 27

Sex: Male.

Date: 06/10/16.

10 Symptoms/complaints: Prolonged cannabis use (6 years) - continuing to use. No complaints reported to me - case history reports no psychotic symptoms, but some feelings of anxiety / upset (this appears to be a follow-up appointment.) He has his own business (cycle shop), which is running well. He states that his functioning was lower in the years following his MBA (from Mumbai college), due to cannabis use. - It is getting better.

15 Diagnosis: Anxiety? Several medicines prescribed.

20

N.B. Psychotic symptoms prevalent in cannabis users across South-East Asia. (e.g. Schizophrenia).

Case 6

Patient name: Rajal Patel.

25 Age: 20

Sex: Female

Date: 07/10/16.

Symptoms/complaints: Excessive sleepiness. ~~Intense, severe screaming at the patient~~

- Fearfulness
- Forgetfulness (was in bathroom)
- Spends more time in bathroom
- frequent checking (6 months ago)
- (gas leaks).

Recently married - may be having

problems with her in-laws and potentially with her husband (may need to sit with her for longer).

- Somatic complaints

- trouble concentrating

- 5 - Has been back home x 4 times during the marriage. Husband is 10 years older than her.

Diagnosis : Adjustment problem +

Multiple somatic complaints

10 case 7

Patient name: Mr Malaya Mallik (follow up case)

Age: 42

Sex: Male

Date: 07/10/16

- 15 Symptoms/complaints: uneasiness, agoraphobia, fearfulness.

Fear of heights, crowded places.

20 Jacobson Progressive Muscle Relaxation Therapy.

case 8

P Name: Diksha (female, 8-9 yrs old)

Observed usha performing the Jacobson Progressive

25 Muscle Relaxation Therapy

Case 13 - 10/10/16

Follow-up

Patient name: Mr Akash Angale

Age/sex: 29 / M

Symptoms/complaints:

5

Case 14 - 10/10/16

Follow-up

P Name - Mrs Vibha Angale

Age/sex - 58 years / F

10 Symptoms/complaints - Bipolar disorder

15 Case 15 - 10/10/16

Follow-up

P/name: Mrs Kamala Pant

Age/sex: F / 55 yrs

Symptoms: Sadness of mood, Finding it hard to work.

Sometimes, feels like crying in loneliness.

20 Has feelings of helplessness + hopelessness

She also gets palpitation.

Diagnosis: Depression + Somatic complaints

Case 16

25 P/name:

Age/sex: 60 yrs / F

late-onset psychosis - feels as though her circles have
rotten + fallen at of her body.

(have spent 3,000 rupees, not
to be diagnosed with anything)

DOMS

Page No.

Date

/

/

Also • Decreased appetite
• Difficulty sleeping
• decreased interest in activities

Diagnosis : late-onset psychosis.
Anti-psychotic medicines prescribed.

case 17

5 Name : -

Age / sex : male / -

Symptoms PC complaint of skin condition, which he
has had for past 2 years.

→ After eating, experiences itchy & body
for 7-10 hours.

- Seen multiple dermatologists, who
have been unable to diagnose.

- Has tried multiple medication, including
injections. • Derma believe he may be
exaggerating his symptoms, and it
may be a psychological condition.

Diagnosis : Appears to be no psychiatric
condition present, except feelings
of low mood due to dermatological
condition.

Case 18 - 12/10/16

PT name: —

Age/sex: Female / 25-26

Symptoms/complaints: PT consumed toilet cleaner after argument with her husband. Some depressive symptoms. Isleep at home - husband is less educated, earns less money, is potentially an alcoholic + may have alcohol induced - psychosis. PT is a consultant.

Diagnosis: deliberate self harm + adjustment issues.

10 Treatment: counselling, plus medicine for depressive symptoms.

- Parents advised to be supportive, but also to tell PT to speak to DV/Commissioner when she has issues with her husband.

15

↓ 13/10/16 - observed

psychiatric consultation/session. PT admitted she had attempted suicide twice. Maman suggested PT cease contact with her husband, and continue her education.

Case 19

PT name:

Age/sex: Female/SG

20

Symptoms/complaints: Depressive episodes for a year, feels as though people are not supporting her enough.

Anxiety + mood symptoms.
Reports her son has ADHD.

25

case 20

- 17/10/16

- follow-up.

PT Name : Mr Omprakash Chaudhary

Age/sex : Male / 40 yrs

Complaints : Depression, ^{Preoccupied sexual thoughts} (obsession),

Preoccupation of thoughts - rumination.

Feelings of guilt

Suspicion, excessive sleep.

Diagnosis : OCD + depression

case 21

- follow-up case.

PT Name :

Age/sex : 15 yrs - 10th standard / Female.

Complaints : excessive sleeping, unable to wake-up

Diagnosis : Depression with psychotic features

15 case 22

PT Name : S. B. Bhangre

Age/sex : Female / 50 yrs.

Complaints : Sadness of mood, decreased interest in work, withdrawal

behaviour, feels low, lack of interest in routine work,

Sleep disturbance.

Diagnosis : Depression with behavioural problems.

25

Case 23

PT name: Mr Pramod Prajapati

Age/sex: 30 yrs/male

complaints:

diagnosis: seizures disorder

Vits:

B

omega 3

anti-allergy

vit C

Case 24

- follow-up case.

PT name: Mr Suraj Mishra

Age/sex: 25 yrs/male

Complaints: worries about contracting illness

Anxiety disorder

Sleep disturbance

awakening with palpitations

Thought ruminations

Fearful that he has contracted HIV -
preoccupied with these thoughts -
unable to pay attention to his work

Diagnosis: illness anxiety disorder with PME.

Case 25

20 Name:

Age/sex: Male

Complaints: PT has trouble sleeping. Sleeps for 3-4 hours a night & cannot get back to sleep. Also has skin issue (itching in night). Has other stressors, but denies these are causing an issue.

25

Diagnosis: insomnia + anxiety.

prescribed medication for insomnia. In follow-up cases will try other treatment.

Case 26

Name : Mr Arvind Raddpal

Age / sex : Male, 22 yrs

Complaints: Hearing voices, suspiciousness, disturbed sleep - for one year.

Diagnosis: Psychosis

5 Date : 17/10/16

Case 27

Name : Mr Abhinav Pandey

Sex / age : Male / 46 yrs

10 Complaints: stressors - cheated by someone (stolen money).

feels tensed, fearfulness, sadness

all of the time, anger, negative

thoughts, loss of interest in food.

15 Felt this way 20 yrs ago.

likes to stay alone.

fear even if he talks to someone

Diagnosis: Depression

20 Date : 17/10/16

25

Case 28

Follow-up case

PT Name : Sonam Prasad

Age/sex : 20 / Female

Date : 18/10/16

Complaints/symptoms :

Marital status : unmarried

5 Education : New Panvel.

Informant : mother

Symptoms/complaints : PT has the feeling that someone is watching over her, and a feeling that her telephone has been tapped (by unknown persons).

10 onset symptoms : 2 months (7th August)

PT history : No past illness, other than OCD of past illness

as a child (in 8th standard - 13 years)

undiagnosed

Also has anxiety - saw a school counsellor about issue

15 Personal : Has hypothyroidism history

Normal birth delivery - 9 months, 2 days

Developmental milestones -

9 months - walking

6 months - speaking

20 used to talk a lot

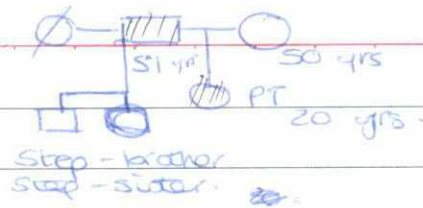
→ Some disturbance in studies - unable to attend uni tests

→ hobbies - badminton, TV, music, cooking

→ socialises with friends (but also likes her own company.)

25 Menstrual history : normal

Family history :



Father - has history of hair loss + schizophrenia

5 PT is also experiencing hair loss

Continued & currently in good mood.

Feeling stressed for exams

No phobias, other than of traffic

10

MSE :

① Appearance : well-dressed

② Behaviour towards examiner :

normal, (although in a hurry to leave, due to lectures), willingly there.

15

③ Grooming - balanced state

④ Facial expression - normal, eye contact.

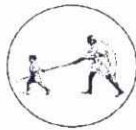
⑤ Sensorium : normal

20

Reaction - normal reaction to Q's.

④ Speech - normal speech, softly spoken.

25



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/011

Date: 01/01/2019

Ref.: MGMIHS-I/O No. 12159, dated 24/12/2018

To:

Ms. Franziska Petra Maria Gugger

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 14/01/2019 and ending on 11/02/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: _____

Name: Franziska Gugger

Date: 16/01/2019


Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
— (Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai-410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme, MGMIHS, Navi Mumbai - 22/1/19
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe, Navi Mumbai. 22/1/19



Sushakeo
22/1/19

MGM INSTITUTE

OF HEALTH SCIENCES

To The Registrar

Date: 24/12/18.

Respected
Sir.

Sub - "Submission of FRO Form and
observership fees will be on
the arrival of the student"

'This is inform you that all the documents
are submitted only FRO (Police verification)
is done only after the student is in the
town. We can submit it on after that.
Fees can be paid once the details of the
forms is checked.
I will be obliged to please consider
the form of

Franziska Guggen - arriving tentatively
14th Jan. for 1 month.

Sarah Biggeni - arriving on 21st Jan
Tentatively.
for 15 days.

Kind regards

Sudipta Chatterjee
Coordinator - in charge (World Unite India).

Curriculum Vitae

Psychology
14th Jan 11th Feb.

■ Personal details

Name:	Franziska Gugger
Date of birth	12.18.1992 Tegernsee
Place of birth	Tegernsee, Germany
Adress	Bahnweg 2b, 92421 Schwandorf
	Phonenumber: +49151 18412892
	e-mail: franziska.gugger@gmx.de

■ Education

2016 – now	Otto-Friedrich University Bamberg Bachelor of Science Psychology
2012- 2016	University of applied Sciences Landshut Bachelor of Arts Social Work
2011- 2012	University of Regensburg Bachelor of Science Media IT
2003 – Juli 2011	Carl- Friedrich- Gauß Gymnasium (grammar school) Schwandorf
1998 - 2003	Gerhardinger Grundschule (elemantary school) Schwandorf

■ work experience

01.11.2017- now	Freelancer as a social worker part time
01.08.2016- 1.10.2016	Social worker in a refugee dormitory
01.09.2015 – 30.09.2015	4 weeks internship at Landshut's Prison

■ experience abroad

23.10.2010- 8.11.2010	School exchange with China (Xiamen)
29.08.2014- 31.01.2015	22 weeks internship at Preda Foundation in the Philippines

■ language skills

English	Advanced
French	Intermediate
Italian	Elementary
Tagalog	Elementary

■ Hobbies

Volleyball, Tennis, Crossfit, Jogging, Travelling, collector of tea, reading



OTTO-FRIEDRICH-UNIVERSITÄT • 96045 BAMBERG

To whom it may concern

**Professur für Kognitions- und
Emotionspsychologie**
Prof. Dr. Jascha Rüsseler

Bamberg, den 11.06.18

Markusplatz 3
96049 Bamberg
Tel. +49 (0)951 - 863-1991
Fax
jascha.ruesseler@uni-bamberg.de
www.uni-bamberg.de

Franziska Gugger is currently enrolled in the study program B.Sc. Psychology (5th semester). I know Franziska Gugger from lectures (Cognitive Psychology; Learning, Motivation, and Emotion) and a personal interview. Mrs. Gugger is an interested, intelligent and diligent student. She actively participates in lectures with questions and comments. With her friendly, open and reliable personality she will easily be able to adapt to a new environment at a guest institution.

She has successfully completed most of the courses that are required in the first two study years. My overall impression is that she is an above average student in a very competitive field (i.e. all students have to have an Abitur-degree with at least 1.4 (numerus clausus)). Thus, I have no doubt that she will be successful with her training abroad.

The internship is required in the study program.

Best regards

Prof. Dr. J. Rüsseler

Professor for Cognitive Psychology

Professur für Kognitions- und Emotionspsychologie
Otto-Friedrich-Universität Bamberg
96047 Bamberg

Ihr Zeichen
Ihre Nachricht vom
Unser Zeichen
Unsere Nachricht vom



Application Fee: Rs.1,000/-

MGM INSTITUTE OF HEALTH SCIENCES

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Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmhuhs.com | Website: www.mgmhuhs.com

Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	Gugger	Franziska	Petra Maria					
	Surname	First Name	Middle Name					
Date of Birth	D	D	M	M	Y	Y	Y	Y
	1	2	0	8	1	9	9	2
Age in completed yrs & months	25 & 11 months							
Communication Address complete with landmark and pin code (Attach address proof)	Edelstraße 2 96047 Bamberg Bam Germany							
Permanent Address complete with landmark and pin code (Attach address proof)	Bahnweg 2b 92421 Schwandorf Germany							
Name of School / College / Institution / Organization currently studying / working with address and telephone no.	otto - Friedrich Universität Bamberg Kapuzinerstraße 16, 96047 Bamberg							
Mobile No.	0 1 5 1 1 8 4 1 2 8 9 2							
Landline Telephone No. with STD Code	/							
Email Address (write legibly)	Franziska.gugger@gmx.de							
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.	Psychology internship							



Handwritten signature in red ink.

MGM Institute Of Health Sciences
INWARD NO. 12159
DATE: 24/12/18
REF: FC

Time Frame (Maximum 3 months)	:	Start Date 14.01.19	End Date 11.02.19	Hours per day 8	Certain Days of week
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:	getting to know Indian standards in psychology and improving inter-cultural skills			
Degree earned / pursuing	:				
Specialties of interest	:	clinical Psychology			
Whether Citizen of India	:	Yes () No (X) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)					
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	:	visa not yet applied for, passport copy attached			
Sponsoring Institution details					
Name of the Sponsoring Institution	:	/			
Address of Sponsoring Institution	:				
Telephone No.	:				
Email ID:	:				
Contact Person Details of the sponsoring Institution with name and Mobile No.	:				
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	:				

Signature of the Observer:

Date: 4.07.18

Signature of Supervisor / Mentor:

Date: 20/12/18

R. Ghildiyal

Signature of HOD **DR. RAKESH GHILDIYAL**

M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

Date: 24/12/18.

M. D. (PGI, CHG)
Signature of Institute Head

DR. NIMAN C. MOHANTY
M. D. (PGI, CHG)
**PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT**
MGM MEDICAL COLLEGE HOSPITAL,
KALAMBE, NAVI MUMBAI - 410 218.

Date: 12/12/18

Registrar
MGM Institute of Health Sciences
Navi Mumbai

Date : _____

Seal :

Enclosures:

1. Identity and Address Proof
- ✓ 2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
- ✓ 3. NOC from Relieving Institute (*Recommendation letter*) ✓
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details (*for foreign students only*)
- ✓ 6. Curriculum Vitae / Bio-Data / Resume

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing



MGM INSTITUTE OF HEALTH SCIENCES

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Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Fransiska Gugger, wish to observe the activities of the
psychiatric department in furtherance of my personal, educational
goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my
observership.

I understand that even though I will only be observing activities in
_____, I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe
the activities of the _____ to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and it's officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Franziska Gugger Date: 4.07.2018

Signature: 

Name of Witness in Full: Christiane Baier

Address of Witness: Wöhrvorstadt 5, 92421 Schwandorf,
Deutschland | Germany

Signature of Witness: 

Date: 04.07.18

14. Ordens- oder Künstlername/
Religious name or pseudonym/Nom de religion ou pseudonyme



STADT SCHWANDORF

Guerra

CD<<GUGGER<<FRANZISKA<PETRA<MARIA<<<<<<<<
CFZ6CGLKM7D<<9208120F2111290<<<<<<<<<<<<8



nk Collect

Payment done successfully on 24-Dec-2018 12:16 PM IST

Payment Details:

SBCollect Reference Number	DUA4927087
Category	Observership Application Fees
Name of the Observer	Franziska Gugger
Name of Observership Speciality	Psychology
Observership Duration(Days/Month)	1 month
Observership Start Date	16/1/2019
Observership End Date	12/2/2019
Mobile No.	015118412892
Observership Application Fees	1000
Transaction Charge	INR 0.00
Total Amount	INR 1,000.00
Remarks	Observership

[Click here to view/download the e-Receipt](#)

MGM INSTITUTE
OF HEALTH SCIENCES.



Date - 1

To the Registrar -

Respected Sir,

Sub: Submission of FRO Form and
observership fees of Franziska Grugger.

This is to inform that as appealed on 24/12/2018,
that the FRO form and fees will be submitted
on the arrival of the student in the town name "Franziska
Grugger".
As stated I am submitting the following documents
today.

- 1) FRO form.
- 2) Passport size photo
- 3) Fees for observership.

I request you to kindly issue her provisional
observership letter to the psychology department of
"MGM INSTITUTE OF HEALTH SCIENCES".

from 1 / 1 / 2019.

Kind Regards

Sudeepa Chatteraj

Coordinator - in charge
(World Unite India)

MGM Institute Of Health Sciences
INWARD NO. 475
DATE: 15/1/19
REF: Fey

Form 'C'
Arrival Report of Foreigner in Service Apartment

Applicant ID : 150119XUY8Q7



150119XUY8Q7

Accommodation Details

Name	Sudipta Chattoraj
Address	plot no-174, flat no-1, sec -28, vashi, navimumbai
City/District	NAVI MUMBAI
State	MAHARASHTRA
Star Rating	Others
Phone no.	09892063923
Mobile no.	09892063923



Personal Details

Surname	GUGGER		
Given name	FRANZISKA PETRA MARIA		
Sex	Female		
Date of birth	12/08/1992	Special Category	Others
Nationality	GERMANY		

Address in country where residing permanently

Address	EDELSTRASSE 2
City	BAMBERG
Country	GERMANY

Address/Reference in India

Address	FLAT NO. 701 SHAH COMPLEX 111 CHSLTD SECTOR 13, SANPADA
City/District	THANE
State	MAHARASHTRA
Pincode	400705

Passport Details

Passport No.	CFZ6CGLKM
Place of Issue	SCHWANDORF, GERMANY
Date of Issue	30/11/2015
Expiry Date	29/11/2021

Visa Details

Visa Number	90025953J	Date of Issue	14/01/2019
Valid Till	14/03/2019	Visa Type	eTOURIST VISA
Place of Issue	Mumbai, INDIA		

Arrival Details

Arrived From	MUNICH , MUNICH , GERMANY		
Date of arrival In India	14/01/2019		
Date of Arrival in Service Apartment	14/01/2019		
Time of Arrival in Service Apartment	16:00	Intended Duration of Stay in Service Apartment	30

Whether Employed in India

N

Other Details

Purpose of Visit	Tourism	
Next Destination	Place	MUNICH
	City	MUNICH
	Country	GERMANY
Contact No.(in India)	9892063923	
Mobile No.(in India)	9892063923	
Contact No.(Permanently residing country)	9892063923	
Mobile No.(Permanently residing country)	9892063923	
Remarks(If any)		
Remark	no	



(S.B. NALE)
Asst. Police Inspector
For Dy. Commissioner of Police (S
S. B. C. Nari Mumbai / M S





(S.B. NALE)
Asst. Police Inspector
For Dy. Commissioner of Police (S.B.)
& F.R.O. Navi Mumbai (M.S.)

[illegible][illegible]

**MGM INSTITUTE OF HEALTH SCIENCES**

3 RD FLOOR MGM MEDICAL COLLEGE PLOT NO 1 AND 2 SECTOR 1 KAMOTHE , , NAVI MUMBAI-410209

Date: 15-Jan-2019

e-Receipt for State Bank Collect Payment

SBCollect Reference Number

DUA7028787

Category

Observership Programme Fees

Name of Observer

GUGGER FRANZISKA

Name of Observership Speciality

PSYCOLOGY

Observership Duration(In Days/Month)

4 WEEKS

Mobile No.

9930469699

Observership Programme Fees

10000

Transaction charge

100.30

Total Amount (In Figures)

10,000.00

Total Amount (In Words)

Rupees Ten Thousand Only

Remarks

OBSERVERSHIP

Notification 1

Notification 2



सस्यमेव जयते

इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सभी से जिनका इससे संबंध हो, अनुरोध एवं अपेक्षा की जाती है कि वे धारक को बिना किसी टोक के स्वतंत्र रूप से आने-जाने दें, और उसे हर तरह की इसी सहायता और सुरक्षा प्रदान करें जिसकी उसे आवश्यकता हो ।

भारत गणराज्य के राष्ट्रपति के आदेश से

BY ORDER OF THE PRESIDENT
OF THE REPUBLIC OF INDIA



Kiran
किरण मिश्र/Kiran Mittal
अधीक्षक/Superintendent
क्षेत्रीय वारपत्र कार्यालय
Regional Passport Office
बरेलीगढ़/Chandigarh

A portrait of a young woman with dark hair, wearing a yellow top. She is looking directly at the camera with a neutral expression. The background is a light, textured surface.

टाईप / Type

P

રાષ્ટ્ર કોડ / Country Code

IND

पासपोर्ट नं./ Passport No.

H7823774

दिया गया नाम / Given Name(s)

GURPREET KAUR

राष्ट्रीयता / Nationality

INDIAN

लिंग / Sex

F

जन्मतिथि / Date of Birth

F 04/11/1992

जन्म स्थान / Place of Birth

LUDHIANA

जारी करने का स्थान / Place of Issue

CHANDIGARH


जारी करने की तिथि / Date of Issue

03/11/2009

समाप्ति की तिथि / Date of Expiry
02/11/2019

[illegible]


Time Frame (Maximum 3 months)	Start Date	End Date	Hours per day	Certain Days of week
:	21/3/2016	25/3/2016	8 hrs/day	
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	: The primary reason for this observership is to get an experience in understanding how dentistry is practiced in India. This experience will allow me to expand my knowledge and apply the didactic skills I learn in class to a real world scenario.			
Degree earned / pursuing	: Doctor in Dental surgery, graduating in 2019			
Specialties of interest	: Oral surgery, pediatrics dentistry, Community dentistry and orthodontics and periodontics and gum disease			
Whether Citizen of India	: Yes (<input checked="" type="checkbox"/>) No. (<input type="checkbox"/>) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)				
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	: Passport issued by India Passport number - H7823774 Exp. - 02/11/2019			
Sponsoring Institution details				
Name of the Sponsoring Institution	: Self sponsored			
Address of Sponsoring Institution	: 4408 NE 2nd CT Renton, WA 98059			
Telephone No.	: 4258946768			
Email ID:	: preet5755@hotmail.com			
Contact Person Details of the sponsoring Institution with name and Mobile No.	: Parvinder Singh (425)-214-8823			
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	: Dental Clinics			


Signature of the Observer:


Date: 2/14/16

Signature of Supervisor / Mentor:

Date: _____


Signature of HOD

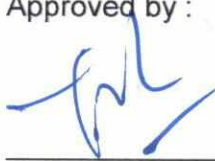
Date: 11/03/2016


Signature of Institute Head

Date: 11/03/2016

Pay at MGMIHS INR 10,000/-

Approved by :



21.3.16
Date : _____

Registrar
MGM Institute of Health Sciences
Navi Mumbai

Seal :

Enclosures:

1. Identity and Address Proof
2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
3. NOC from Relieving Institute
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details (for foreign students only)
6. Curriculum Vitae / Bio-Data / Resume

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing

5/4/2016:

As per the Dr. N.C. Mohanty or discussion with
Ms. Sudima Ms Gupreet Kaur has joined
observership at MAM Dental College & Hosp.
She has also paid the Rs. 10,000/- to MAM
Dental College with the approval of
Dr. N.M. Kadam sir.

Details of payment will be provided by Ms. Sudima
Sudima



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai – 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Gurpreet Kaur, wish to observe the activities of the
Dental clinics in furtherance of my personal, educational
goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my
observership.

I understand that even though I will only be observing activities in
Oral surgery, pediatric dentistry, community and orthodontics, and periodontics and gum disease, I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe
the activities of the Oral surgery, pediatric dentistry, community and orthodontics, and periodontics and gum disease to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and it's officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Gurpreet Kaur Date: 02/14/2016

Signature: 

Name of Witness in Full: Sudepta Chatterjee

Address of Witness: Plot no 174, Flat no 1, Sector - 28
Vashi

Signature of Witness: 

Date: 11/03/2016

Gurpreet Kaur

4408 NE 2nd CT
Renton, WA 98059
Tel: 425-894-6768
kaurg24@uw.edu

WORK EXPERIENCE

King County Library System, Newcastle WA

Library Assistant

08/2014 - 06/2015

- Assisting Library patrons
- Troubleshoot hardware and software issues

Library Page

10/2012 - 08/2014

- Placing library materials back on the shelves and cleaning book shelves
- Assisting patrons
- Training new Library Pages

Macy's, Bellevue Square Mall, Bellevue, WA

11/2010 - 04/2014

Sales Associate

- Helping customers
- Placing Merchandise back on the selling floor
- Training new support associates

EDUCATION

University of Washington, School of Dentistry

08/2015 - present

Doctor in Dental Surgery

University of Washington, Seattle WA

09/2012 - 06/2014

Bachelor in Science; Molecular, Cellular and Developmental Biology Major

Bellevue College, Bellevue WA

01/2011 - 08/2012

Associate of Science (Biology Major) with distinction

ACTIVITIES AND OTHER EXPERIENCES

Magnuson Community Center Health Fair

01/24/2016

Northgate Elementary Oral Health Education night

02/03/2016

Camp BIOMed: Northwest Association for Biomedical Research

07/2014 - 08/2014

Volunteer Teaching Assistant

- Assist Lecturer with setting up the classroom and activities
- Mentor students of the camp

University of Washington, Seattle WA

02/2014 - 04/2015

Volunteer at the Dental Fears Clinic

- Preparing rooms for patient visits
- Observe dental procedures

- Help in clerical work

Harborview Medical Center, Seattle WA

03/2012 - 05/2015

Volunteer at Resource Center

- Maintaining a positive environment by assisting patients and visitors by complying with hospital policies
- Helping visitors find local resources
- Working with Patient Relations in providing great service to all patients and visitors

Harborview Medical Center, Seattle WA

06/2012 - 07/2014

Volunteer at Oral and Maxillofacial Surgery Clinic

- Making new patient packets
- Observing oral surgery procedures

Khan Academy

03/2014 - 04/2015

Volunteer translator

- Translate educational content from English to Hindi to spread the knowledge to different parts of the world

Cape CARES Central American Relief Efforts

06/19/2014 - 06/25/2014

San Marcos, Honduras

Volunteer Dental Assistant

- Assisted in dental extractions and restoration procedures
- Provided support in general setup of the clinic

The Center for pediatric dentistry

03/27/2014 & 03/28/2014

Extern

- Observe dental procedures performed by the UW Pediatric Dentistry Residents

Longview Dental Clinic, Longview WA

04/26/2014, 10/03/2015

Volunteer

- Assisted in dental procedures, set-up and operation of the clinic
- Observe dental students performing procedures

Robert L. Odegard Dental Clinic, Renton WA

10/2012 - 12/2012

Job Shadowing experience

- Observing Dr. Odegard and his team of dental assistants and dental hygienists
- Occasionally helping in setting up rooms for patient visits.

Evergreen Hospital, Kirkland WA

03/2012 - 11/2012

Information Desk volunteer

- Working efficiently with a team of 10-15 volunteers to assist visitors to appropriate departments
- Efficiently transporting patients during discharge and room transfers
- Training new volunteers

King County Library System, Bellevue WA

11/2010 - 03/2012

Paging List Volunteer

- Pulling Library materials placed on holds by Library Patrons
- Shelving holds
- Sorting carts

AFFILIATIONS

- Site coordinator of Husky Smiles since September 2015
- Student Ambassador for University of Washington, School of Dentistry since September 2015
- Active ASDA, AGD, ADA and WSDA member

SKILLS

- First Aid and CPR/AED certified (Adults/Children/Infants) until 07/2017
- Experienced in working with a diverse group of population
- Proficient in reading, writing and speaking Hindi and Punjabi
- Ability to prioritize workload even under pressure, meet deadlines and being able to multi-task efficiently
- Proficient in Microsoft Word, Excel, Powerpoint and Outlook

January 4, 2016

RE: Volunteer Application for Gurpreet Kaur

To Whom It May Concern:

I am writing on behalf of Gurpreet Kaur, a first-year University of Washington dental student. Gurpreet is in good academic standing and expected to graduate on June 7, 2019 with a Doctor of Dental Surgery degree. Her current grade point average is 3.66 out of a possible 4.0.

Gurpreet is an intelligent and self-motivated student. An opportunity such as the one offered by World Unite! would be of great value.

Sincerely,



Susan E. Coldwell, PhD
Associate Dean for Student Services and Admissions



MAHATMA GANDHI MISSIONS

MGM INSTITUTE OF HEALTH SCIENCES
Sector 1, KAMOTHE, NAVI MUMBAI - 410209,

Ph: (022) 27422471 Fax: 27420320, www.mgmuhs.com E-mail: mgmuniversity@mgmuhs.com

R E C E I P T

Receipt. No : 8230 Date 15/03/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : **Kaur Gurpreet**

Particulars :	Amount
1. Observership Form Fees	1000.00

Grand Total : 1000.00

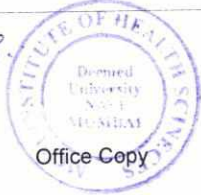
In Words: Rupees One Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 1000.00

Branch:
Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



Cashier



Application Fee: Rs.1,000/-

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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Email: registrar@mgmuh.com | Website: www.mgmuh.com


MGM Institute Of Health Sciences

INWARD NO. 1477

DATE: 15/3/16

REF: D7PA12

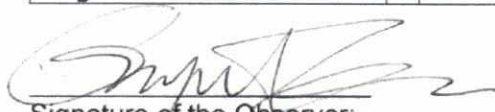
Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	:	Kaur	Gurpreet									
	:	Surname	First Name	Middle Name								
Date of Birth	:	D	D	M	M	Y	Y	Y	Y			
	:	0	4	1	1	1	9	9	2			
Age in completed yrs & months	:	23 years and 3 months										
Communication Address complete with landmark and pin code (Attach address proof)	:	4408 NE 2nd CT Renton WA 98059										
Permanent Address complete with landmark and pin code (Attach address proof)	:	4408 NE 2nd CT Renton WA 98059										
Name of School / College / Institution / Organization currently studying / working with address and telephone no.	:	University of Washington, School of Dentistry 1959 NE Pacific St, Seattle WA 98195										
Mobile No.	:	1	4	2	5	8	9	4	6	7	6	8
Landline Telephone No. with STD Code	:											
Email Address (write legibly)	:	preet5755@hotmail.com										
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.	:	I intend to observe in the Oral surgery, pediatric dentistry, community and orthodontics and periodontics and gum disease clinics. I would like to assist in procedures if deemed necessary by the attending physician										

Dr. Savita Ram,
Principal
MAM Dental College
may please consider
my and my 29/12

she should pay
a fee for observation
to the college so that I can
show this as an exchange program
for NAAC. Gurpreet
11/3/16

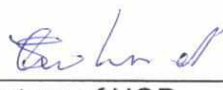
Time Frame (Maximum 3 months)	:	Start Date 21/3/2016	End Date 25/3/2016	Hours per day 8 hrs/day	Certain Days of week
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:	The primary reason for this observership is to get an experience in understanding how dentistry is practiced in India. This experience will allow me to expand my knowledge and apply the didactic skills I learn in class to a real world scenario.			
Degree earned / pursuing	:	Doctor in Dental surgery, graduating in 2019			
Specialties of interest	:	Oral surgery, pediatrics dentistry, Community dentistry and orthodontics and periodontics and gum disease			
Whether Citizen of India	:	Yes (<input checked="" type="checkbox"/>) No. (<input type="checkbox"/>) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)					
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	:	Passport issued by India Passport number - H7823774 Exp. - 02/11/2019			
Sponsoring Institution details					
Name of the Sponsoring Institution	:	Self sponsored			
Address of Sponsoring Institution	:	4408 NE 2nd CT Renton, WA 98059			
Telephone No.	:	4258946768			
Email ID:	:	preet5755@hotmail.com			
Contact Person Details of the sponsoring Institution with name and Mobile No.	:	Parvinder Singh (425)-214-8823			
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	:	Dental Clinics			


Signature of the Observer:

Date: 2/14/16

Signature of Supervisor / Mentor:

Date: _____


Signature of HOD

Date: 11/03/2016


Signature of Institute Head

Date: 11/03/2016

Pay at MGMIHS INR 10,000/-

Approved by :



21.3.16
Date :

Registrar
MGM Institute of Health Sciences
Navi Mumbai


Seal :

Enclosures:

1. Identity and Address Proof
2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
3. NOC from Relieving Institute
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details (for foreign students only)
6. Curriculum Vitae / Bio-Data / Resume

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing

5/4/2016:

As per the Dr. N.C. Mohanty or discussion with
Ms. Sudipra Ms Gupreet Kaur has joined
observership at MAM Dental College & Hosp.
She has also paid the Rs. 10,000/- to MAM
Dental College with the approval of
Dr. N.M. Kadam sir.
Details of payment will be provided by Ms. Sudipra




MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Gurpreet Kaur, wish to observe the activities of the
Dental clinics in furtherance of my personal, educational
goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my
observership.

I understand that even though I will only be observing activities in
Oral surgery, pediatric dentistry, community and orthodontics, and periodontics and gum disease, I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe
the activities of the Oral surgery, pediatric dentistry, community and orthodontics, and periodontics and gum disease to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and it's officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Gurpreet Kaur Date: 02/14/2016

Signature: 

Name of Witness in Full: Sudepta Chatterjee

Address of Witness: Plot no. 174, Flat no. 1, Sector - 28
Vashi

Signature of Witness: 

Date: 11/03/2016



MAHATMA GANDHI MISSIONS

MGM INSTITUTE OF HEALTH SCIENCES

Sector 1, KAMOTHE, NAVI MUMBAI - 410209,

Ph: (022) 27422471 Fax: 27420320, www.mgmuhs.com E-mail: mgmuniversity@mgmuhs.com

R E C E I P T

Receipt. No : 8577 Date 12/05/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : **Khan Zainab Sharmeen**

Particulars :	Amount
1. M Application Fees For Pursue	1000.00

Grand Total : 1000.00

In Words: Rupees One Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 1000.00

Branch:

Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



mkganik
Cashier



Application Fee: Rs.1,000/-

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Important Instruction: Completed application form with all enclosures must be submitted as a hard copy at least one month in advance from the expected date of joining to Registrar Office.

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	Khan	Zainab	Sharmeen
	Surname	First Name	Middle Name
Date of Birth	D	D	M
	1	8	1
	M	M	Y
	2	1	9
	Y	Y	Y
	9	9	4
Age in completed yrs & months	21 yrs 4 months		
Communication Address complete with landmark and pin code (Attach address proof)	C/o Sajjad Khan Flat-604, Bldg-54 Seawoods Estate Sect-54/56/58; NERUL-W		
Permanent Address complete with landmark and pin code (Attach address proof)	8039 W Lyons St Niles, IL 60714 NAVI MUMBAI - 400 706		
Name of School / College / Institution / Organization currently studying / working with address and telephone no.	University of Illinois Urbana - champaign		
Mobile No.	9 8 3 3 0 4 1 6 2 0		
Landline Telephone No. with STD Code			
Email Address (write legibly)	sharmeenk18@gmail.com		
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.	Observing in Pediatrics or sleep lab (Attached is letter of intent)		



Time Frame (Maximum 3 months)	Start Date	End Date	Hours per day	Certain Days of week
:	JUNE	JULY	8	all week
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	enhancing my experience for eventual admittance into medical school			
Degree earned / pursuing	Microbiology and Political science			
Specialties of interest	Pediatrics			
Whether Citizen of India	Yes () No (<input checked="" type="checkbox"/>) Please tick			
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)				
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	yes			
Sponsoring Institution details				
Name of the Sponsoring Institution	University of Illinois			
Address of Sponsoring Institution	Urbana - Champaign 14,61804, USA.			
Telephone No.				
Email ID:				
Contact Person Details of the sponsoring Institution with name and Mobile No.				
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	Pediatrics Department MGM Medical College KAMOTHE NAVI MUMBAI			

2.8.11.11
Signature of the Observer:

Date: 9/21/16

Signature of Supervisor / Mentor:

Date:

Mumain Mondori

Signature of HOD

Date: _____

To deposit (pay) INR 10,000/- at MGMHS before joining.

Mumain Mondori

Signature of Institute Head

Date: 19.05.2016

Approved by :

Date : _____

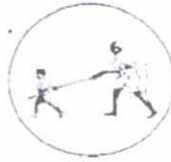
Registrar
MGM Institute of Health Sciences
Navi Mumbai

Seal :

Enclosures:

1. Identity and Address Proof
2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
3. NOC from Relieving Institute
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details *(for foreign students only)*
6. Curriculum Vitae / Bio-Data / Resume
7. Demand Draft for Rs. 1,000/- towards Application Fee favouring: **MGM Institute of Medical Sciences** and made payable at **Mumbai**.

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing



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Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, zainab sharmeen khan, wish to observe the activities of the _____ in furtherance of my personal, educational goals.

I understand that I will be under the supervision of Dr N. C MOHANTY.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in _____, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the _____ to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

ILLINOIS



Card

Card Expires 06/30/2018

KHAN, ZAINAB SHARMEEN

Undergraduate

UID# 654276690

LIBRARY 20111427669016

DATE 6397654276690015

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Offer, or the Hospital Compliance Offer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: zainab Sharmeen Khan Date: 4/21/16

Signature: 

Name of Witness in Full: Zainab Sharmeen Khan

Address of Witness: 8039 W. Lyons St

Niles, IL

60714

Signature of Witness: 

Date: 4/21/16



An Exelon Company

SERVICE FROM 1/14/16 THROUGH 2/17/16 (34 DAYS)

Retail Delivery Service - Res Single

Anis Khan
8039 W Lyons St
Niles, IL 60714
847.338.5662

Issued 2/18/16 Account # 2547334030

Total Amount Due by 3/11/16 \$129.43

Thank you for your payments totaling **\$130.11.**

TOTAL USAGE (kWh)

2015

2016



Current month's reading is actual.

AVERAGE DAILY USE (monthly usage/days in period)

Current Month 26° avg. temp
29.2 kWh ↓ **47%** from last year

Last Month 34° avg. temp
29.4 kWh

Last Year 26° avg. temp
55.2 kWh

⚡ Ten 100W light bulbs for 1 hour = 1 kWh

CURRENT CHARGES SUMMARY

See reverse side for details ➔

 **SUPPLY**
\$68.58

IDT Energy Inc provides your energy.

www.idtenergy.com
1.877.887.6866



DELIVERY
\$47.41 

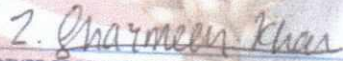
ComEd delivers electricity to your home.

ComEd.com
1.800.334.7661

CHL 232X
2/26/16

For Electric Supply Choices visit pluginillinois.org

TAXES & FEES \$13.44



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR



Type / Type / Tipo

Code Code / Category

Passport No. / No. du Passeport / No. de Passeport

P

USA

491078356

Surname / Nom / Apellidos

KHAN

Given Names / Prénoms / Nombres

ZAINAB SHARMEEN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

18 Dec 1994

Place of birth / Lieu de naissance / Lugar de nacimiento

INDIA

Sex / Sexe / Sexo

Date of issue / Date de délivrance / Fecha de expedición

Authority / Autorité / Autoridad

04 Jan 2012

United States

Date of expiration / Date d'expiration / Fecha de caducidad

Department of State

03 Jan 2022

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

USA

P<USAKHAN<<ZAINAB<SHARMEEN<<<<<<<<<<<<<<<<<
4910783567USA9412181F2201030324521631<314294

Current Address:
404 Wardall A
1012 W. Illinois Street
Urbana, IL, 61801

Permanent Address:
8039 W. Lyons St.
Niles, IL 61801

ZAINAB SHARMEEN KHAN

EDUCATION

UNIVERSITY OF ILLINOIS, URBANA-CHAMPAIGN

Major: Political Science

Anticipated Graduation: May 2017

Minor: Molecular and Cellular Biology

GPA: 3.34

EXPERIENCE

TUTOR, AMERICA READS/AMERICA COUNTS

September 2013 – October 2014

- Tutor 25 3rd and 4th graders with reading and math skills
- Prepare and manage lesson plans for teachers
- Train incoming tutors regarding proper protocol procedures

LAB ASSISTANT SHADOW, ROSALIND FRANKLIN MEDICAL SCHOOL

- Helped learn about preparing gels for electrophoresis as well as PCR methods
- Learned about working with Hepatitis C in Liver Cells

ASSISTANT POLICY DEBATE COACH AND JUDGE, MAINE EAST HIGH SCHOOL

October 2013-Present

- Educate 16 kids about the current political system and public-speaking techniques
- Assist Head Coach in planning tournament agendas
- Handle a \$14,000 yearly budget that goes towards fees and expenses

RESIDENT ADVISOR, MICHIGAN STATE UNIVERSITY

July 2013- August 2013

- Taught incoming juniors policy debate strategies
- Supervised and judged 300 kids for the course of one month
- Directed daily schedule activities for 75 girls

CAMPUS AND COMMUNITY ACTIVITIES

Delta Kappa Delta Sorority, Inc. – Treasurer (2014-2016)

Asian Pacific American Coalition- Secretary and Workshop Chair (2014-2015)

Indian Student Association- Production Chair (2014-2015), Cultural Awareness (2015-2016)

Illini Mentor Program

Muslim Student Association- Islamic Awareness Chair

Undergraduate Neuroscience Society

List of Courses taken related to Biology:

MCB 150- Introduction to Microbiology

IB 150- Introduction to Genetics

MCB 250- Molecular Genetics

MCB 251- Experimental Techniques in Genetics Lab

MCB 252- Cells Tissues and Development

MCB 253- Experimental Techniques in Cell Biology Lab

CHEM 102- Advanced Chemistry I

CHEM 103 – Advanced Chemistry I Lab

CHEM 104- Advanced Chemistry II

CHEM 105- Advanced Chemistry II Lab

CHEM 232 – Organic Chemistry I-

CHEM 233- Organic Chemistry Lab

PSYC 232- Neuroscience and the Brain

To Whom it May Concern:

My name is Zainab Sharmeen Khan and I am currently a Junior (Third Year) at University of Illinois Urbana Champaign. I am pursuing a dual degree in both political science and molecular and cellular biology with a focus on integrative biology. I will be graduating in May of 2017, and then hopefully pursuing medical school.

I wish to pursue observer ship in the Women and Children Hospital, Kalamboli, Navi Mumbai in pediatrics because I believe that my medical capabilities as well as my interests lie in this area. I think it would be interesting to see how this would influence my future career goals, as I am looking to be a potential pediatrician in the future as well. I have also worked in a nearby hospital in the pediatrics wing, and I love going to volunteer there every weekend because I genuinely enjoy my time there while also working hard. I want to focus on pediatrics because I feel as though my personality as well as my skill set is suited toward working with children as well.

My qualifications are in the attached course list, as well as in my CV I put that I worked in a laboratory with Dr. Waris who taught me how to work in a lab in which he focused on Hepatitis C treatments; I've also volunteered a lot at the current hospital near my college campus, as well working in children's programs on our campus (Illini Mentor Program, Read Across America).

Thank you for the opportunity,

Zainab Sharmeen Khan

To Whom it May Concern:

My name is Zainab Sharmeen Khan and I am currently a Junior (Third Year) at University of Illinois Urbana Champaign. I am pursuing a dual degree in both political science and molecular and cellular biology with a focus on integrative biology. I will be graduating in May of 2017, and then hopefully pursuing medical school.

I wish to pursue observer ship in the Sleep Lab because I believe that my research capabilities as well as my interests lie in this area. I think it would be interesting to see how the lab would be run because I am considering in doing a MD/PhD program post-graduation, and working in a lab would be helpful in seeing how to further my studies into the research field as well.

My qualifications are in the attached course list, as well as in my CV I put that I worked in a laboratory with Dr. Waris who taught me how to work in a lab in which he focused on Hepatitis C treatments; I've also volunteered a lot at the current hospital near my college campus, as well as am pursuing in working in psychology labs in the spring semester.

Thank you for the opportunity,

Zainab Sharmeen Khan



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai – 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Rules & Guidelines for Observerships/Visiting Student

1. **MGM Institute of Health Sciences or its Constituent Units / Departments** may, at its sole discretion, terminates the observership without recourse to due process or appeal process by the observer.
2. No stipend, support, compensation, insurance coverage, benefits, or accommodation / housing or boarding charges will be provided by **MGM Institute of Health Sciences or its Constituent Units / Departments**.
3. Suitable observation charges/fee and cost towards Laboratory use / other expenses may be charged.
4. The observer will not receive any academic credit for the experience. The observership does not constitute medical education, graduate medical education, continuing medical education or training leading to licensure or board certification
5. If required by the training program, the observer/visiting student must complete an evaluation / feedback after completion of the observership.
6. Upon satisfactory completion of the observership, MGM Institute of Health Sciences will provide the observer a certificate of completion.
7. In case of foreign students, valid passport / visa / police clearance to be submitted at the time of joining.
8. The students need to maintain the logbook which can be submitted to the physician / Head of the Department / Institutional Head based on which Observership Certificate can be issued by the University.
9. Identity Card / Dress Code / Working Hours / duration with 80% attendance must be adhered to strictly.
10. The above rules and guidelines will be applicable to the Observer. In case of any complaint disciplinary action including expulsion and stoppage of work will be applicable.
11. The initial sanction for observership will be a maximum period of 3 months only. Based on requirement and necessity, extension may be granted for which necessary permission will have to be obtained in advanced.

P.T.O.

- The primary objective of enabling the Observer to pursue his/her Observership in MGM Institute of Health Sciences is to give a fillip / thrust to research activities pursued at the Institution / University on an ongoing basis.
- The Observership acceptance is subject to the broad Memorandum of Understanding that would be agreed / entered into between MGM Institute of Health Sciences and the sponsoring institute before commencement of the Observership Training.
- It is made clear that the Teachers/Professors at MGM Institute of Health Sciences can act only as Observers / Supervisor/ Mentor and cannot act as Guides as per UGC guidelines.
- Based on the successful completion of Observership training by the student, if any research papers are presented later on by the Observer in National / International Conferences / Journals based on the findings during the Observership, the patent / due credit should be given to MGM Institute of Health Sciences.

Registrar

From: Registrar [registrar@mgmuhs.com]
Sent: 19 May 2016 16:50
To: 'sharmeenk18@gmail.com'
Cc: 'drnimain@rediffmail.com'; 'Deputy Registrar'
Subject: Your acceptance of application to pursue Observership / Short Term Training at MGM Institute of Health Sciences

To:
Ms. Zainab Sharmeen Khan

Madam,

We have received your application form for Non-MGM Institute Students to Pursue Observership / Short Term Training in Paediatrics or Sleep Lab.

Your application has been accepted. You are now requested to send Indian Rs. 10,000/- in the form of Demand Draft payable in favour of MGM Institute of Health Sciences and made payable at Mumbai / Navi Mumbai.

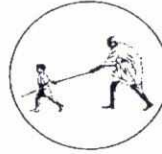
On receipt of the Observership Fees, a formal letter of acceptance will be given to you and the date of joining for the Observership will be made known to you.

Thanking you,

Dr. Z.G.Badade

Registrar

MGM Institute of Health Sciences, Navi Mumbai
(Deemed University u/s 3 of UGC act, 1956)
3rd Floor, MGM Educational Campus,
Plot No. 1 & 2, Sector -1, Kamothe,
Navi Mumbai - 410 209
Tel.: 022 - 27432471 / 27432994
Fax: 022 - 27431094
Email: registrar@mgmuhs.com
Website: www.mgmuhs.com



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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

Ref.: MGMIHS I/O No. 5378

Date: 03/08/2016

To:-

Ms. PRZEGENDZA ANDREA THERESE

Dear Applicant,

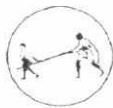
We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai / Aurangabad under supervision of Dr. Rakesh Ghildiyal, Professor & Head, Department of Psychiatry, J. J. Medical College at Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period commencing from 01/08/2016 and ending on 11/09/2016.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Co



MAHATMA GANDHI MISSIONS

MGM INSTITUTE OF HEALTH SCIENCES
Sector 1, KAMOTHE, NAVI MUMBAI - 410209,

Ph: (022) 27432471 Fax: 27431094 www.mgmhuhs.com E-mail: accountmumbai@mgmuhs.com

R E C E I P T

Receipt. No : 9855 Date 12/07/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : **Przegendza Andrea Therese**
Particulars : Amount
1. Observership Fees Non Mgmihs 1000.00

Grand Total : 1000.00

In Words: Rupees One Thousand Only.

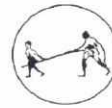
DD No.: Dt: Rs.
Bank : Cash: 1000.00
Branch:
Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



mkyznik
Cashier



MAHATMA GANDHI MISSIONS

MGM INSTITUTE OF HEALTH SCIENCE
Sector 1, KAMOTHE, NAVI MUMBAI - 410209

Ph: (022) 27432471 Fax: 27431094 www.mgmhuhs.com E-mail: accountmumbai@mgmuhs.com

R E C E I P T

Receipt. No : 10078 Date 01/08/16
Registration No: Cate:
Year-Branch : - Batch:
Rec.From : **Przegendza Andrea Therese**
Particulars : Amount
1. Short Term Observership for 10000
Training Prog.

Grand Total : 10000.00

In Words: Rupees Ten Thousand Only.

DD No.: Dt: Rs.
Bank : Cash: 10000.00
Branch:
Remark:

Receipt is issued subject to realization of DD/Cheque

Accountant



mkyznik
Cashier

1st Aug



To
Dr. Mohanty



Application Fee: Rs.1,000/-

MGM INSTITUTE OF HEALTH SCIENCES

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Email: registrar@mgmhuhs.com | Website: www.mgmhuhs.com

Application Form for Non - MGM Institute Students to Pursue Observership / Short Term Training at MGM Institute

Name of Observer / Visiting Student in full (Mr./Mrs./Ms./Dr.)	Ms. Przegendza	Andrea	Therese
	Surname	First Name	Middle Name
Date of Birth	D	D	M
	2	6	0
Age in completed yrs & months	M	M	Y
	1	1	9
Communication Address complete with landmark and pin code (Attach address proof)	Y	Y	Y
	5		
Permanent Address complete with landmark and pin code (Attach address proof)	Sauerbruchstr. 18 41749 Viersen Germany		
Name of School / College / Institution / Organization currently studying / working with address and telephone no.	Graefstr. 1 (Apartment 0805) 50823 Köln Germany		
Mobile No.	Universität zu Köln Albertus-Magnus-Platz 50923 Köln Tel.: +49 221 4700		
Landline Telephone No. with STD Code	+ 4 9 1 5 7 8 7 0 8 9 7 0 6		
Email Address (write legibly)	andrea.przegendza@hotmail.de		
Nature of Observership (Write in short or attach a separate sheet to this Form if space allotted is insufficient.)	Psychology Internship (Psychotherapy and Psychiatry)		



Dr. Mohanty
do collect the fees
for observership fees
11/8

Mohanty
2/8

RECEIVED
5378
DATE 12/2/2016
BY

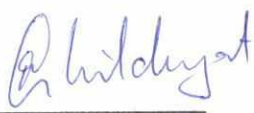
Time Frame (Maximum 3 months)	Start Date	End Date	Hours per day	Certain Days of week
:	1st August 2016	11th September 2016	8	Monday-Friday (5)
Reason for Observership (in brief. If space is insufficient, attach separate sheet)	:	Learning about psychotherapy in a foreign country and in unfamiliar culture, improving intercultural skills, learning about a medical system in a foreign country		
Degree earned / pursuing	:	Bachelor of Science (Psychology)		
Specialties of interest	:	Neuropsychology, Clinical Psychology, Psychotherapy, Improving intercultural skills		
Whether Citizen of India	:	Yes () No. (X) Please tick		
If not a citizen of India, the following details may please be furnished (applicable for foreign students / Persons of Indian Origin settled abroad)				
Do you hold a current visa and passport, if yes, the details of passport no. and validity may be mentioned. (Attach Passport Copy)	:	Visa not yet applied for.		
Sponsoring Institution details				
Name of the Sponsoring Institution	:			
Address of Sponsoring Institution	:			
Telephone No.	:			
Email ID:	:			
Contact Person Details of the sponsoring Institution with name and Mobile No.	:			
Name of the Constituent Unit of MGM Institute of Health Sciences, where the Observer/Visiting Student intends to pursue Observership / Short Term Training (For details – Please refer Page No. '3')	:	Navi Mumbai, MGM Medical College and Hospital		

Arden Prasad
Signature of the Observer:

Date: 04.05.2016

Signature of Supervisor / Mentor:

Date: _____


Signature of HOD


Professor & Head
Department of Psychiatry
MGM Medical College,
Kamothé, Navi Mumbai

Date: 12/7/16.


Signature of Institute Head

Date: 12/7

DR. NIMAIN C. MOHANTY
M. D. (PGI, CHG)
**PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT**
Approved by:
MGM MEDICAL COLLEGE HOSPITAL,
KALAMBOLI, NAVI MUMBAI - 410 218.


Registrar
MGM Institute of Health Sciences
Navi Mumbai

Date :

Seal :

Enclosures:

1. Identity and Address Proof
2. Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability
3. NOC from Relieving Institute
4. Constituent Unit of MGM Institute where the students desires to undergo Observership.
5. Police Verification, Passport and Valid Visa Details (for foreign students only)
6. Curriculum Vitae' / Bio-Data / Resume

Constituent Units of MGM Institute of Health Sciences	
Navi Mumbai	Aurangabad
1. MGM Medical College and Hospital	5. MGM Medical College and Hospital
2. MGM Institutes' University Department of Physiotherapy	6. MGM Institutes' University Department of Physiotherapy
3. MGM Institutes' University Department of Biomedical Sciences	7. MGM Institutes' University Department of Biomedical Sciences
4. MGM Institutes' University Department of Nursing	8. MGM Institutes' University Department of Nursing



MGM INSTITUTE OF HEALTH SCIENCES

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Email: registrar@mgmhuhs.com | Website: www.mgmhuhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Andrea Przegondza, wish to observe the activities of the MGM Medical College and Hospital in furtherance of my personal, educational goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in MGM Medical College and Hospital, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the MGM Medical College and Hospital to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and it's officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Andrea Przegorza Date: 04.05.2016

Signature: Andrea Przegorza

Name of Witness in Full: Anton Przegorza

Address of Witness: Sauerbruchstr. 18

41749 Viersen

Germany

Signature of Witness: Anton Przegorza

Date: 04.05.2016



Universität zu Köln • Albertus-Magnus-Platz • 50923 Köln

MGM Institute of Health Sciences
MGM Campus
Sector 1, Kamothe
Navi Mumbai-410209
Maharashtra State
INDIA

Human-
wissenschaftliche
Fakultät

Department Psychologie
Sozialpsychologie I

Office Manager

Dr. Jennifer Mayer

Telefon +49 221 470-4720
Telefax +49 221 470-1216
jennifer.mayer@uni-koeln.de
www.soccco.uni-koeln.de

Letter of Recommendation for Andrea Przegendza

Köln, 03.05.2016

To whom it may concern:

Since October 2015, Andrea Przegendza has worked as a research assistant at the Department of Social Psychology (Chair: Prof. Dr. Thomas Mussweiler), funded by the German Research Foundation (DFG, e.g., Gottfried Wilhelm Leibniz Award).

Andrea has assisted in planning, preparing, executing, and analyzing empirical studies in the realm of research in social cognition and emotion. More specifically, her tasks involve participation in designing studies, literature research and management, coordination and adaption of paradigms and experimental designs, acquisition and scheduling of participants, running studies as an experimenter, data preparation and coding, as well as participation in our team meetings.

Andrea became a highly valuable member of our team early. She familiarized herself very quickly and in a highly efficient manner with the methods of psychological research. In this context, she acquired skills in working with the reference manager Mendeley, the statistical analysis program SPSS, as well as the online-platform Qualtrics. Her knowledge of the GIMP graphical software was of tremendous help in creating stimulus material.

Her profound English language skills proved to be highly valuable in our international work environment. Due to her excellent social skills, Andrea easily got along with her colleagues. She proved to always be a very good team player who is highly responsive to others. We know Andrea as a highly motivated, perfectly reliable, and very friendly person at all times. Andrea's performance on her assigned tasks was to the group's full satisfaction at all times.

We wish her all the best for her future endeavors. Based on our team's highly positive impression of Andrea on the professional as well as the personal level, we highly recommend Andrea as a colleague without reservations.

Sincerely,

Dr. Jennifer Mayer

UNIVERSITÄT ZU KÖLN
Humanwissenschaftliche Fakultät
Department Psychologie
Sozialpsychologie I
Richard-Strauss-Str. 2

Hausanschrift
Richard-Strauss-Str. 2
50931 Köln

Zentrale
Telefon +49 221 470-0 (Zentrale)
Telefax +49 221 470-5151

Personal Details

Address: Graeffstraße 1/ 0805
50823 Cologne, Germany
E-Mail: andrea.przegendza@hotmail.de
Phone number: +49 157 87089706

Education

10/2013 – 03/2017

University of Cologne, Germany
Study of Psychology

Target Degree: Bachelor of Science
Current Grade Average: 1.2 (approximate equivalent in the US: A)

08/2005 – 06/2013

Erasmus-von-Rotterdam-Grammar School, Viersen, Germany
A level/ General higher education entrance qualification

Grade Average: 1.1 (approximate equivalent in the US: A)
Advanced classes: German, Mathematics

Professional Experience

10/2015 – today

University of Cologne
Prof. Dr. Thomas Mussweiler (*Chair of Social Psychology I*)
DFG [*German Research Foundation*] research group „Relativity in Social Cognition“

Student Assistant

Scholarships

08/2013 - today

Online-scholarship: e-fellows.net

Personal Interests/Activities

04/2014 – today

Member of the Association „Weitblick Köln“:
Student initiative, that supports worldwide educational opportunities through national and international projects. Active participation in and organisation of fundraising projects. Since April 2016 Management Board member responsible for finances.

03/2011 – 06/2012

Volunteer Central Office Viersen:
Participation in the project „spektrum-Unter Uns“ of the campaign „Füreinander. Miteinander. [For each other. With each other.]“: Creating a course „In everyday life of people with disabilities“ and making a documentary about inclusion.

Interests/Hobbies

Drawing, Reading, Babysitting

Languages

German: native language
English: fluent in reading, writing and speaking
Spanish: conversant
Polish: basic knowledge

Computer Skills

Word processing

Proficient in Microsoft Word and OpenOffice Writer

Presentation program

Proficient in Microsoft PowerPoint, OpenOffice Impress

Statistics program

Proficient in IBM SPSS Statistics

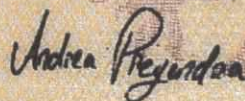
Picture editing

Basic knowledge in GIMP

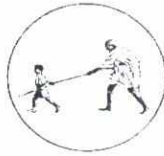
Andreas Piegendorf

Cologne, 04. 05. 2016

Religious name or pseudonym / Nom de religion ou pseudonyme



P<D<<PRZEGENDZA<<ANDREA<THERESE<<<<<<<<<<<<<<<
C744VY91N3D<<9501267F2204271<<<<<<<<<<<<<<<0



MGM INSTITUTE OF HEALTH SCIENCES

Deemed University as per UGC Act 1956

Grade 'A' Accredited by NMAC

Sector-4, Karamba, Near Vengal Rao, 4th Floor

Pin-500002, Bhopal, M.P. India

Email: registrar@mghmuhs.com | Website: www.mghmuhs.com

Attendance log

(This form is to be completed by the observer and approved/signed by the Physician.)

Name of observer: Andrea Ptegendza

Supervisor / Mentor: Vaishali Shelar

Department/Specialty: Clinical Psychologist

Date	Arrival	Departure	Number of hours	Assigned task
01/08/2016				ECT-Treatment observation, seminar about dementia, Doctor's consultation OPD
02/08/2016				ward rounds IPD Doctor's consultation OPD
03/08/2016				Doctor's consultation OPD, lecture about Psychiatry, Lesson about History taking
04/08/2016				Doctor's consultation OPD, Counseling [Depression], Research Testing observation
05/08/2016				Doctor's consultation OPD, ECT-Treatment observation
08/08/2016				Doctor's consultation OPD, Psycholog. History Taking of 2 patients
09/08/2016				Doctor's consultation OPD, Psycholog. History Taking of 1 patient, lecture about withdrawal
10/08/2016				Doctor's consultation OPD, Psych. History Taking, Observation of IQ-Testing children, counseling, ODD lecture
11/08/2016				Doctor's consultation OPD lecture about psych. diagnosis

Andrea Ptegendza
Signature of observer

Vaishali Shelar
Signature of Supervisor
Mrs. Vaishali Shelar
Incharge,
Students Counselling Cell,
Clinical Psychologist

Date	Arrival	Departure	Number of hours	Assigned task
12/08/2016				Doctor's consultation OPD, observation of ECT and lecture about ECT
16/08/2016				Doctor's consultation OPD
18/08/2016				HIV-treatment lesson, seminar about Border Disorder, Doctor's consult. OPD, History Taking of 2 patients (IPD)
19/08/2016				observation of counseling
22/08/2016				workshop on Ethics for staff
23/08/2016				observation of counseling and TAT-testing
24/08/2016				Doctor's consultation OPD & IPD
26/08/2016				History Taking of 1 patient round on the wards (IPD), visiting HGM Kalambehi
30/08/2016				Doctor's consultation OPD, observation of muscle relaxation technique, history taking (1)
31/08/2016				History taking of 1 patient (IPD)
01/09/2016				History taking of 1 patient (IPD)
02/09/2016				History taking of 1 patient, observation of counseling, training of Progr. H. Relax.
06/09/2016				Psycholog. history taking
07/09/2016				Psychological history taking of 2 patients, lecture about PTSD treatment, training of Progr. H. Relax.
08/09/2016				Psycholog. history taking
09/09/2016				Paperwork

Jackie Pheasant

Signature of observer

[Signature]

Signature of Supervisor

WIR. Vasilakis, MSc
 Director
 Student Counselling Team
 Clinical Psychology



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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. Andrea Pizengdza has successfully completed the Observership Program/ Research Work at MGM Medical College & Hospital in the Department of Psychiatry.

Dr. / Mr. / Ms. Andrea Pizengdza has completed a total of 6 weeks (240 hours) weeks of Observership / Research Work beginning in the month of August (01-08-2016) 2016, and ending in the month of September (19/9/16), 2016.

During this program Dr. / Mr. / Ms. Andrea Pizengdza observed the following activities:

History Taking of the Patients, Jacob Relaxation Technique
Psychotherapies (Cognitive Behaviour Therapy)
Psychodiagnostic (Testing) ROR, TAT, CAT, & IQ testing

Shelar

Supervisor / Mentor
Mrs. Vaishali Shelar
Incharge,
Students Counselling Cell,
Clinical Psychologist

R. Ghildiyal 12/9

Head of the Department
Dr. RAKESH GHILDIYAL
M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

[Signature]

Registrar

MGM Institute of Health Sciences
Navi Mumbai

Prof. Z. G. Badade

Registrar,
MGM Institute of Health Sciences
Kamothe, Navi Mumbai-401209

Nimain C. Mohanty

Head of the Institute / Department
Seal: **DR. NIMAIN C. MOHANTY**

M. D. (PGI, CHG)

PROF. OF PEDIATRICS &

MEDICAL SUPERINTENDENT

MGM MEDICAL COLLEGE HOSPITAL,
KALAMBOLI, NAVI MUMBAI - 410 218.

Seal:



Date: 12/09/2016

17/09/2016 Andrea Pizengdza

LOGBOOK MGM

WEEK 1

Mo, 01/08 • ECT-treatment observation: 2 patients with Schizophrenia

→ #1 ♀, 69 yrs

→ #2 ♀, 22 yrs

• lecture about Dementia (for all residents)

• doctor's consultation OPD (out-patient Department):

#1 young ♀, ICD (Impulsive Convulsive Disorder)

Tue, 02/08 • visiting the wards with residents and professors (IPD):

→ #1 ♀, schizophrenic patient: paranoid form, delusions

→ #2 ♀, Schizophrenia: paranoid, excessive praying (→ 7 hrs/day)

→ #3 ♂ drug induced psychotic episode, recently aggressive (amphetamine)

→ #4 ♂ alcohol abuse, trismus

→ #5 & #6 ♂ & ♂ sharing a paranoid disorder

• doctor's consultation OPD:

→ #1 ♂ Bipolar I Disorder & psychotic ideas (parasites enter body when consuming sweet things)

→ #2 ♂ highly depressive, Schizophrenia, attempted suicide by poison

→ #3 ♂, known case of Schizophrenia

Wed, 03/08 • doctor's consultation OPD:

→ #1 Borderline Identity Disorder

• lecture for 7th semester: "How important is Psychiatry?"

• Psychology: lesson about 'History taking' (questions to ask patients) by Mrs. Vaishali

Thu, 04/08 • doctor's consultation OPD:

#1 ♀, 27 yrs: seizures, hypothyroidism, (mother came for child)

#2 ♀, spine gap → somatic induced depressive symptoms and hyperthyroidism

#3 ♀, Depression (onset bec. of family loss → will get Counseling)

#4 ♀, subtype of Depression (bec. not being able to conceive a child) → will get Counseling & IVF (in vitro fertilization)

• observation of Counseling: #1 ♀, depressive patient, suicide attempt

• observation of Rorschach testing and scoring case of severe Depression with introvert personality

- Fr, 05/08 • doctor's consultation OPD:
 #1 ♂, 28 yrs, schizophrenia: active symptoms like hearing voices
 → will get ECT
- Observation of ECT: 2 patients with schizophrenia (same as on 01/08)
 #1 ♀, 22 yrs, 7th session
 #2 ♀, 65 yrs

Mo, 08 WEEK 2

- Mo, 08/08 • doctor's consultation OPD:
 #1 ♂ Generalized anxiety disorder with panic attacks
- Psychological history taking:
 #1 6 yrs old boy with seizures, ADHD & speech problems
 (for history, see p. 13)
 #2 15 yrs old girl with fam. issues (alcohol abuse of father with
 aggressions against mother under influence of alc.)
 (for history, see p. 15)

- Tue, 09/08 • doctor's consultation OPD:
 #1 ♂, OCD, follow up, 42 yrs: schizophrenic symptoms, magical thinking,
 attributes numbers to people
- Psychological history taking of #1 above [translation by intern]
 (for history, see p. 17)
- Lecture about withdrawal symptoms and how to treat them
 (bec. it's common for the MIMM patients) by Dr. Chetan

- Wed, 10/08 • doctor's consultation OPD:
 #1 ♂ patient with ♀ informant, Somatic symptoms Disorder and MD (Major Depression)
 25 yrs
- Psychological history taking of #1 above [translation by intern]
 (for history, see p. 19)
- observation of psychological testing of 6 yrs old boy
 (IQ testing)
 & taking notes of his medical history (see p. 19)
- Lecture about OCD and according therapy (for residents)
- observation of Counseling (Psychology):
 #1 ♀, 22 yrs, Depression and frequent headaches without
 physical reasons

- Thu, 11/08 • doctor's consultation OPD:
 #1 ♂, schizophrenia
 #2 ♀, informant (father), Borderline Personality Disorder
 #3 ♂, informant, schizophrenia (delusions of persecution, frequently
 calling the police)

• 6

Fr, 12/08

WEEK

Tue, 16/08

Thu, 18/08

Fr, 19/08

WEEK

Mo, 22/08

- lecture about the Principle of psychiatric diagnosis by Dr. Deepan Kaur

on 01/08)

Fr, 12/08 • doctor's consultation OPD:

#1 ♂, 50-60 yrs, Somatic symptom disorder (hypochondria), no informant

#2 ♂, 66 yrs, informant: wife, Depression & recent suicide attempt, not mobile since OP on foot (wheelchair)

- observation of ECT:

#1 ♀ patient, 41 yrs, Schizophrenia: delusions of persecution, infidelity, grandiosity, reference, hearing voices; 3rd treatment

- lecture about ECT (indications, contraindications, side effects, procedure, effects)

WEEK 3

Tue, 16/08 • doctor's consultation OPD:

#1 ♂, informant = wife, known case of former alcohol abuse, medication

#2 ♀, 54 yrs, no informant, late onset psychosis, reevaluation of medication because of side effects

#3 ♂, 31 yrs, Somatic Symptom Disorder

#4 ♀, fungal infection caused Trichotomania, belief that there are ants under her skin

Thu, 18/08 • Psychology: lesson about HIV treatment in Indian hospitals and how to treat patients accordingly (REBT / CBT)

- Psychiatry: seminars about Bipolar Disorder

- doctor's consultation OPD:

#1 ♂, 34 yrs, Depression, erectile dysfunction, anxiety, former alcohol abuse

#2 ♂, 25 yrs, Depression, erectile dysfunction

- IPD Psychiatry wards:

#1 History taking of ♂ patient with OCD and psychotic features (p.21)

#2 and of ♂ patient with Depression and a recent suicide attempt (p.23)

Fr, 19/08

- Psychology: observation of Counseling:

#1 ♂, 17 yrs, informant = father, epilepsy, mentally retarded, palliative case

WEEK 4

Mo, 22/08 • visiting a Workshop on Ethics Interdisciplinary, for teachers - as Ethics is not part of the curriculum

- Tue, 23/08 • Psychology :- Counseling of parents of 6 yrs old girl (stubborn, behavior, jealous of younger brother, needs attention and independence + appreciation, feeling needed)
- Counseling of 28 yrs old male patient, mentally retarded, borderline, TAT - testing.

- Wed, 24/08 • doctor's consultation OPD
- #1 ♂, informant's = sister and father, psychotic and epileptic symptoms after head injury (temporal cord)
 - #2 ♂, 2yrs. informant's = wife and mother, Hypersexuality with wife
 - doctor's consultation IPD
 - #1 ♂, alcohol abuse, hallucination (probably part of withdrawal), ♀ informant
 - #2 ♀, Psychosis, Depression (thinks that others have a lot of money)
 - #3 ♂, Cannabis abuse
 - Psychological History taking of #3 above (p.25)

- Fr, 26/08 • round on the wards (IPD)
- #1 Schizophrenia (ECTs instead of Neuroleptics b.c. of breastfeeding)
 - #2 Catatonic Schizophrenia
 - #3 ♂, Cannabis abuse (see above)
 - #4 ♂, Epilepsy with psychotic symptoms (Psychotic Disorder) caused by head injury
 - visiting the MGM Kalamkoli, tower through the hospital

WEEK 5

- Tue, 30/08 • doctor's consultation OPD:
- #1 ♂, 31yrs, Depression and social anxiety
 - Observation of Jacobson Muscle relaxation technique on #1 above
 - Psychological History taking of #1 above (see p.29)

- Wed, 31/08 • Psychological History taking of female patient, 19yrs, IPD of surgery ward, psychosomatic symptoms (p.31)

- Thu, 01/09 • Psychological History taking of male patient, 25yrs IPD, Psychotic features with former epilepsy (reading file beforehand) [p.33]

Fr, 02/

WEEK

Tue, 06/

Wed, 07/

Thu, 08/

Fr, 09/

Fr, 02/09

- Psychological History taking of male patient, 29 years, Alcohol abuse (p. 35), reading his file before hand
- Observation of psychological Counseling of the patient referred to on 01/09 [psychoeducation]
- Training of Progressive Muscle Relaxation Technique on ~~each other~~ co-observers
- observation of seminar about History Taking

WEEK 6

Tue, 06/09

- Psychological History taking of male patient, 35 years, Alcohol Intoxication [p. 37], reading his file before hand

Wed, 07/09

- Psychological History taking
 - # 1 female patient, 27 yrs, Depression, (p. 41)
 - # 2 male patient, 5 yrs, Problems in going to school, (p. 45)
- Lecture about treatment of PTSD patients and CT
- Training of Progressive Muscle Relaxation Technique on co-observers

Thu, 08/09

- Psychological History taking
 - # 1 female patient, yrs, Depression
 - # 2 female patient, 30 yrs, Psychosomatic symptoms because of familial stressors

Fr, 09/09

- Paperwork

[Signature]
9/9/16.

#1:

Name

Age: 6

sex: m

marital

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family

MSE

appear

sensory

speech:

affect/

CASE HISTORIES

#1: ADHD & Speech Problems

08/08/2016
OPD

Name: -

Age: 6 years

sex: male

marital status: unmarried

education: pupil

present address: -

occupation: -

informants: parents

present complaint: ADHD, speech problems, difficulty to contact strangers

onset: -

history of past illness: age of 3-4 months: episodes of seizures, lasted up to when he was 1 year old

personal history:

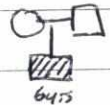
- born after 2yrs of parent's marriage
- mother had chicken pox during pregnancy
- caesarean delivery, 10th month (18 days late), in hospital
- mother had vomiting till 9th month
- cried late after birth
- developmental milestones: no crawling
started walking with 1 year
simple words after 1.5 years

Scholastic:

- needs help for toilet & eating (from parents)
- interested in drawing, playing football (with parents, esp. father)
- peer relationship: wants to play with other kids (grabs their hands), but is avoided by classmates, can't properly communicate with them

family history: no siblings, parents present, emotionally healthy relationship to parents

- no mental history
- parents are english speaking



MSE:

appearance:

- 1) motor activity: can't sit still
- 2) beh. towards examiner: not paying attention, since e. is talking with parents
- 3) phys. appearance: well groomed etc.
- 4) facial expressions: no problems with initiating eye contact, but not stable at all

sensorium: hyperalert, difficulty in static attention

speech: difficulty to phrase words, able to pick words

affect/mood: normal

thought:-

reliability: parents were very open, probably ok

suggestions: no complicated games like puzzles so he won't get frustrated
give pencils & drawing materials

#2

Name:

Age: 15

Sex: female

marital

education

present

occup

inform

present

onset

history

person

school

menstr

sexual

marital

occup

present

family

MSE

appear

#2 Family Issues & effects on studies and mood

08/08/2016
OPD

Name: Tarishka

Age: 15

Sex: female

marital status: unmarried

education: 9th failed

present address: Kharghar

occupation: student

informants: parents

present complaint:

- attention & concentration lacking in studies
- gets irritated & angry for simple things (unnecessary reasons)
- drop in grades (70% → 30-35%)

onset: 1-2 years ago

history of past illness: -

personal history: born in hospital, normal developmental milestones

scholastic: drop in grades (see above)

interested in Comics / music

peer relationship: has many friends

menstrual history: - regularly as she said - file says irregular starting age 14

sexual history: -

marital history: -

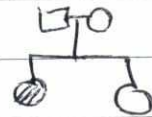
occupation: -

premorbid personality:

- drop of grades after onset
- anxious tempered

family history: 1 younger sister, alcohol abusing father who abuses mother → family disturbances

- no other mental history
- is angry towards family for even unnecessary things
- father: policeman, governmental employee



MSE:

appearance:

- 1) motor activity: normal, calm
- 2) behavior towards examiner: came willingly, cooperative, open (so it seems)
- 3) physical appearance: good
- 4) facial expressions: not smiling very often

Sensorium: lacking interest in studies, concentration good enough for conversation

RT + speech: delayed speech initiation, vocal sound low, flow of speech slow

affect/mood: angry, easy irritated
said

reliability: lying about menstrual history → other things could be untrue, too

#3

Name: /

Age: 42

sex: mr

marital

educati

address

occupa

informa

present

onset by

history

personal

school

sexual

#3 OCD, Depression, psychotic features 09/08/2016
OPD

Name: Omprakash Chowdary

Age: 42

sex: male

marital status: married

education/qualification: engineer

address: -

occupation (s.a.)

informant: none

present complaint: Depression (Depression & OCD Meds)

onset & progression: 10 years ago onset of Depression (as soon as he was married - wife not of his choice): trust issues, thought she was with other men

Psychotic
features
started

4-5 yrs ago: feeling that family & everyone is conspiring against him, anxiety

• watched lots of TV etc. → feeling that it contains messages that address him directly

• watching movies → felt like part of movie, felt attracted to women in movies

5 years ago: diagnosed as Bipolar

• wanted superficial touches with ~12yr old children
→ feels guilty, since ~2 months thoughts like this stopped

• had feeling like s/o. should kill him (can't do it himself)

• treatment in M.G.H. started on 26.2.2016

history of past illness: no major illness as child

• Bipolar Disorder diagnosed 4-5 yrs back

• 12 yrs trauma: s/o. of his father's workplace physically/sexually abused him

• used to smoke (still chewing Tobacco)

• before wedding ~10 yrs back: was addicted to masturbation

personal history: ~

scholastic: ~

sexual history

• abuse at 12 yrs

• >10 yrs back: addicted to masturbation
lots of relationships with elder women

• touched niece (12 yrs) superficially (felt really guilty about that)

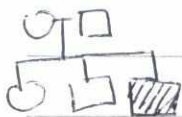
marital history: married 10 years ago, not wife of choice
 compatibility etc: good relationships right now
 happy with response

- no physical interaction with wife since ~5 years
- very happy with married life, few intercourse but not

premorbid personality: multiple phys. relationships with women older
 than 50, consent!

family history: infancy: brother very successful, he is obese (frustration)
 → raised hand against mom → guilty
 → Psychiatrist → Depression

- sister has Depression ⇒ paranoid of 5yr old daughter to develop the same
- 5yr old daughter
 busy with child
- family thinks he's saying nonsense, although he confessed everything (they think he's making it up)
- family considers him normal like he himself
- had a phase where he didn't ~~feel~~ feel that his daughter is really his (got her through sperm donor), that is over now
- told niece's parents the truth about touching her, no one believes him
- feels relieved to have been ~~for~~ revealing the truth



MSE

appearance: good phys. appearance

behavior: came willingly, answers very openly

sensorium: concentration and reaction to questions is good

- communicative, conscious, cooperative, well orientated in time

#4

Name -

Age: 21

Sex: m

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#4 Somatic Symptom Disorder & Major Depression 10/08/2016 OPD

Name -

Age: 25

Sex: male

Marital status: married (since 4 yrs, 1 child)

Education: graduated University

Present address: -

Occupation: carpenter, postgraduate

Informant: mother

Present complaints: depressed, confidence reduced, appetite reduced,
hypochondria: thinks his right side is bigger than
the left, too much tension, stressed, feels alone,
thinks that he has a mental issue for 5 yrs
unsatisfied with life, not ambitious

Onset/progression: 5 yrs ago (family stress!)

- currently under anti depressive med.
- relaxation techniques introduced to him

History of past illness: -

Personal history: physically healthy

Sexual history: - (not allowed to ask said Dr.)

Marital history: married 4 yrs back

Occupation: not satisfied with job, wants a better one, not fluent
in engl. language → doesn't feel ready for the market

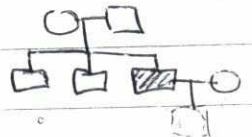
Habits: no alcohol, tobacco or drugs

Family history: father plumber, mother housewife

• 2 older brothers

• good relationship

• no mental history in family



MSE

Appearance: well dressed
eyes half closed

Mood: sad

#5

Name: Vist

age: 23

Sex: male

m.s.: unm

address: n

education

occupation

informant

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#5 OCD & Psychotic features

18/08/2016

IPD
(admitted 16/08)

Name: Vishal

age: 23

sex: male

m.s.: unmarried

address: near Belapur

education: 2nd year of College finished (= 12. Klasse), discontinued BA Commerce

occupation: student

informant: -

present complaint: irritable outbursts, hearing voices, obsession of seeing girls on facebook including inappropriate messages, repetitive intrusive thoughts (mostly sexual: images every day for 4 years), suicide attempt & suicide ideas recently (took Parle [used for cleaning the floor] -> vomiting -> brought to hospital)

OCD, checking behavior (locks, taps, gas locker), thoughts about jumping off Vashi bridge into sea, onset of OCD 3 years back, depressed

needs -> most features controlled, but images, thoughts & urge for sex are still there

history of past illness: 6 years back brief psychotic disorder (hearing voices)
'paederphobic behavior (see sex history)

personal history: normal delivery, no major illness as a child, normal milestones (according to patient)

Scholastic: bullied by classmates because he was shy
did not have any good friends
limited social contacts

interests: surfing in the web, studying (although average student)

sexual history: 15 years old: sex with 9 yrs old girl & 6 yrs old boy
(paid money for that)

felt no guilt afterwards

'high sex drive, history of masturbation (everytime thoughts were coming), sex with pillow, feels aroused constantly

'no info about other sexual contacts

occupation: complete studies
(ambition)

premorbid personality: shy, introvert, denies consuming anything

family history: does not share much with parents (does not open up towards them, but obeys them)
close to siblings

father: urban or private sector:

mother: housewife

sister: married

mental family history: uncle & father affected (no info by whom)
no one knew he has OCD (sex / intrusive thoughts), they think it's just the short psychotic episode

HSE

appearance: - psychomotoric activity reduced (probably bec. of meds)
- behavior towards examiners: shy, difficulty to open up
- phys. appearance: no sig. neglect
facial expressions: avoiding eye contact, frequently looking down, not smiling

sensory: concentration: can pay attention, but IRT, clumsy
speech: less output
perception: no delusions/hallucinations at the moment
affect/mood: seems to be depressed
, happy when S.O. talks to him

thought: form is regular,
intrusive & obsessive

intact memory

reliability: questionable, no informant & difficulty to open up towards examiners, regarding instant associations when seeing women he may have also been distracted

[note: inquiry through translation]

#6

Name: Vi

age: 26

sex: male

M.S.: un

education

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family

18/08/2016

IPD

Schizophrenia (early onset)

#6

Name: Wang

age: 26

sex: male

m.s.: unmarried

education: studied in London, just graduated from school (College)

present address: Jinnagar (apartment)

occupation: no occupation yet

informant: -

present complaint: Depression, suicide attempt (cut wrist),

onset 1 year ago (suddenly one morning) people kind of

stare in his head after he wakes by them (delusion, hearing

voices & songs all the time, difficulty to sleep because of them)

visual & auditory hallucinations before (bells ringing, sees

a good in front of his eyes)

reduced appetite (frequent vomiting bec. of taking pain relief)

only bed in bed, needed assistance for going to toilet e.g.

→ since yesterday better (mood)

admitted to hospital 15 days ago

history of past

illness: no psych. illness before

personal history: born in hospital, no problems during birth, no early delivery

normal milestones (according to parent)

scholastic: (dys) orthographia, dyscalculia, dyslexia

bullied in primary school bec. he was so shy

lots of friends in school

average student

sexual history: no sexual knowledge or contact (according to parent)

occupation/ambitions: good: become very rich and work at a nice place

personality: feels like he is different (unhappy) - before symptoms

he was happy, shy

habits: smoked sometimes, started in school with friends

since school age, quit that hasn't 1 year ago when

no other drugs, from time to time alcohol

family history: lives with parents, good relationship, 1 younger sister

(unmarried)

family knows about feelings & thoughts

father works as supervisor in private sector, mother housewife

good and open relationship with sister, she is active



one apartment for all

father works mostly whole day, sometimes shift duty

mental history family: mother also Schizophrenia, admitted in

hospital 3-4 years back

missed her at home

apart from that no mental history in family

MSE

appearance: no sig. neglect in physical appearance

cooperative & open

kept eye contact, no smile

sensorium:

concentrated, drowsy & sleepy,

fluent speech, speaking in very low volume,

good understanding

mood: dysphoric mood

perceptions: hearing voices all the time

thought: knows what is wrong with him → insight level 1

reliability: questionable

#7

name:

age: 35

sex: male

M.S.: date

education

address:

occupation

informant

present

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#7 Cannabis Abuse

24/08/2016

Name: Vijay Raghuram

IPD

(will be 10 days in IPD)

age: 35

sex: male

m.s.: divorced since March (2009 → 6 years)

education: 2015 B.A. degree, studying S.Y.B., 2nd year of graduation

address: Kharger

occupation: property broker

informant: mother

present complaint: Cannabis consumption since 3 years, initially ok, he

+ onset/progression

felt relaxed and happy,

last month is it changed: not able to concentrate, very care less,
not able to do daily things, sleep very late in the night,
appetite decreased → depressed about it

- first consumption: like time travel - predicted something
very excited, hallucinations (only visual, no auditory). no
panic/anxiety

- consumption → hyperactivity & ? concentration, afterwards
depressed & ↓ concentration (once a day, alone)

• not many changes after meds started (3-4 months meds

at home, now admitted since yesterday)

past illness:

• no major illness

• 2007 accident on bike (→ hospital, thigh broken)

personal history: born in hospital, normal pregnancy, started to walk
& talk at a normal age (milestones ok),
no child abuse

scholastic: liked to go to school

• good at several subjects, History & English = fav subjects,
85% (great student)

• no bullying

• few friends, good friends

sexual/marital history:

• he wanted to be more sexually active, she didn't want that so
much, she told him to go to the gym but he did not do it

• he was happy with marriage, wife wasn't (he's too lazy) or
at least he doubted that she was happy

• she was frustrated (Cann. cons. partly reason)

• fight just sometimes

→ reason for divorce (both wanted divorce)

• remain in contact, good relationship

• does not want to marry again

• she works at
real estate
office

occupation - used to teach students & call center

- searched for general job, is now 3 yrs at his workplace (friend told him about it)
- sometimes ok, sometimes not happy with job
- thinks sometimes of quitting
- thinks he'll stay there because he has knowledge

prosocial personality:

before consuming: did daily works properly
went to office every day (today not so often)
used to smoke and consume alcohol, but quit last year

habits: No targets / goals (does not know how to set goals or sth similar)
few friends consumed (some still, some try to stop) → doesn't meet his friends (see them less)
determined to quit (scale from 0-100%: 50)

family history: father 68 yrs, mother 60 yrs (housewife, retired)
brother consumes Cannabis (plans to quit, does not do anything about it)
sister married with 17, after that 3 marriages
stays together with sister, nephew (child) in house of parents
family knows about C. consume → supports him in quitting
mental history: father drank a lot, abused Cannabis
- he was out often when he consumed
→ mother under tension, anxious about family, father quit (n 15 yrs back)
opinion of family: he shouldn't have consumed!

HSE

appearance: phys. app. groomed & very clean
no difficulties to open up
held eye contact
very calm

sensation: was able to answer instantly (no difficulties in attention and concentration that inhibit a conversation),
not able to concentrate on counting task
speech: really fluent, quite slow
perception: no perceptual disturbances seen

content: no phobias, delusion, compulsive ideas reported by the patient

mood: euthymic, affect appropriate

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back)

Hendon

Social judgement intact
high insight level (2)

remote memory mildly impaired (Carstairs affected his
cognition level)

thought: logical progression

(1) started consuming along with new job

#8

name: V

age: 31

sex: m

m.s.: w

education:

address: 42

occupation:

present:

past

personal

scholar

sexual h

premarital

inter

abuse

incest

rape

harm

family

#8 M. Depression

30/08/2016
OPD

Name: Vishal A.

age: 31

sex: male

M.S.: unmarried

education: S4 B Com studied - B.A of Commerce grad.

address: Kalamhale

occupation: job in sales → company down → since August no occ.

present complaint: feels depressed, not willing to do anything,
fear to go outside

onset 6-7 yrs back: had a quarrel with friends because
of disagreement → feeling that he did something
wrong, did not sleep for 2 nights because of
thoughts

not increasing, but some level of Depression since 6-7 yrs
feeling like s.o. will do sth to him (→ feelings, prohibit
social life)

doesn't know how to face people (anxiety), finds no solution alone

past illness: stomach irregularities → ayurvedic meds → cured (perisporal)
right now no issue
no major illness before Depression

personal history: born in hospital, after 3 months, milestones normal

scholastic: fav. subject Geography not good at Math

interests: cricket, for fitness running in the morning

Few friends in school (less talkative) (approx ~10)

Few friends are close to him

sexual history: learned about protection in education

no relationship

wants to marry → can imagine to have children after marriage

premorbid personality: before illness: not so active, was difficult to
interact when there is a crowd, feeling shy, even if he wants he is not
able to talk to s.o

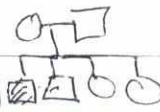
cricket: good interaction with the others

regarding party & such things

habits: since 3 months no alcohol
never drugs

family history: mother 60, father 70 yrs

2 sisters (38 & 40) and 1 brother (33)



state

- father retired, worked in Government, mother housewife
- 38 y.o. sister is married and working
- good relationship to parents, sister & brother
- 40 y.o. sister has Schizophrenia, is married, stays in secured hospital
- brother works as freelancer, is married
- mother has Schizophrenia (since ~ 3 yrs)
- no other illnesses in the family
- all live together with the parents (joined family)
- sister & mother take meds (~ 10 yrs)
- gets support from family

MSE

O/T/PI/P

- concentration problem: can't focus on job
- memory mildly impaired
- no other perceptual problems
- mood: sad, anxious, affect accordingly
- derealization (thinks he is not in the, here & now)

* admitted for muscle relaxation session

#9

name: M

age: 19

sex: fem

m.s. w

education

address: 11

occupatio

informant

present acc

& onset

history of

personal l

scholastic

menstrual

sexual l

premorbid

personal

goals

family

• no

• ca

• so

#9

Psychosomatic Features

31/08/2016

IPD Surgery

Name: Madhuran S.

age: 19

sex: female

m.s.: unmarried

education: studied till 12th (fin)

address: Iyerul

occupation: - (beauty course)

informant: father

present complaint: abdominal pain since 2-3 months, constipation, 2 vomiting episodes
in 10 days

onset

irritability last 6 months, nausea

PCOD (multiple cysts in ovaries)

irregular periods (since 5 months)

heaviness of chest, fearfulness

no selfinj. behavior, wanted to come to the hospital

history of past illness: no major illnesses

personal history: normal delivery at home, no complications

normal milestones in walking + talking

normal pregnancy

scholastic: no fav. teacher

few friends in school, none anymore (argues?)

likes dancing + singing

menstrual history: started at the age of 13

irregular periods since 5 months (every 2-4 mo 6-7 days of bleeding)

painful period

no irritability during period

sexual history: left out bec. we got the hint that she may have been abused

personality: more self-confident

goals + occupation: no goals set, continue beauty course

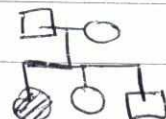
enjoys her work, she's not paid yet but has no problem with it

family history: father: 42, mother: 38, 16 yrs. sister, 11 yrs. brother
painter → housewife

no mental family history

(asked father for siblings' age)

small fights, but good relationships



MSE

appearance: motor activity, slightly aroused (\rightarrow nervous / feeling uncomfortable)
general behavior towards exam.: laughing, not taking it seriously, interrupting the questions, seems to think of questions as ridiculous
[also the intern did not give the impression to take it serious either]

phys. appearance: looking good / groomed / clean

facial expressions: laughing + childish mimic, smiling
sig. after, frequent eye contact towards parents (ensure herself)

sensation: can concentrate, is able to complete a task, ^(focus) no long term
'no lefty'
'O/T / P / D'
difficulties in memorizing things (seemingly no cognitive cause, puts no effort into it)
speech: good initiation, asking tone is underlying

effect & mood: normal, no extremes

judgment: no oversight view of situations, staying in her own perspective \rightarrow
no advanced judgment, still quite childish

#1

Name: Sc

Age: 25

sex: male

m.s.: un

ed: 4th

address: No

occupation:

informant:

present com

tonset

history:

personal

family

5

5

habits

MSE

appears

sensation

O/T



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. Nicole Pizengdza has successfully completed the Observership Program/ Research Work at MGM Medical College & Hospital In the Department of Psychiatry.

Dr. / Mr. / Ms. Nicole Pizengdza has completed a total of 6 weeks (240 hours) weeks of Observership / Research Work beginning in the month of August (01-08-2016) 20____, and ending in the month of September (01-09-2016).

During this program Dr. / Mr. / Ms. Nicole Pizengdza observed the following activities:

History Taking of the Patients, Jacob Relaxation Technique, Psychotherapies: (Cognitive Behaviour Therapies), Psychodiagnostic (Testing) ROR, TAT, CAT, & IQ testing.

Shelar

Supervisor / Mentor

Mrs. Vaishali Shelar

Incharge,

Students Counselling Cell,
Clinical Psychologist

Rakesh Ghildiyal

Head of the Department

Dr. RAKESH GHILDIYAL

M.D., D.P.M.

Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

Prof. Z. G. Badade

Registrar

MGM Institute of Health Sciences
Navi Mumbai

Prof. Z. G. Badade

Registrar,

MGM Institute of Health Sciences
Kamothe, Navi Mumbai-401209

Nimain C. Mohanty

Head of the Institute / Department

DR. NIMAIN C. MOHANTY

M. D. (PGI, CHG)

PROF. OF PEDIATRICS &

MEDICAL SUPERINTENDENT

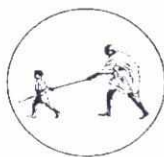
MGM MEDICAL COLLEGE HOSPITAL,
KALAMBOLI, NAVI MUMBAI - 410 218.

Seal:



Date: 12/09/2016

17/09/2016 N. Pizengdza



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University as per UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector - I, Kamothe, Navi Mumbai - 410 200

Tel: 022-27432471, 27432994 Fax: 022-27431092

Email: registran@mguhs.com | Website: www.mguhs.com

Attendance log

(This form is to be completed by the observer and approved/signed by the Physician.)

Name of observer: Nicole Przegendza

Supervisor / Mentor: Vaishali Shelar,

Department/Specialty: Clinical Psychologist

Date	Arrival	Departure	Number of hours	Assigned task
01/08/16				Observing ECT, Seminar about Dementia, Doctor's Consulting in Psychiatry OPD
02/08/16				ward rounds Psychiatry, Doctor's consulting in Psychiatry OPD
03/08/16				How to take Case Histories (Clinical Psych), Lecture about Psychiatry
04/08/16				Counselling & Testing (Rorschach), Doctor's Consulting in Psychiatry OPD
05/08/16				Doctor's Consulting in Psychiatry OPD, ECT observed
08/08/16				Took Case History of 2 Patients, Seminar about Epilepsy
09/08/16				Took Case History of 1 Patient, lecture by Dr. Chetan (Withdrewal), Seminar about PTSD
10/08/16				Took Case History of 1 Pt, counselling observed, Seminar about OCD & CBT
11/08/16				Discussion on Pt History, lecture about Schizophrenia

Signature of observer

Signature of Supervisor

Mrs. Vaishali Shelar
Incharge,
Students Counselling Cell,
Clinical Psychologist

08/08/2016

#1 Case History (ADHD & Speech Problems) (OPD)

Interviewer: Usha
Interviewee: parents
08/08/2016, Name: -, Age: 6 years, Sex: male, Marital Status: unmarried
Education: student, Present address: -, Occupation: -, Informants: parents

present complaint:

Speech problems (started talking with 1.5 years) - Speed rate low, difficulty in facing words, repeats what he was asked instead of really answering. Difficulties in contacting strangers

onset: -

History of past illness:

Age of 3-4 months: episode of seizures, lasted until he was 1 year old

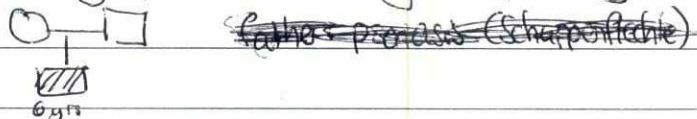
Personal History:

1) Birth: born after 2 years of parents' marriage, mother had chicken pox during pregnancy, caesarean delivery, 10th month (18 days late), in hospital, mother had vomiting till 9th month, cried late during birth

2) Development of milestones: didn't crawl at all, started walking after 1 year
age of speech: 1.5 years

3) Schoolastic History: needs help for toilet and eating (from parents), interested in drawing, counting, playing football (with his father), almost no communication with children of his age

Family History: only child, parents present, emotionally healthy relationship towards parents, no mental history, parents are English speaking



MSE

1) Appearance: motor activity: can't sit still
behavior towards examiner: doesn't pay attention, just talks with parent
physical appearance: well groomed etc.
facial expressions: no problems with initiating eye contact, but not stable

2) Sensorium: hyperalert, difficulties in static attention, difficulties in phrasing words, able to pick words

3) Perception: nothing significant

4) Affect & Mood: normal and coherent

5) Thought: -

6) Memory: -

7) Insight level: no information & 8) Judgement: no information

9/9/16

-1-1-

suggestions:

Diagnosis: ADHD & speech problems

Pt needs attention and activity, no complicated games (like puzzle,
better: clay & crayons (don't make him be frustrated))

08/08/2016

#2 Case History (Family Issues & effect on studies & mood) (OPD)

Interviewer: Usha

08/08/2016, Name: Tanishka, Age: 15 years, Sex: female,
Marital Status: unmarried

Education: Failed 9th, still student, Present address: Khargar,

Occupation: student, informants: parents

present complaint:

attention and concentration lacking in studies,
gets irritated and angry for simple things (unnecessary reasons),
drop in grades (70% to 30-35%)

onset: 1-2 years ago

History of past illness: -

Personal history: born in hospital, normal developmental milestones

Schoolastic history: drop of grades after onset, ~~anxious temp~~

interested in Comics/music

peer relationship: has many friends

Menstrual History: regularly as she said - file says irregular
starting age 14

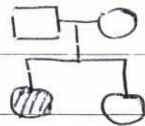
Sexual History: -

Marital History: -

Occupation: -

Pre-morbid Personality: drop of grades after onset,
anxious tempered

Family History:



- father: alcohol abusive, physically abusing
mother, policeman, governmental
employee, psoriasis (Schuppenflechte)

- no other mental history

- 1 younger sister

MSE

1) Appearance: motor activity: normal, calm
behavior towards examiner: cooperative
physical appearance: good
facial expressions: doesn't smile very often

2) Sensorium: lack of interest in studies,
concentration good enough for conversation
delayed speech initiation, vocal sound low,
flow of speech slow

3) Perception: nothing significant

4) Affect & mood: angry, sad, easily irritated

5) Thought: -

6) Memory: -

7) Insight level: -

8) Judgement: -

g) reliability: lying about menstrual history

suggestion: father should be counselled together with
Pt & rest of family,
counselling of Pt
CBT for Daughter

09/08/2016

#3 Case History (OCD, Depression, Brief Psychotic Disorder) (OPD)

Translator:
Manan
(intern, male)

09/08/2016, Name: Mr Omprakash Chaudhary, (OPD-Nr.: 2631575)

Age: 42 years, Sex: male, Marital Status: married

Education: engineer, Present address: AT-Bhushan Garden, Khopeli, Raiged,
Informant: none

Present complaint:

10 years ago Depression started, still lasting

onset & progression: - since marriage ~~not happy~~ with wife, thought she would
History of past illness have an affair (arranged marriage).

- Family would conspire against him (4-5 yrs ago) - ^{Psychotic} Features
- TV & Radio would send messages which are related to his life - would imagine to be the protagonist of movies he watched, would get attracted to the female protagonists (4-5 yrs ago) - Psychotic Features
- Anxiety & Depression
- 5 yrs ago: Diagnosed as Bipolar
- Last 3 digits of numbers send messages to him - e.g. to tell his niece's father about one occasion, when Pt touched niece "superficially" (age of 12) ^{before his} marriage
- started medication in Psychiatry - since these 2 months thoughts of touching children vanished
- under treatment since 22/02/2016 in HGM
- thoughts about someone wanting to kill him - but Pt would never consider suicide

→ anemania as child

Personal History: no information about infancy & milestones,
no information about scholastic History

sexual history: - when he was 12 yrs old: traumatic sexual experience in company of his father (co-worker got physical with him)

- before marriage: used to masturbate a lot to remove frustration
- had superficial touching with 12 year old niece (feels guilty)
- lived some time apart from his wife (before birth of daughter) - got liking towards elder women: multiple relationships ("with consent!")
- no physical contact with wife since 5-6 yrs

2
9/9/16

- still not extremely sexual active, not indulged with anyone since
- not sexually frustrated

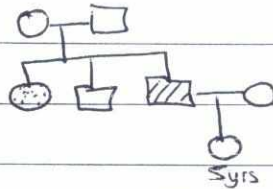
Marital History: see above

married 10 yrs, now good relationship "is in love"
not physical, 1 daughter: 5 yrs old

no information about Occupation or Paranoid Personality

Habits: no drugs, chews tobacco, used to smoke

Family History:



- Brother successful (CEO) in childhood: rivalry, mother preferred brother, Pt beat his mother (felt guilty & apologized)
- Sister suffers from Depression (Pt afraid that Daughter could be depressive, too)
- Daughter = sperm donation child initially felt like isn't his own daughter (didn't want to see her for some time), now fine with her
- Had relationship with sister of his (now) brother in law → she was much older than him and at that time currently divorcing
- Family thinks he is making everything up although he confessed to them (superficial touching with niece, multiple relationships with elder women) → aside from that they consider him normal (still feels relieved to confessed everything)

MSE

appearance: good

behavior towards examiner: cooperative, communicative

Sensorium: concentrated, paid attention, conscious, well oriented in time

- no information about further MSE features -

Diagnosis: psychotic symptoms, delusional ideas, magical thinking, repeated (pedophile) thoughts
→ comorbidity:
OED (300.3) & Brief Psychotic Disorder (298.8)

Recommendation: Rorschach Test to differentiate between
Psychotic & Neurotic Disorders

10/08/2016

#4 Case History (Somatic Symptom Disorder & Major Depression) (OPD)

Translator:
Dr. Ashwin
Cwale Resident
Interviewer:
Nicole

10/08/2016, Name: Rahul Viswa Karma, OPD, Age: 25 years,

Sex: male, Marital Status: married,

Education: graduated from university (Subject: Hindi), Address: no inform.,

Occupation: Carpenter, Informant: mother

Present complaint:

^{initiation & maintenance} disturbed sleep, much tension & stress (cardio, health), ^{reduced social interaction}

Feels depressed (no need to fight for life), unhappy & sad regarding

his health - abdominal pain, ^{(swelling) - consulted multiple doctors} listlessness, low on confidence

("good jobs would be too good for him"), not able to do cognitive tasks
H/o irritability on small provocation (has to think a lot), appetite ↓

onset: Family stressors started abdomen symptoms

(Somatic Symptom Disorder) since 5 years

(thinks about life & sense of life)

progression: initially low & depressed - comparatively better now

has sometimes blackouts (when he stands for too long)

- consulted multiple doctors for swelling in abdomen (but normal)

→ referred from other hospital (psychiatry let him go

because he would be mentally healthy ??)

H/o past illness: no major illnesses

Personal History:

infancy: born at Hospital, no information about milestones

Schoolastic: lots of friends in school - meets them at work (not more),
doesn't like to go out (in school, too)
average student

hobbies: reading biographies
Caring about his job - postgraduate but still no job)

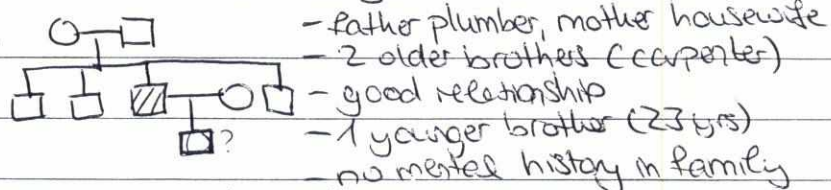
no information about sexual history

Marital History: 4 years married, 3 year old child (problems at birth)

Occupation: Carpenter, although studied Hindi → unsatisfied with current
job but thinks good jobs are too good for him (low
in self confidence) - has life goals but doesn't try (listless)

Habits: no drugs, no alcohol, no smoking etc.

Family History:



MSE

Appearance: well dressed, eyes half closed

Mood: Sad

no further information about MSE (no hallucinations, delusions)

Diagnosis: Somatic Symptom Disorder (Differential Diagnosis: Major

Depressive Disorder)

Suggestions: Relaxation technique,

9/9/16

17/08/2016

#5 Case History (Major Depression) ^[w/ HIV+] (OPD)

translated
by Dr. Pishwin
interviewer: Nicole

17/08/2016, Name: Prabhakar, OPD, Age: 41, Sex: male,
Marital Status: married, Education: finished 12th grade,
address: Vashi Sector 6, occupation: electrician, informant: none

Present complaint:

no appetite, angry, no sleep, thinks he doesn't want to live on,
increased sensitivity to criticism

- after medication started: "happy" + counselling
H/o past illness: HIV+ (Gorset) (5 yrs back)

Personal History:

infancy: hospital birth, 5-6 months walking & talking

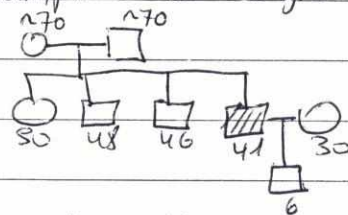
Schooling: hobbies: reading Newspaper, TV (also now)
had friends at school

Marital History: married since 2009 (7 yrs), 1 boy (6 yrs)
good relationship now - wife gets also counselling treatment
(C + HIV diagnosed during pregnancy)
Counselling reduced fights with wife

Occupation: 10-15 colleagues, good relationship to them
no problems at job (nobody knows about illness)

Habits: alcohol consumption → last 6 yrs no alcohol, no drugs

Family History:



- father: farmer, since 10 yrs retired
- good relationship,
no illnesses (mental)

MSE Appearance: good, well groomed
General Beh. Exam.: Cooperative
Facial Expressions: Congruent

Sensorium: attention good

Speech: low, not many words & short answers

Perception: no psychotic symptoms

Affect & mood: congruent now (improvement after medication)

No Memory Issues

Insight level: not aware that he is ill

(no information about judgement)

Diagnosis: Major Depressive Episode (moderate, single episode)
296.22 (F32.1)

Suggestions: continuing medication & counselling

→ decrease it & observe if mood stays happy
(otherwise increase again)

2/9/17

18/08/2016

#6 Case History (OCD) (IPD)

18/08/2016, Name: Vishal, IPD, Age: 23, Sex: male, unmarried, graduated from 12th grade, finished 2nd year of college (B-com), address: Belapur, occupation: ^(student) none, informant: none (Admission: 17/08/2016)

present complaint:

onset: 6 yrs ago, he had irritable outbursts & heard voices (psychotic symptoms)

- now obsessed of girls on facebook, he would sent inappropriate messages to them → depressed because blocked by girls
- has repetitive thoughts about women (sexual intrusive thoughts)
- was diagnosed with brief psychotic disorder (1 year ago started with Antipsychotics)
- Developed checking behaviors (facebook, gas, locks etc.)
- pedophil: sex with 9 year old girl & 6 year old boy (was paid)
- suicide attempt with Phenyli because he was frustrated because of his thoughts, also wanted to jump from Vashi bridge

History of Treatment:

- after suicide attempt brought to hospital
- got Antipsychotics against Brief Psychotic Disorder (keeps the OCD symptoms as a secret from parents)
- was some time off medication because of side effects, now different medicine: behavior under control but not thoughts (thoughts & compulsions of sex still there)
- IPD: 17/08/2016: increased medicine, counselling
- no other major illnesses

Personal History:

- normal childhood, adolescence
- no Autism Spectrum Disorder, normal milestone age
- no informant about birth, problems with graduation
- didn't have any good friends → limited social contacts
- interests: surfing internet
- doesn't like studying, average student

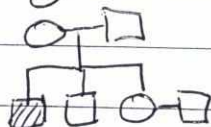
Sexual History: with 15-16yrs: sex with 9 year old girl & paid 6 year old boy for sex. no information about further sexual exp. massive masturbation → sex with pillow (feels aroused taking a pillow) often sexual related thoughts (bisexual)

Habits: denies drug consume

Occupation: student

Pre-morbid Personality: introvert as well (limited social interactions)

Family History:



- father works in private sector, mother housewife
- Pt says father & uncle had Disorders, too (but not proofed)
- doesn't share anything with parents but close relationship with siblings → but parents still support him

9/9/16

MSE Appearance:

Psychomotor activity reduced (could be ben. ef. meds)
not agitated

Forced to come to Psychiatry (suicide attempt)

avoiding eye contact, frequently looking down, not smiling
well groomed

Sensorium:

concentration & attention good

Reaction time high (slow)

Speech: less output but clear, soft, pure

Perception: no delusions or hallucinations

Affect & mood:

depressed (feels happy if somebody talks to him
→ most people aren't listening)

Thought: regular (+ inclusive obsessive)

Memory: intact & normal

Insight level: has, but can't control thoughts (ashamed)

Judgement: intact

Diagnosis: OCD

Suggestions: Rorschach Test, Medication & Counselling

18/08/2016

#7 Case History (Schizophrenia) (IPD)

18/08/2016, Name: Vinay, IPD, Age: 26, Sex: male, unmarried

Education: ~~unmarried~~ graduated from 10th grade,

Address: Jainagar Apartment, lives with family)

Occupation: not yet working, Informant: none

Present complaint:

not feeling well, depressed, no sleep (insomnia) because of voices, decreased appetite (vomiting), visual hallucination: God Shiva, auditorial hallucination: voices, bells, ..., no flight of ideas, drowsy & sleepy, needed help to go to bath, hears voices of people who are crossing him (not harmful, nothing specific), sometimes singing songs

thinks running images would have some effects on his mind

History of onset: 1 year back (one day suddenly woke up to hallucinations)

H/o Treatment: not feeling better with medication but helps him (e.g. can go to bath alone now), Admission in MH 15 days back

Past illnesses: none

Personal History: Infancy: hospital birth, 9 months, milestones normal

School: not good at maths

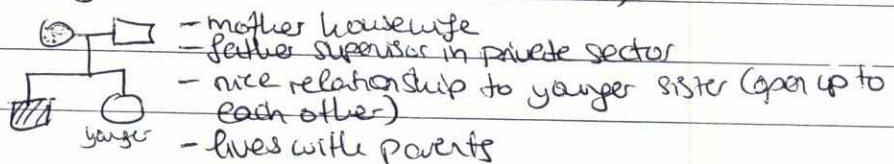
lots of friends (but left primary school → bullied)
average student

Sexual: no sexual contact (says he doesn't know anything about it)

Pre-morbid Personality: nice & happy (now feels different from others)

Habits: used to smoke (started like all of his friends at school - peer pressure)
Since 1 year not anymore
no other drugs (sometimes beer with friends)

Family History:



- mother: psychiatry → Mental Asylum since 3-4 yrs because of Schizophrenia (paranoid & disorganized) - missed at home
→ no suicide attempts

- sister: active & nice, 10th grade - Pt doesn't worry about her health

MSE

Appearance: good (well groomed), kept calm face, answering questions with eye contact

Sensorium: attention & concentration good

Speech: good initiation, same pitch during conversation, poverty of speech → low
flow of speech → slow

Perception: delusions: none, hallucinations: auditorial & visual

9/9/16

Affect & Mood: depressed, sad, moody

Thought: abstract (e.g. his goal is becoming rich & work somewhere nice → e.g. selling clothes (no concrete plans))

Memory: good (able to recollect past)

Insight: Level 1 (he said that he knows what is wrong with him but couldn't specify)

Diagnosis: Schizophrenia (young diagnosed - good prognosis!)

Suggestion: Medication, Psychoeducation, Counselling

24/08/2016

#8 Case History (Cannabis Intoxication) (IPD)

24/08/2016, Name: Vijay Raghurath, IPD, Age: 35, Sex: male
Marital Status: divorced, Education: 12th grade,
address: Khagar, occupation: student (2nd year college SYB),
informant: mother
Property broker (Mallory)

Present complaint: (onset:)

Last 3 yrs consuming Cannabis, last few months ⁽²⁻³⁾ concentration ↓,
relationship broke, careless, not able to do daily work

— wants to change that so came to RGM

→ friend introduced him to Cannabis

no changes in body, appetite ↓, happiness ↑, sleep normal but ^{after consumption: feels happy, visual hallucinations, hyperactive}
goes to bed late in the night, depressed lately — no goals for future
^{3-4 months back start of medication}
not auditory, once every day (last time yesterday)

H/o past illnesses: no major illness

2007 accident on bike — broken thigh
no psychiatrists before

Personal History:

Infancy: normal pregnancy, hospital, normal milestones
no child abuse, no anxiety

Schoolastic: liked school, went every day (fav. subjects: History & Eng)
good at Maths (great student — 85% from beginning)
— few good friends in school time, met also apart from at school
— not bullied

Marital History:

wedded 2009, divorced March 2016 [wife — real estate office]
wife not satisfied with sexual life, Pt doubted that wife is happy
(wife used to send him to gym because he was sexually too active)
both wanted to get divorced
remaining contact, good relationship, no children
not many fights — doesn't want to marry again
didn't like his Cannabis consumption

Occupation:

1st job: Call Center & Coaching classes
friend introduced him to his current job — sometimes doesn't feel
like job is fun but still does it — doesn't want to change bec. confident in
his skills

Pre-morbid Personality:

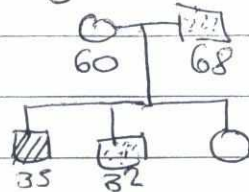
almost same — but before: properly daily work & attended to workplace
everyday

Habits

quit cigarettes & alcohol last year
Cannabis

24/9/16

Family History:



- brother started Cannabis abuse with 15-16 yrs (Pt was 18-19 yrs), jobless, plans to stop, no concrete plans
- sister got married first time with 17, had 3 marriages
- parents stay together with all children
- relationship towards Pt good, supportive
- mother housewife - anxious about family ^{bec. of problems}
- father used to drink a bit & abuse Cannabis but quit 10-15 yrs back
- parents came to know about Cannabis abuse few months ago

(50% determined to quit Cannabis)

MSE

Appearance: low motoractivity, cooperative, communicative

Seriousness: difficulties in concentration & attention (couldn't count in mind)
good expressions in language
seemed focused (eye contact)
fluent speech

Perception: no disturbances aside from denying Cannabis High

Affect & Mood: Affect appropriate
Mood euthymic (sometimes depressed, sometimes excited)

Thought: logical, no obsessions, no phobia, no delusions or compulsions

Memory: recently mildly impaired (Cannabis affected)

Insight: High (1/12)

Judgement: no idea how to react to accident - social judgement not intact

Diagnostic Impression:
Cannabis Intoxication

Suggestions: Counselling, CBT

(Missed) - why no children? ^{expecting} ^{dissect} ^{impaired}
- his hobbies?
- details about sister's 3 marriages?
- why gaps betw. school & work?
- how many friends at school?
- income of father? which alt.?
- how is he purchasing Cannabis?
family income?
- how many partners so far?

30/08/2016

#9. Case History (Major Depression) (OPD)

30/08/2016, Name: Vishal, OPD, Age: 31, Sex: Male,
unmarried, Education: B-com, Address: Kalaumboli,
Occupation: Sales job, Informant: Father

Present complaint:

Depression, Thoughts of guilt, ^{disagreements & discussions with friends} doesn't know how to solve that,
not going anywhere, staying at home, afraid to go outside,
no daily routine, feelings stop him from being involved in social
life, couldn't sleep for 2 nights bec. of thoughts, afraid that
someone could do sth to him (worried if this kind of situation could
occur in the future) - from 1 month issue with job appetite ↓

onset: 6-7 years ago was similar situation to the current one (since 1 year)
2005 start Depression - 2013 Start Medication

History of past illness: Stomach problem (probably somatic) → was cured,
now no issue,
no major illness

Personal History:

infancy: 9 months, hospital, normal milestones

Schoolastic: fav. subject: geography
not mathematics
hobbies: Cricket & fitness
few friends at school (less talkative) → not many close
friends but several friends, not bullied

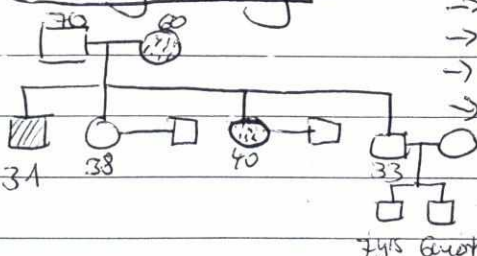
Sexual history: school sexual education, not in relationship, no sex,
("sex only after marriage")
wants children but not now
attracted to women

Personality:

few friends not very active, hard to talk to others in a crowd
(even if he wants not able to interact) 10 very close friends
sitting alone at parties (constant)

Habits: not now - used to consume beer, stopped smoking 1 year ago
(~ 2x/week beer when frustrated)

Family History:



→ mother & sister schizophrenia
→ mother initially sleep disorder, now schizophrenia
→ father retired, job: state government
→ sister takes medicine from last 10-15 years
- good relationship to family (all know about
his problems)
- joined family

9/9/16

1/1
MSE

Appearance: good

Sensorium: concentration ↓, well oriented

Perception: no hallucinations, ~~no~~ delusions; ^{someone could do sth to him}
derealisation (thinks he isn't in the here and now)

Affect & Mood: Mood: sad, anxious
Affect: congruent

Thought: ?

Memory: problems, especially short-term
wildly impaired

Insight level: ?

Judgement: social judgement intact

Diagnostic Impression: ~~Suggestion~~: Major Depression

Suggestion: Muscle Relaxation Therapy, CBT, counselling,
Medication

31/08/2016

10# Case History (Somatic Features) (IPD)

31/08/2016, Name: Miss Madhurani Swesh, Age: 19, IPD
Sex: female, unmarried, Education: 8th grade, Surgery
address: Raigad, occupation: beauty parlor course, informant: father
Present complaint:

Referred from Neurol. Hospital as PCOD (Poly Cystic Ovarian Disorder) + pain - abdominal surgery from 3 months (wanted to come herself)

Irregular Menstruation every alternate month, abdominal pain, nausea, discomfort, fearfulness, irritability, 2 episodes of vomiting, history of constipation - from last 6 months but since 1 month increased anxious about going out, to be molested by some middle aged men again -> abdominal pain mostly psychosomatic, some kind of PTSD - ~~symptoms~~ but not fulfilling all criteria (father doesn't know - only mother)

Personal History:

Infancy: born at home, normal delivery, normal milestones
hobbies: dancing & singing
no goals apart from parlor course

Schoolastic: no fav. teacher
few friends in school, none anymore ("laughed")
likes dancing & singing

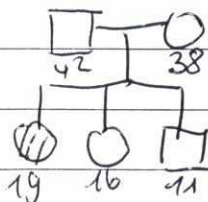
Menstrual: started at age of 13
irregular periods since 5 months (every 2-4 mo 6-7 days bleed)
painful period
no irritability during period

Sexual: left out bec. we got hint that she may have been abused

PMP - more self confident

occupation: no goals set, just continue course for now
enjoys her work, she's not paid yet but has no problem with it

Family History:



-> father = painter, mother = housewife
-> no mental family history
-> small fights but good relationship
(Peaked father for sibling's age!)

2/9/16

HSE

Appearance: slightly aroused motor activity

general beh. too exam.

laughing not taking it seriously, interrupting the questions, seems to think of questions as ridiculous
[often who translated wasn't completely serious either]

well groomed

facial exp.: laughing, childish wince, smiling sign.
often, frequent eye contact towards parents
(conserve herself)

Sensory:

concentrated, no long term attention, language
speech: good in "rich" &

Affect & Mood: Mood-Euthymic, Affect - congruent

Memory: no effect in memorizing, not a cognitive cause
(difficulties)

Judgement: no insight into of situations, own point of view
→ quite childish judgement

Diagnostic Impression:

PTSD with traumatic features

not quite
fitting.

Suggestion: Muscle Relaxation technique, counselling

01/09/2016

#11 Case History: (Severe Mental Retardation with Psychotic Features) (IPD)

Interviewer:
Nicole
Interviewee:
father

01/09/2016, Name: Sumed Thorat, IPD, Age: 25,

Sex: Male, unmarried, Education: 4th class → can do signature

address: Nanded, Occupation: Farmer (Soybeans), Informant: father

Admission 24/08/2016

Present complaint

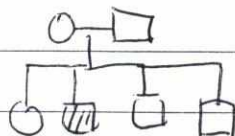
- Since 3-4 yrs: muttering to self, anger/irritability, suspiciousness, ^{to harm him repeatedly} sleep disturbances, would follow cousin on anger & then turn fearfully ^{stopped taking medicine regularly!}
- onset: 3-4 ²⁰¹¹ years back head injury on head (cousin hit him during fight about whether crops were from his or cousin's fields)
- Muttering to self: content mostly includes suspiciousness towards brother & village people throughout the day leading to sleep disturbances & wandering behaviour, goes to fields at night & works
→ contradictory to free informant doesn't report suspiciousness
- violent behavior
- Pt also gives H/o suspiciousness on ppl that they want to kill him, also when goes out of home feels ppl are talking about him
- since last 1 year informant also gives history of dystonic Posturing at upper limbs & face grimacing, churning & smacking movement of the lips lasting for 10-15 minutes, falls on floor & reports intense fear during that time
- Pt reports amnesia for that time
- visual hallucination, catatonic sign, OCD/obsessive symptom

Treatment History

- Pt is from Psychiatrist from Nanded (got medicine) - currently none
- H/o past illness: H/o 2 seizure-like episodes in the past → 3 days & 2 years back
tremulous ⊕, Rigidity ⊕

Family History

- one brother = most educated, graduated
- good relationship of Pt with siblings & parents



Habits: Tobacco chewing since 1 year

9/9/16.

MSF

Appearance good, well groomed
general beh. low exam: ~~not~~ communicative, cooperative,
open, always wants to stand up to speak
with examiner

Sensorium

attention & concentration - difficulties

Speech - simple words, not too fluent
oriented to time, not place, person yes

Perception Delusion of Persecution & Influence

Affect & Mood: Mood - fearful
Affect - Retarded

Judgement, Memory impaired (affected)

Insight - Level II

Diagnostic Impression: Severe
Mental Retardation
with Psychotic Features

Suggestions: ^{against Psychosis} ECT, Medication, Counselling

- should help with cooking, cleaning, washing clothes
(simple work) - Unskilled work
- needs to work under supervision (field work or family land)
- MR certificate from hospital beneficial for
rehabilitation purpose
- parental & Family Therapy

02/09/2016

#12 Case History (Alcohol Intoxication) (IPD)

02/09/2016, Name: Mr Chandrakant Pol, IPD, Age: 29,
Sex: male, married, Education: 10th

Address: Kamothe (Sector 21), Occupation: vendor

Informant:

Present complaint: ^{1st} Admission 20/07/2016

(Neighbours sent him)

Alcohol & Tobacco consumption (drinks always alone)
aggressive behaviour, abusive beh. reg. alcohol for 5-6 yrs,
since 3 yrs ↑

After discharge from hospital continued consuming alcohol &
Tobacco

- Last time: 22/08 (2-3 quarter distilled liquors used to
drink 2-3 quarter/day)

- Pt reports craving to Alcohol & Tobacco

- Irritability, anger, abusive beh. to obtain money for liquor,

- Hearing noise in the ear

- giddiness (Schwandel- & Gleichgewichtsstörungen)

- Interpersonal stressors

- Loss in weight

onset wife left him 3 yrs ago bec. she wanted to have children
early & he later bec. he wanted a better financial situation

→ That's why he started working hard

→ wife complaint that he wouldn't have much time &

wife's parents wanted them to have own flat but
he couldn't afford that so she left

Fam. H. ⇒ reunion approx. when he has own flat & no alc. problem

□ - No history of substance abuse in family
□ - used to take money from his mother by threatening her
□ - Mental H: wife went back to family

Occupational H.: 2-3 yrs unemployed (only job affected - PHP - same beh.)

HSE Appearance: not too cooperative, communicative, good

Sensorium: oriented to time, not place & person
no ~~cooper~~

Perception: Auditorial hallucinations, visual date drunk

Affect/Mood: Mood - anxious, Affect - congruent

(Motivation doubtful)

Thought: Concept - impaired, fearful, suspicious

Insight: Grade II

Judgement: poor

Diagnostic impression: Alcohol Intoxication

Suggestion: CBT, Muscle Relaxation Technique against the craving,
Counselling

9/9/16

06/09/2016

#13 Case History (Alcohol Dependency) (IPD)

06/09/2016, Name Mr Mahesh Iyer, IPD, Age: 35, Sex: male, married ^{7 yrs} 1 daughter, Education: B-com

address: Kamothie, Raigad occupation: retail store manager

informant: Brother (Anand Iyer)

present complaint:

Alcohol Intoxication (Dep. Emergency Medicine) ^{restlessness & irrelevant talk → black out}
now: Alcohol in withdrawal (Special ward-single room)

- since 2 months increased (onset 15 yrs back) ^{brother brought him (d. threatened him to not drink again → agitated)}
- drinks to forget "everything"
onset 15 yrs back Pt started without any apparent stressors
→ for enjoyment purpose in company of his friends
→ would consume occasionally - gradually quantity increased
→ started drinking continuously for 3-4 days, then would stop (alone)
→ would become angry, agitated & would also become aggressive occasionally

Progression

^{past illness} Asthma → Asthalin (not cured)

- abstinence of alcohol for ~15 months in past (July 2014 - Oct 2015)
- no history of any withdrawal complaints
- Reason for abstinence: Family Pressure
- 10 months back Pt again started consuming alcohol due to familial stressors
- would consume beer only but would consume continuously 3-4 days in 3-4 times in a month
- Shifting from beer to whiskey to get more high
- would drink continuously, even after getting up in the morning
- would get easily annoyed if anyone comments of his alcoholism
- Tried to cut down but was not been able to
- would have guilty feeling regarding habit

Personal H.

^{Drinks to stop bc daughter starts to ask why father not there that late}
during school days was average in studies, good relation with colleagues / ^{named} milestones, H/o couple of fights in school (didn't report that & reliability) ^{hospital}
hobby: singing (sing child)

Mental H.

married since 7 yrs, 5 year old daughter (only child)
arranged marriage - knew each other from before

Occupation - changes in job 4 times due to alcoholism
(- drink & drive) - goal: proper life

PMP

introvert, socially would take time to adjust, short tempered
→ less self confident, guilt feelings, wants to forget all duties / fam / everyone

Habits:

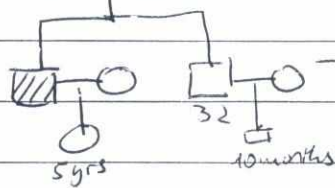
Excessive alcohol consumption, Tobacco chewing
since 15 yrs → whiskey → enough money (because joined game)

2
9/9/16

Family History

factory worker

housewife



- H/o alcoholism in father

- brother: B-com (different company)

- father not at home

- parents: 10th grade

- frequent fights with family members

- next day after drinking family would tell him what he had done wrong & he would apologize

- close relationship to daughter - wants to make her life good

- no more children because brother has 1 son now & shared household

MSE

Pt conscious, cooperative, oriented, Appearance normal
(not fully oriented to time but to place & person)

Attention - aroused - sustained

(Rapport - establ.)

Mood - euthymic & anxious, Affect - congruent

Thought: H/o death wishes (from 2 months) & Death threats
Not planned or committed anything

H/o motivation at work

Sadness of mood, ↓ interest in routine activity

Insight: II

Judgement: intact

Diagnostic impression: Alcohol Related Disorder (comorbid
with severe alcohol use Disorder)

303.00 / ICD-10: 10.229

Suggestions: No Tobacco, No Alcohol > Withdrawal

loss of self confidence - takes time at home (quality time)
for 1-2 months, then start with new job

→ Counselling of family, CBT for Pt, Exposition training
to withstand alcohol

07/09/2016

#14 Case History (PTSD with Psychotic Features) (OPD)

07/09/2016, Name: Pooja, OPD, Age: 27, Sex: female,
Address: Kharghar Education: MB HR married

Occupation: Teacher (Karnathu) School Informant: mother

Present complaint:

Depression problem, came willingly here, miscarriage in pregnancy
started Depression
→ 7 weeks died but carried
while 10 weeks *

twice miscarriages - 1st after accident, 2nd in toilet (?)
unhappy with husband

Also pregnancy problem at
the second time → is critical for her

feels lousy sometimes
onset: 3 months back

moved to her parents house bec. of doubtful beh. of husband
(is in bathroom)

2nd pregnancy
- no abortion planned
by her

* lost first child bec
of husband's laziness
("wouldn't have any
problems" don't need to go)

Progression: Treatment → better

→ husband didn't tell her
why baby died (doctor only
told him)

H/o past illness: Husband doubled her character

Personal History:

Infancy: 9 months, hospital, milestones normal

Schoolastic: Marathi & Hindi, no problems, friends → 4-5 contact
with 2-3 still
good relationship to friends sometimes get loud but
friends not angry about that, N/H/o bullied

Menstrual: 14th age - behavioral change (angry, use of
abusive words, not
much pain) - feels normal about period but sometimes
gets depressed & thinks about the past

Sexual: knowledge got from Islamic books
just sometimes protection, rarely physical contact

Marital History: 24 age @ 25 age arranged - had met him before marriage

2 years - husband stalked her smartphone - all calls etc.

husband allowed her to go to her parents house, allowed no contacts to friends

fight with husband bec. of restrictions, mother & father in law all doubt her character,
use abusive words (since 6 months after wedding & first doubts after 10 days)

arranged marriage - wanted with 1st pregnancy DTT-Test, ignored 2nd pregnancy

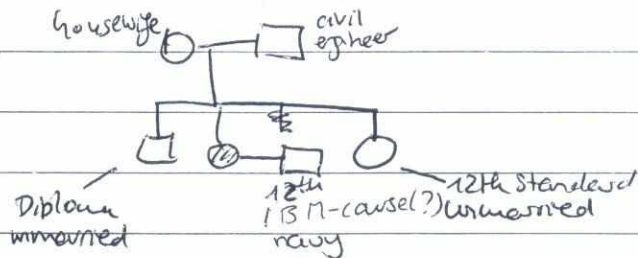
Occupation: → husband didn't want disabled child, only perfect
communication problem - sometimes
1st job - not suitable for her so changed job
2nd job - School Teacher (since 1 month)
Boss had bad
behavior not
(uncomfortable)
private organization (History, Marathi & Hindi)
note in 1 week
applied for divorce, husband
doesn't let her
→ sometimes only husband
decides sex, she not

many friends before marriage (freedom)
bec. of restrictions by husband after angry mood - husband
often creating problems

Habits: no alcohol, never tried (bec of religion)
no tobacco
(Islam)

age 7

Family History:



- normal relationship to siblings
- normal rel with parents but Pt would sometimes use abusive words
- just sometimes fights
- parents support her against her family in law

MSE

Appearance: well groomed.
coop., concentrated, communicative
31st Sep v 15th Thursday v

Sensation:

no H/O ~~hallucination~~ & delusion

hears voices sometimes - voice of husband who doubts her (quietly)

Perception:

sad mood, guilt

Affect & Mood:

Thought:

Memory:

Short term memory intact
long term memory intact
feels sometimes problems in remembering things
when not busy (mind walks back to past life)

Insight:

Judgement: - will help sick neighbour (social judgement intact)

goal: wants to stand stable & alone & after that she wants a relationship
⇒ wants better life without husband (marriage again & children - dependent on situation)

Reliability: mother didn't say that she's wrong (clingers to whole conversation)

Diagnosis: PTSD + psychotic features?

Suggestions:

Cognitive Therapy

1) Filtering find out the neg. thoughts
⇒ magnify it! should find sth good about it also
Filtering the Thoughts?

2) Holistic Thinking

Make Pt Realize (2 sides of coin) to feel good or bad about it → Pt should decide

3) Overgeneralisation (when Pt would have daughter what would she tell her)

Give Pt an incidence & a general hint → what would you do

4) Emotional Reasoning (not be scared, should move on) (would tell her daughter)

- Teach Pt about that

5) Confidence within herself (Pt should be confident about goals & thoughts)
→ Pt should feel right about everything she thinks

Pt should be safe
→ should get out of parents in law house
should not use sentences or d's
which can trigger or provoke
husband will go in his mind & would
make him reporting to go to court
Should be someone who would search id card o.c.
[20s - no children still - parents accepted her back]

→ 6 sessions for CBT with her

⇒ until Pt has insight of her problems
(not more than 45 sessions → REBT can extend)

9/9/16.

- had friend who visited her frequently

07/09/2016

#15

Case History (Problems in going to school) (OPD)

07/09/2016, Name: Nirash, OPD, Age: 5, Sex: male

Address: Kamathe (Sec. 6) Education: ^{Neeraj} (Whe) senior kindergarten unmarried

Occupation: Informant: mother

Present complaint:

don't want to go to school → school

doesn't want to eat (3-2 bites), normal sleep

cries during whole class (school gate) 9-11 school (11.30 leave to home)
completely normal, also playing normal school at home

onset: this year

Progression:

* infection of stitches
reoperation
but breastfeeding

H/o past illness: anemic (no medication) many times
from 10 months - 3-2 bed rest

Personal History:

Infancy: 9 months + 2 days, ^{hospital} scissory - after delivery problems - during pregnancy no issues normal milestone

Schoolastic: ^{no change of seat plan} last year ^{grade} (Whe) loves play mobile games & comics & cartoons
plays with group of friends in school sports, dancing
not attended a single exam this year → regularly doesn't want to go
cries all day at school - not scared or anything like that
→ can't figure that out why | if forced to do sth he doesn't want to do it

Family History:

26 married (mother) 2000 → 2011 born, father's job: ^{accounts section} (Whe) only child
mother: (has own business) ^{tabacco chewing}
at home everything normal - since 6 months when he gets
intake starts to hurt himself
normal relationship to father & mother
3 people at home (father doesn't have time to visit grandparents frequently)

MSE

Only the mother gave brief details → MSE could not be done

Appearance: well groomed
attention & concentration
easily frustrated

Affect/Mood: ?

Sensorium: |

Thought: ?

Perception: / (?)

Memory: ?

Insight: ?

Judgment: ?

9/9/16

bedwetting?
arranged marriage?

gets angry with father / irritated
last but not with mother
child not close to father & mother
also not close to husband

Thur, 01/09/2016

- 1) Reading File of IPD-Pt (Psychosis, MR)
- 2) Taking Case History of this Pt
- 3) Discussing the Case with Mrs Vaishali (Clinical Psychologist)

Fr, 02/09/2016

- 1) Reading File of IPD-Pt (Alcohol Dependent)
- 2) Observed Counselling of Psychosis - Case from Yesterday (Mrs Pushpalata)
- 3) Taking Case History of IPD-Pt
- 4) Training of Progressive Muscle Relaxation Technique on each other
- 5) Seminar by Dr. Rakesh for 7th Semesters: How to take a Case History

Week 6 (PHO - Holiday)

Tue, 06/09/2016

- 1) Working on Case History - Notes with Co-observers
- 2) Studying File of IPD-Pt (Alcohol Dependent) - English Speaking Pt
- 3) Took Case History of IPD-Pt
- 4) Discussed Case with co-observers

Wed, 07/09/2016

- 1) Taking 2 Case Histories without studying the file before that (1. Marriage Problems - Depression & Brief Psychotic Disorder, 2. Problems at school)
- 2) Discussing Case and How to Counsell PTSD, Lecture about CBT with Mrs Vaishali
- 3) Training Muscle Relaxation Technique with Co-observers

Thur, 08/09/2016

- 1) Formalities (Getting Completion Sheet etc.) in Medical College's Office
- 2) Observing Taking Case History (OPD-Pt) x 2

Fr, 09/09/2016

- 1) Paperwork

Jhs
9/9/16

Week 4

Mo, 22/08/2016

- 1) Workshop - Bioethics for International Students: History of Bioethics & importance to teach it

Tue, 23/08/2016

- 1) Clinical Psychologists: Discussing Future Patients with Mrs Pushpalata
 - Counselling family with 6 year old child → problems with new younger brother
 - ~~Counselling~~ IQ-Testing of 28 year old Borderline Patient (Binet Kamath Test) + Counselling of him (suggestions for his treatment)
- 2) Case History Taking planned for tomorrow

Wed, 24/08/2016

- 1) Doctor's Consulting (OPD)
 - male Pt, probably Psychosis with Tics
 - male Pt, probably bipolar
 - Case presentations to Dr. Chetan
 - 1) Panic Disorder
 - 2) Schizophrenia
 - 3) Schizophrenia
 - 4) Depression & alcohol disorder
 - 5) Psychosis
 - 6) ~~postnatal~~ problems (mother)
 - 7) Cannabis Disorder
- 2) Taking Case History of Cannabis Disorder Patient
 - Discussing it with Mrs Vaishali

Thur, 25/08/2016

Holiday

Fr, 26/08/2016

- 1) Words with the HOD
 - postnatal Depression
 - Schizophrenia
 - Schizophrenia
 - Alcohol dependent
 - Cannabis dependent (low case)
 - Alcohol dependent
 - Schizophrenia & Epilepsy
- 2) Visit of MGM Kalamboor
 - Tew Hwang hospital, lunch with Mrs Pushpalata (Clinical Psychologist) & HR-people
- 3) Feedback conversation with Dr. Mohanti about the Observership

Week 5

Tue, 30/08/2016

28/9/16

- 1) Observing Muscle Relaxation Therapy
- 2) Doctor's Consulting (OPD)
- 3) Performing Muscle Relaxation Therapy
- 4) Taking Case History of Muscle Relaxation Therapy - Patient → Depression (+Anxiety?) & Discussing the Case History

Wed, 31/08/2016

- 1) Taking Case History in surgery ward (abuse case, but she didn't reveal) → Discussing it

• Wed, 10/08/2016

- 1) OPD: Doctor's Consulting
→ ~~man~~ with Somatic Symptom Disorder
(Major Depressive Disorder)
↳ Taking the Patient History
- 2) Clinical Psychologists:
Counselling (7 year old boy, had seizures → Report & Testing if he's mentally retarded)
- 3) Seminar about OCD & CBT
- 4) Clinical Psychologists:
Counselling of 22 year old girl
Countering tyrannical behavior of aunt
& Planning activities for further observation

• Thur, 11/08/2016

- 1) Doctor's Consulting (OPD)
→ Bipolar; agitated mania
- 2) Presenting Pt History to Mrs Vaishali
- 3) Lecture: Case Presentation Schizophrenia & Basics about Psychology at Indian Universities (for 7th semester medicine students, by Dr.
- 4) Discussing Personality Disorders (Dr. Ashwin)

• Fri, 12/08/2016

Week 3

• Tue, 16/08/2016

• Wed, 17/08/2016

- 1) OPD: Doctor's Consulting (OPD)
→ man with Somatic Symptom Disorder
(DSM-5 → DSM-IV: Hypochondria)
off sick) 2) ECT observing 3) Lecture about ECT by Dr Ashwin
(4) went to HR for ID cards for library 5) Doctor's Consulting (OPD) → Depression

- 1) Presenting logbooks to Dr. Chetan
- 2) Doctor's Consulting (OPD)
→ Unipolar Depression (Major Depression)
↳ Took Case History
- 3) Observing Session of Progressive Muscle Relaxation Technique (Dr. Rahul)
- 4) Discussing Case History with Mrs Vaishali

• Thur, 18/08/2016

- 1) Mrs Vaishali (Clinical Psychologist):
Lesson about HIV ⊕
- 2) Seminar "Pharmacological Management of a acute maniac episode"
by Dr. Sweta Ray
- 3) Doctor's Consulting (OPD):
→ 2 Patients with erectile dysfunctions
→ General Anxiety Disorder
- 4) Psychiatry ward:
Taking Case History of IPD-Patients
→ OCD
→ Schizophrenia

• Fri, 19/08/2016

- 1) Working on the Case Histories that were already collected
- 2) Clinical Psychologist (Mrs Pushpalata):
Observing Counselling: 11 year old boy,
suffering from Epilepsy → Mental Retardation

29/9/16.

Observership at MGM Kalmotie, Navi Mumbai

Short logbook

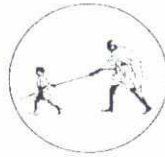
Week 1

- Mo, 01/08/2016
 - 1) Observing ECT (2 patients, Schizophrenia)
 - 2) Seminar about Dementia
 - 3) OPD: Doctor's Consulting
 - ICD, Schizophrenia
- Tue, 02/08/2016
 - 1) On the wards with Dr. Rakesh (HOD)
 - Schizophrenic woman
 - Schizophrenic woman
 - man with aggressions
 - disorganized, psychotic man
 - shared paranoid disorder (2 brothers)
 - 2) OPD: Doctor's Consulting
 - Bipolar I
- Wed, 03/08/2016
 - 1) Introduction to Clinical Psychologist's work (Mrs. Vaishali & Mrs. Pushpalatha)
 - 2) Lecture by the HOD for 7th semester medicine & (Introduction to Psychiatry)
 - 3) History Taking (Clinical Psychology) by Mrs. Vaishali
- Thu, 04/08/2016
 - 1) Doctor's Consulting (OPD)
 - Epilepsy, somatizing induced depressive symptoms, Depression, Unipolar Depression
 - 2) Clinical Psychologists: Counselling & Testing
 - woman with marriage problems
 - schizophrenic man (+ suicidal ideas) with family problems → Rorschach Testing & Report, De/Encoding
- Fri, 05/08/2016
 - 1) Doctor's Consulting (OPD)
 - Schizophrenic man
 - (→ Explaining Therapy possibilities)
 - 2) ECT (2 schizophrenic women)

Week 2

- Mo, 08/08/2016
 - 1) OPD: Doctor's Consulting
 - generalized anxiety disorder with panic attacks
 - Epileptic boy (Seizures)
 - 2) Clinical Psychologists
 - Taking Patient History of 8 year old boy (AD+ID)
 - Taking Patient History of 15 year old girl (dropping grades → Counselling, family problems, father with alcohol problems)
 - 3) Seminar about Epilepsy (by Dr. Anisha)
- Tue, 09/08/2016
 - 1) OPD: Doctor's Consulting
 - OCD & Psychosis → Taking Patient History
 - 2) Lecture by Dr. Chetan for 7th semesters about Dependence & withdrawal symptoms
 - 3) Seminar about Persistent Genital Arousal Disorder (PGAD) by Dr. Sweta

29/9/16



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

LETTER OF ACCEPTANCE

Ref.: _____

Date: 12/2/16

To:-

Mr. / Ms. / Dr. Bodendieck
Sophia

Dear Applicant

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai / Aurangabad under the supervision of Dr. N.C. Mohanty at MGM.IHS, Navi Mumbai

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period commencing from 15/2/16 and ending on 15/3/16.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Contd..2

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.



Registrar

I Accept the above



Signature of Observer

Name: Sophia Bodendieck

Date: _____



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University AS per UGC Act, 1956)

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Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432470 / 27432994, Fax: 022-27431892

Email: registrar@mginubhs.com | Website: www.mginubhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

Sannali Margherita wish to observe the activities of the
Neurology & Neurosurgery Dept. Clinical Surgery V. Pathology Dept. in furtherance of my personal, educational
and professional goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in
Neurology & Neurosurgery Dept. Clinical Surgery V. Pathology Dept., I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

and in consideration of MGM Institute of Health Sciences allowing me to observe
activities of the Neurology & Neurosurgery Dept. Clinical Surgery V. Pathology Dept. to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and it's officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Sannali Marquardt Date: 23/01/2016

Signature: S. Marquardt

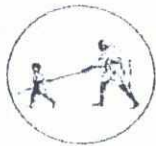
Name of Witness in Full: Sudepta Chatterjee

Address of Witness: Plot no 174, Flat no 1
Sector - 28, Vashi

9892063923 / 9820545797

Signature of Witness: Sudepta Chatterjee

Date: 01/02/2016



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University w/s 3 of UGC Act, 1956)

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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhis.com | Website: www.mgmuhis.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

Lin Kulsinski, wish to observe the activities of the
Cardiology, Orthopaedics, Paediatrics in furtherance of my personal, educational
als.

Understand that I will be under the supervision of _____.

Understand that if I breach this agreement, it will result in immediate termination of my
servership.

Understand that even though I will only be observing activities in
Cardiology, Orthopaedics, Paediatrics, I may be
posed to certain risk of bodily injury and other dangers, including but not limited to,
posure to blood borne pathogens, biological waste and dangerous chemicals. I am
ware of these risks and voluntarily assume these risks.

ir and in consideration of MGM Institute of Health Sciences allowing me to observe
e activities of the Cardiology, Orthopaedics, Paediatrics to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
ier and its officers and employees from all claims, demands, rights and causes of
tion of whatever kind or nature arising from any by reason of any and all known and
known, foreseen and unforeseen bodily and personal injuries, death, or damage to
roperty arising out of my observation activities, including but not limited to, these
ecific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
scribed herein. I hereby certify that I am at least 18 years of age, I am legally
mpetent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- ☐ I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- ☐ I agree to keep all patient information confidential.
- ☐ I agree to comply with all Hospital Privacy Policies and Procedures.
- ☐ I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- ☒ I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- ☐ I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- ☐ I have read the Rules and Guidelines for Observership.

OBSERVER

Name: LINA KURSINSKI Date: 25.01.2016

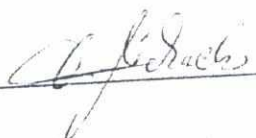
Signature: 

Name of Witness in Full: Danilo Michaelis

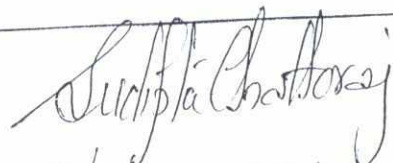
Address of Witness: Heinrich - Schub - Straße 8

DE 18069 Rostock

Germany

Signature of Witness: 

Date: 28.01.2016



Plot no. 174,

Flat no. 1, Sector-28
Vashi

9892063923 / 9820545797



MGM INSTITUTE OF HEALTH SCIENCES

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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Risha Khan
MGM Hospital Kamothe
goals.

, wish to observe the activities of the
in furtherance of my personal, educational

I understand that I will be under the supervision of

I understand that if I breach this agreement, it will result in immediate termination of my
observership.

I understand that even though I will only be observing activities in
MGM Hospital Kamothe, I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe
the activities of the MGM Hospital Kamothe to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and its officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2

am also aware of the Hospital's and University Department's Regulations and Policies follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

BSEVER

ame: LUISA KLAN

Date: 03/02/2016

Signature: *[Signature]*

Name of Witness in Full:

Address of Witness:

Sudipta Chatteraj
Plot no 174, Flat no 1
Sector - 28, Vashi
Navi Mumbai

Signature of Witness:

Sudipta Chatteraj

9892063923/

9820545797

Date:

04/02/2016



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

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Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

Ref.: APPLICATION FORM [Ref 469] Date: 22nd Jan 2016.

To: Ms./Dr. Sushma Naik
Kherghar
Navi-Mumbai

Dear Applicant

We have scrutinized your application to pursue Observership / Short Training programme at MGM Institute of Health Sciences, Navi Mumbai / Aurangabad under the supervision of Mrs. Vanshali Shelar at MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training for the duration mentioned has been duly accepted for the period commencing from 12th Feb 2016 ending on 12th May 2016.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will be working closely.

On satisfactory completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Contd..2



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Tel: 022-27432471, 27432994, Fax: 022-27431092

Email: registrar@mgmahs.com | Website: www.mgmahs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, KUNAL SHAH, wish to observe the activities of the _____ in furtherance of my personal, educational goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my observership.

I understand that even though I will only be observing activities in EMERGENCY DEPARTMENT / GENERAL MEDICINE, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe the activities of the EMERGENCY MEDICINE to further my educational goals, I hereby release and forever discharge MGM Institute of Health Sciences and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from any by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, these specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: KUNAL SHAI Date: 2/2/16

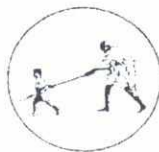
Signature: 

Name of Witness in Full: ALAN SHAI

Address of Witness: P.O. BOX 574, EMBU, KENYA

Signature of Witness: 

Date: 2/2/16



MGM INSTITUTE OF HEALTH SCIENCES

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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Gurpreet Kaur, wish to observe the activities of the
Dental clinics in furtherance of my personal, educational
goals.

I understand that I will be under the supervision of _____.

I understand that if I breach this agreement, it will result in immediate termination of my
observership.

I understand that even though I will only be observing activities in
Oral surgery, pediatric dentistry, community and orthodontics, and periodontics and gum disease, I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe
the activities of the Oral surgery, pediatric dentistry, community and orthodontics, and periodontics and gum disease to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and its officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2

I am also aware of the Hospital's and University Department's Regulations and Policies as follows:-

- I understand that all patient information, including medical records, other medical information, billing and financial data is confidential.
- I agree to keep all patient information confidential.
- I agree to comply with all Hospital Privacy Policies and Procedures.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action including having my observership immediately terminated.
- I understand that if I have any questions or concerns about the Privacy Rules and/or the proper use or disclosure of patient information, I shall ask my Supervisor / Sponsor, the Hospital Privacy Officer, or the Hospital Compliance Officer or the Medical Superintendent.
- I understand and agree that the Hospital Privacy Policies and Procedures will apply to all patient information even after my observership has been completed.
- I have read the Rules and Guidelines for Observership.

OBSERVER

Name: Gurpreet Kaur Date: 02/14/2016

Signature: 

Name of Witness in Full: Sudipta Chatterjee

Address of Witness: Plot no. 174, Plot no. 1, Sector - 28
Vashi

Signature of Witness: 

Date: 11/03/2016



Registrar

From: Registrar [registrar@mgmuhs.com]
Sent: 21 March 2016 17:22
To: 'sharmeenk18@gmail.com'
Cc: 'nimain.mohanty@gmail.com'; 'virendramahadik@gmail.com'
Subject: Observership / Short Term Training at MGM Institute of Health Sciences, Navi Mumbai (India)

To:-
Zainab Sharmeen Khan
University of Illinois, Urbana-Champaign | Class of 2017
Political Science, Biology
Treasurer | Delta Kappa Delta, Sorority Inc.- Epsilon Chapter
Workshop Chair | Asian Pacific American Coalition
Cultural Awareness Chair | Indian Student Association Board
Email: sharmeenk18@gmail.com

Dear Madam,

We refer to your Email dated 6th March, 2016 to Dr. V.J. Mahadik who have forwarded your attachments to us, and informing us of your intention to pursue Observership / Short Term Training at MGM Institute of Health Sciences at our Hospital in Kalamboli and also in our Sleep Lab at MGM Hospital, CBD Belapur.

In this connection, we would request you to visit our website: www.mgmuhs.com where the application form for Observership / Short Term Training at MGM Institute of Health Sciences have been uploaded under download section. Please take out prints of the same and fill in all the details and send the same back to the Registrar with all attachments as sought for therein.

Please note that Dr. Niman Mohanty (Email: nimain.mohanty@gmail.com) will be the Official responsible for application approval, assessment during the course of the students observership and final completion of observership.

Thanks and Regards,

Registrar

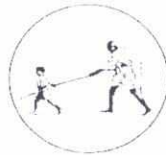
From: Nimain Mohanty [mailto:nimain.mohanty@gmail.com]
Sent: 16 March 2016 20:10
To: registrar@mgmuhs.com
Subject: Fwd: Discussion on Observation on Sharmeen

----- Forwarded message -----

From: "Virendra Jagannathrao Mahadik" <virendramahadik@gmail.com>
Date: Mar 16, 2016 16:04
Subject: Fwd: Discussion on Observation on Sharmeen
To: "Nimain Mohanty" <nimain.mohanty@gmail.com>
Cc: "Zainab Sharmeen Khan" <sharmeenk18@gmail.com>

Dear Dr Mohanty

Kindly recall my telephonic call to you today afternoon about Miss Zainab Khan. She intends to take up observer ship during her forthcoming visit to India, I understand sometimes in May, 2016.



MGM INSTITUTE OF HEALTH SCIENCES

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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

Ref.: _____

Date: _____

To:-

Mr./Ms./Dr. Hoang Cam
Phung

Dear Applicant

We have scrutinized your application to pursue Observership / ~~Short Training~~ Programme at MGM Institute of Health Sciences, Navi Mumbai / ~~Aurangabad~~ under the supervision of Dr. N.C. Mohanty at MGMHS, Navi Mumbai

Your application to pursue Observership / ~~Short Training~~ for the duration mentioned above has been duly accepted for the period commencing from 22nd Feb 2016 and ending on 22nd March 2016.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Contd..2

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

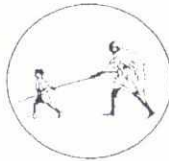
Registrar

I Accept the above

Hoang
Signature of Observer

Name: Cam Nhung Hoang

Date: _____



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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. Nicole Pizegendza has successfully completed the Observership Program/ Research Work at MGM Medical College & Hospital

In the Department of Psychiatry

Dr. / Mr. / Ms. Nicole Pizegendza has completed a total of 6 weeks (240 hours) weeks of Observership / Research Work beginning in the month of August (01-08-2016) 20____, and ending in the month of September (01/09/2016);

During this program Dr. / Mr. / Ms. Nicole Pizegendza observed the following activities:

History Taking of the Patients, Jacob Relaxation Technique, Psychotherapies (Cognitive Behaviour Therapies), Psychodiagnostic (Testing), ROR, TAT, CAT, & IQ testing.

Shelar

Supervisor / Mentor
Mrs. Vaishali Shelar
Incharge,
Students Counselling Cell,
Clinical Psychologist

Rakesh Ghildiyal

Head of the Department
Dr. RAKESH GHILDIYAL
M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

fn
Registrar

MGM Institute of Health Sciences
Navi Mumbai

Prof. Z. G. Badade

Registrar,
MGM Institute of Health Sciences
Kamothe, Navi Mumbai-401209

Nimain C. Mohanty

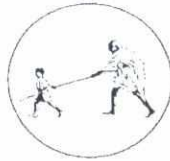
Head of the Institute / Department
DR. NIMAIN C. MOHANTY
M. D. (PGI, CHG)
PROF. OF PEDIATRICS & MEDICAL SUPERINTENDENT
MGM MEDICAL COLLEGE HOSPITAL,
KALAMBOLI, NAVI MUMBAI - 410 218.

Seal:



Date: 12/09/2016

17/09/2016 N. Pizegendza



MGM INSTITUTE OF HEALTH SCIENCES

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Sector -I, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Certificate of Completion

This certifies that Dr./Mr./Ms. Andrea Przeglenda has successfully completed the Observership Program/ Research Work at MGM Medical College & Hospital In the Department of Psychiatry.

Dr./Mr./Ms. Andrea Przeglenda has completed a total of 6 weeks (240 hours) weeks of Observership / Research Work beginning in the month of August (01-08-2016) 2016, and ending in the month of September (19/9/16), 2016.

During this program Dr./Mr./Ms. Andrea Przeglenda observed the following activities:

History Taking of the Patients, Jacob Relaxation Technique, Psychotherapies (Cognitive Behaviour Therapy), Psychodiagnostic (Testing) ROR, TAT, CAT, & IQ testing

Shelar

Supervisor / Mentor
Mrs. Vaishali Shelar
Incharge,
Students Counselling Cell,
Clinical Psychologist

R. Ghildiyal

Head of the Department
Dr. RAKESH GHILDIYAL
M.D., D.P.M.
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

[Signature]

Registrar

MGM Institute of Health Sciences
Navi Mumbai

Prof. Z. G. Badade

Registrar,
MGM Institute of Health Sciences
Kamothe, Navi Mumbai-410209

Nimain C. Mohanty

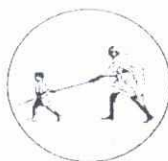
Head of the Institute / Department
Seal: **DR. NIMAIN C. MOHANTY**
M. D. (PGI, CHG)
PROF. OF PEDIATRICS & MEDICAL SUPERINTENDENT
MGM MEDICAL COLLEGE HOSPITAL,
KALAMBOLI, NAVI MUMBAI - 410 218.

Seal:



Date: 12/09/2016

17/09/2016 Andrea Przeglenda



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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

Ref.: MGMIHS/01/ I/O No. 5741&10123

Date: 01/01/2017

To:

Ms. AVULA USHA RANI

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai / Aurangabad under the supervision of Dr. Chetan Vispute at Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period another three months commencing from 01/11/2016 and ending on 31/01/2017.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: A. Usha Rani

Name: A. USHA RANI

Date: 22/02/2017 Conveyed

Registrar

Registrar

MGM INSTITUTE OF HEALTH SCIENCES
(DEEMED UNIVERSITY U/S 3 OF UGC ACT, 1956)
SECTOR -1, KAMOTHE, NAVI MUMBAI - 410 209

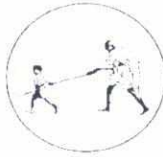
MGM Institute of Health Sciences

INWARD

DATE

REP.

Muhamad to speak
22/2



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

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Sector -I, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. _____ has successfully completed the Observership Program/ Research Work at _____

In the Department of _____

Dr./ Mr / Ms. _____ has completed a total of _____ weeks of Observership / Research Work beginning in the month of _____, 20____, and ending in the month of _____, 20____.

During this program Dr./Mr./Ms. _____ observed the following activities:

the following
activities: *Psychiatry, Clinical Psychology, Child Psychiatry, Psychotherapy, CBT, Behavioural modification techniques*

[Signature]
Mrs. **Prasanna Chelkar**
Supervisor/Mentor
Incharge,
Students Counselling Cell,
Clinical Psychologist

[Signature]
Head of the Department

[Signature]
Head of the Institute / Department
Seal:

[Signature]
Registrar
MGM Institute of Health Sciences
Navi Mumbai

Registrar

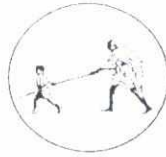
Seal:

MGM INSTITUTE OF HEALTH SCIENCES
(Deemed University u/s 3 of UGC Act, 1956)

Date: 15/2/17



2017/505



MGM INSTITUTE OF HEALTH SCIENCES

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Sector -1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. Susanne Nicolai has successfully completed the Observership Program/ Research Work at MGM Medical College and Hospital

In the Department of Psychiatry

Dr. / Mr. / Ms. Susanne Nicolai has completed a total of six (6) weeks of Observership / Research Work beginning in the month of August 9, 2016, and ending in the month of September 16, 2016.

During this program Dr. / Mr. / Ms. Susanne Nicolai observed the following activities:

Psychological History Taking and Mental status Examination,
Jacobsons muscle relaxation technique, Psychological Counselling and Psycho-
therapy (CBT), Psychological Testing (ROR, TAT, CAT, IQ)

S. Sikdar

Supervisor / Mentor

Dr. Rakesh Ghildiyal

Head of the Department

DR. RAKESH GHILDIYAL

M.D., D.P.M.

Prof & Head, Dept. of Psychiatry

MGM Medical College, Navi Mumbai

Zu'main C. Mohanty
16/9/16

DR. NIMAIN C. MOHANTY
M.D. (P.GI, CHG)
PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT
MGM MEDICAL COLLEGE HOSPITAL
KALAMBOLI, NAVI MUMBAI - 410 218

Pushlata Debsikdar
Clinical Psychologist

Department of Psychiatry
MGM Medical College,
Kamothe, Navi Mumbai

[Signature]
Registrar

MGM Institute of Health Sciences
Navi Mumbai

Prof. Z. G. Badade

Registrar,

MGM Institute of Health Sciences
Kamothe, Navi Mumbai-401209

Date: 16/9/2016

S. Nicolai
16/09/16





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Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

LETTER OF ACCEPTANCE

Ref.: MGMIHS/01/ I/O No. 926

Date: 28/02/2017

To:

Ms. Suryawanshi Suvarna Dipak

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Head, Psychiatric Department, MGM Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period another three months commencing from 01/03/2017 and ending on 31/05/2017.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Sury - Sbi

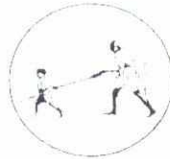
Name:

Suvarna Dipak Suryawanshi

Date: 01/03/2017 Conveyed

Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209.

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LETTER OF ACCEPTANCE

MGM/01/A-96/954 /2017

Date: 28/02/2017

Ref.: MGMIHS-I/O No. 1130 dated 28/02/2017

To:**Ms. Sindhkar Kruttikka Sushil**

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Head, Psychiatric Department, MGM Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period another three months commencing from 14/03/2017 and ending on 13/06/2017.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

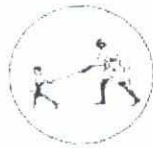
I Accept the above

Signature of Observer:

Name:

Date: / /20' Conveyed


RegistrarMGM INSTITUTE OF HEALTH SCIENCES
DEEMED UNIVERSITY
NAVIMUMBAI



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s of UGC Act, 1956)

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Sector-1, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471, 27432994, Fax: 022-27431092

Email: registrara@mghs.com | Website: www.mghs.com

Observers' Confidentiality and Non-Disclosure Statement & Waiver of Liability

I, Arshad Siddique, wish to observe the activities of the
Abul Kalam Azad Institute of Health Sciences in furtherance of my personal, educational
goals.

I understand that I will be under the supervision of _____

I understand that if I breach this agreement, it will result in immediate termination of my
observership.

I understand that even though I will only be observing activities in
Abul Kalam Azad Institute of Health Sciences, I may be
exposed to certain risk of bodily injury and other dangers, including but not limited to,
exposure to blood borne pathogens, biological waste and dangerous chemicals. I am
aware of these risks and voluntarily assume these risks.

For and in consideration of MGM Institute of Health Sciences allowing me to observe
the activities of the Abul Kalam Azad Institute of Health Sciences to further my
educational goals, I hereby release and forever discharge MGM Institute of Health
Sciences and its officers and employees from all claims, demands, rights and causes of
action of whatever kind or nature arising from any by reason of any and all known and
unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to
property arising out of my observation activities, including but not limited to, these
specific risks enumerated above.

I have read this document carefully and voluntarily choose to participate in the activities
described herein. I hereby certify that I am at least 18 years of age, I am legally
competent, and I am signing this document with full knowledge of its significance.

Contd..2



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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

Ref.: MGMIHS I/O No. 8166

Date: 01/10/2016

To:

MS. O'DELL BESSIE APRIL

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Professor & Head, Department of Psychiatry, MGM Medical College at Navi Mumbai.

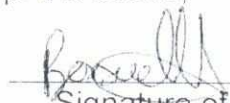
Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period commencing from 01/10/2016 and ending on 31/10/2016.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above,


Signature of Observer

Name: BESSIE O'DELL

Date: 01/10/2016 Conveyed


Registrar


Registrar







MGM INSTITUTE OF HEALTH SCIENCES

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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

96/2017/ AS 2

Date: 24/10/2017

HS-I/O No. 8830B dated 11/09/2017

Africa

int.

utinized your application to pursue Observership / Short Training Programme at
ite of Health Sciences, Navi Mumbai under the supervision of Dr. Nimain C.
of Paediatrics, MGM Hospital, Kalamboli.

ition to pursue Observership / Short Training commencing from 25/10/2017 and
/11/2017 has been duly accepted.

ote that you will be strictly bound by the Rules and Guidelines for Observerships
g Students.

nce Log has to be duly filled and authenticated by obtaining the signature of the
or under whose guidance you will closely work.

ry Completion of the Observership, MGM Institute of Health Sciences will provide
a Certificate of Completion.

uplicate copy of this letter as a token of acceptance of the Observership / Short
gramme.

above

of Observer:

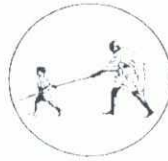
Nara Africa

11/10/2017

Registrar

R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
Nimain C. Mohanty, Incharge - Observership Short term Training Programme &
or, MGMIHS, Navi Mumbai
Vijay Kamale, Head, Pediatrics Department, MGM Hospital, Kamothe, Navi
bai.

With thanks



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LETTER OF ACCEPTANCE

MGM/01/A-96/ ~~1117~~ /2017

Date: ~~03~~/07/2017

c4

Ref.: MGMIHS-I/O No. 4363 dated 30/05/2017

To:

Ms. P S AMRUTHA

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Vijay Kamale, Head, Pediatrics Department, MGM Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period commencing from 04/07/2017 and ending on 20/08/2017.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.


Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name:

Date: / /20 Conveyed


Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209



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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

MGM/01/A-96/2017/12 92

Date: 12/12/2017

Ref: MGMIHS-I/O No. 10938 dated 29/11/2017

To:

Ms. Natalie Pries

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Pushpalata Devsikdar, Clinical Psychologist, MGM Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training commencing from 13/12/2017 and ending on 12/03/2018 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name:

Date:

Natalie Pries

12/12/2017

Registrar

Dr. Rajesh B. Goel

Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Pushpalata Devsikdar, Clinical Psychologist, MGM Hospital, Kamothe, Navi Mumbai.
3. Dr. Rakesh Ghildiyal, Prof. and Head, Dept of Psychiatry, MGM Hospital, Kamothe, Navi Mumbai.

P.T.O.

Sydhale
12/12/17



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

MGM/01/A-96/2017/1291

Date: 12/12/2017

Ref.: MGMIHS-I/O No. 10938 dated 29/11/2017

To:

Mr. Manuel Weber

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Pushpalata Devsikdar, Clinical Psychologist, MGM Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training commencing from 13/12/2017 and ending on 12/03/2018 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name:

Date:

Registrar

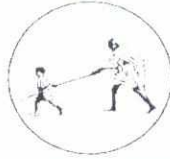
Dr. Rajesh B. Goel

Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Pushpalata Devsikdar, Clinical Psychologist, MGM Hospital, Kamothe, Navi Mumbai.
3. Dr. Rakesh Ghildiyal, Prof. and Head, Dept of Psychiatry, MGM Hospital, Kamothe, Navi Mumbai.



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LETTER OF ACCEPTANCE

MGM/01/A-96/2017/1127

Date: 05/07/2017
ic

Ref.: MGMIHS-I/O No. 6487 dated 04/07/2017

To:

Ms. PATIL SONAM BABURAO

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Shilpi Sahu, Associate Professor, Pathology Department, MGM Medical College & Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training for the duration mentioned above has been duly accepted for the period of three months commencing from 17/07/2017 and ending on 16/10/2017.

Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students which has been attached herewith. A copy of the Attendance Log has also been attached herewith which has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

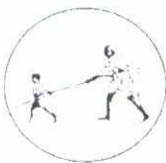
I Accept the above

Signature of Observer: _____

Name: _____

Date: 10 / 07 / 2017 Conveyed

Registrar



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Certificate of Completion

This certifies that Dr. / Mr. / Ms. Ramanpreet Singh has successfully completed the Observership Program/ Research Work at MGM Hospital, Kamothe

In the Department of Pediatric

Dr./ Mr / Ms. Ramanpreet Singh has completed a total of 3 weeks of Observership / Research Work beginning in the month of 29th Dec. 2017, and ending in the month of 20th Jan. 2018.

During this program Dr./Mr./Ms. Ramanpreet Singh observed the following activities:

- 1) Attended Pediatric OPD & observed common illnesses in children
- 2) observed vaccination clinic
- 3) Ward round attendance and patient interactive learning during rounds & case presentations

Supervisor / Mentor
Dr. Nimain Mohanty
Professor
Dept. of Paediatrics
Reg. No. : 4740

Head of the Department
PROFESSOR & HOD
Dept. of Paediatrics
MGM Hospital, Kamothe, Navi Mumbai - 410 209

Registrar
MGM Institute of Health Sciences
Navi Mumbai
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209

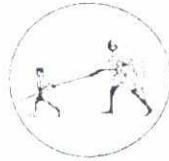
In-charge (Observership Program)
Seal:

DR. NIMAIN C. MOHANTY
M. D (PGI, CHG)
PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT
MGM COLLEGE HOSPITAL,
KALGA, NAVI MUMBAI - 410 218.

Seal:

Date: 20 / 01 / 2018

Received Ramanpreet Singh
Ramanpreet Singh



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Sector - I, Kamothe, Navi Mumbai - 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

E mail: registrar@mgmuhscs.com | Website: www.mgmuhscs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. AMRITHAWALLI SUMITHRAN has successfully completed the Observership Program/ Research Work at mam Medical College, Kamothe, Navi Mumbai
In the Department of Psychiatry

Dr. / Mr. / Ms. AMRITHAWALLI SUMITHRAN has completed a total of 02 months weeks of Observership / Research Work beginning in the month of 01 sept, 20 17, and ending in the month of 31 Oct, 20 17.

During this program Dr /Mr /Ms. AMRITHAWALLI SUMITHRAN observed the following activities:

- ① Observer at psychiatry outpatient & inpatient department.
- ② Observer with clinical psychologist for psychometric test & counselling.

Supervisor / Mentor

Dr. Rakesh Ghildiyal

M.D., D.P.M.

Prof & Head, Dept. of Psychiatry

MGM Medical College, Navi Mumbai

Kamothe, Navi Mumbai

Head of the Department

Dr. Rakesh Ghildiyal

M.D., D.P.M.

Prof & Head, Dept. of Psychiatry

MGM Medical College, Navi Mumbai

Registrar
MGM Institute of Health Sciences
Navi Mumbai

Head of the Institute / Department

Seal: Dr. Rakesh Ghildiyal

M.D. (PGI, CHG)

PROF. OF PEDIATRICS &

MEDICAL SUPERINTENDENT

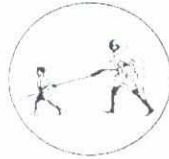
MGM MEDICAL COLLEGE HOSPITAL

Kamothe, Navi Mumbai - 410 209

Seal:

Date: 13 / 11 / 2017

Signature



MGM INSTITUTE OF HEALTH SCIENCES

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Certificate of Completion

This certifies that Dr. / Mr. / Ms. Nimain Mohanty has successfully completed the Observership Program/ Research Work at MGM Institute of Health Sciences

In the Department of Paediatrics

Dr./ Mr / Ms. Nimain Mohanty has completed a total of 12 weeks of Observership / Research Work beginning in the month of March, 2018, and ending in the month of May, 2018.

During this program Dr./Mr./Ms. Nimain Mohanty observed the following activities:

1. Clinical rounds in Paediatrics ward
2. Clinical rounds in Paediatrics OPD
3. Clinical rounds in Paediatrics ICU
4. Clinical rounds in Paediatrics NICU
5. Clinical rounds in Paediatrics Outpatient

Nimain Mohanty
Supervisor / Mentor
Dr. Nimain Mohanty
Professor
Dept. of Paediatrics
Reg. No. - 4740

Nimain Mohanty
Head of the Department

Nimain Mohanty
In-charge (Observership Program)
Seal:

Nimain Mohanty
Registrar

Registrar
MGM Institute of Health Sciences
Navi Mumbai
Dr. Rajesh B. Gode
Registrar

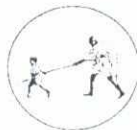
Seal:



MGM Institute of Health Sciences
(Deemed University as per UGC Act, 1956)
Navi Mumbai - 410 209

Date: 20/03/2018

received K R R
20/3/18



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2018/225

Date: 04/06/2018

Ref.: MGMIHS-I/O No. 4643 dated 28/05/2018

To:

Mr. Hicks Robert Paul

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 05/06/2018 and ending on 04/08/2018 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: _____

Name: _____

Date: 04/06/2018

Registrar

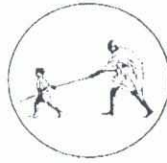
Dr. Rajesh B. Gird

Registrar

MGM Institute of Health Sciences
Kamothe, Navi Mumbai - 410 209
Tel: 022-27432471 / 27432994, Fax: 022-27431092
Email: registrar@mgmuhs.com

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe, Navi Mumbai.



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Email: registrar@mgmuhs.com

Website: www.mgmuhs.com

Certificate of Completion

This certifies that Dr. / Mr. / Ms. KAREN KRISTIN HAMMER has successfully completed the Observership Program/ Research Work at MGM MEDICAL COLLEGE, KAMOTHE, NAVI MUMBAI
In the Department of PSYCHIATRY

Dr. / Mr / Ms. KAREN KRISTIN HAMMER has completed a total of (320 HOURS) EIGHT weeks of Observership / Research Work beginning in the month of MARCH, 2018, and ending in the month of APRIL, 2018.

During this program Dr./Mr./Ms. KAREN KRISTIN HAMMER observed the following activities:

- 1) HISTORY TAKING & INTERVIEWING TECHNIQUES IN PSYCHIATRY
- 2) PSYCHOLOGICAL TESTING LIKE - ROR, IAT, CAT, IQ TESTING.
- 3) ADMINISTRATION OF VARIOUS SCALES IN PSYCHIATRY - HARSFIDR
- 4) COUNSELLING FOR PATIENTS & RELATIVES (BPRS, SCALES FOR AGITATION & ANXIETY)

Supervisor / Mentor

Dr. RAKESH GHODIYAL
Head of the Department
Prof & Head, Dept. of Psychiatry
MGM Medical College, Navi Mumbai

In-charge (Observership Program)
Seal:

M. D. (PGI, CHG)
PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT

Registrar

MGM Institute of Health Sciences
Navi Mumbai

Dr. Rajesh D. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209

Seal:

Date: 27/04/2018

Received

K. Hammer
27.04.2018



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Grade 'A' Accredited by NAAC

Sector -1, Kamothe, Navi Mumbai – 410 209.

Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgsuhs.com | Website: www.mgsuhs.com

LETTER OF ACCEPTANCE

MGM/01/Acad-16/2018/ 237

Date: 12/06/2018

Ref.: MGMIHS-I/O No. 4642 dated 28/05/2018

To:

Mr. William Luke Schelameur

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 13/06/2018 and ending on 12/08/2018 has been duly accepted.

3. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
4. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

WSchelameur

Name:

William Schelameur

Date:

12/06/2018

Registrar

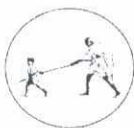
Dr. Rajesh B. Chaudhary

Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Sector -1, Kamothe, Navi Mumbai - 410 209

Copy to:

4. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
5. Dr. Nimain C. Mohanty, Incharge – Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
6. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe, Navi Mumbai.



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2018/238

Date: 21/11/2018

Ref.: MGMIHS-I/O No. 10722 dated 12/11/2018

To:

Ms. Deborah Grathwol

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. D. B. Bhusare, Prof. & Head of Emergency Medicine Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 22/11/2018 and ending on 06/12/2018 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: _____

Name: _____

Date: 21/11/20

Registrar

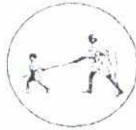
Dr. Rajesh H. Gadi

Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai. *20/11/18*
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai. *20/11/18*
3. Dr. D. B. Bhusare, Prof. & Head of Emergency Medicine Department, MGM Hospital, Kamothe, Navi Mumbai. *20/11/18*



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2018/239

Date: 24/11/2018

Ref.: MGMIHS-I/O No. 10723 dated 12/11/2018

To:

Ms. Susann Rapp

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Vanitha Shenoy, Deputy Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training commencing from 24/11/2018 and ending on 08/12/2018 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: *S. Rapp*

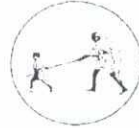
Name: *Susann Rapp*

Date: *27 / 11 / 2018*

Registrar

Copies to:

1. Dr. Sabita Ram, Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Vanitha Shenoy, Deputy Dean, MGM Dental College & Hospital, Kamothe, Navi Mumbai.



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/011

Date: 01/01/2019

Ref.: MGMIHS-I/O No. 12159, dated 24/12/2018

To:

Ms. Franziska Petra Maria Gugger

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 14/01/2019 and ending on 11/02/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: 

Name: Franziska Gugger

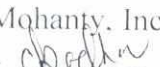

Date: 16/01/2019


Registrar

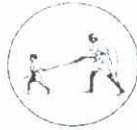
Registrar

MGM Institute of Health Sciences
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Sector - I, Kamothe, Navi Mumbai - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme, MGMIHS, Navi Mumbai -  22/1/19
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe, Navi Mumbai.  22/1/19


Sushant
22/1/19



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 018

Date: 01/01/2019

Ref.: MGMIHS-I/O No. 12160, dated 24/12/2018

To:

Ms. Sarah Birgani

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.


Your application to pursue Observership / Short Training commencing from 21/01/2019 and ending on 08/02/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: 

Name: Sarah Birgani

Date: 22/01/2019

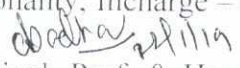

Registrar

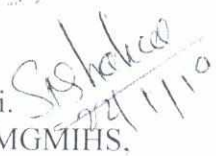
Dr. Rajesh B. Gudi

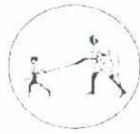
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Sector -I, Kamothe - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge – Observership Short term Training Programme, MGMIHS, Navi Mumbai - 
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe, Navi Mumbai. 


22/1/19



2018-19

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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 2 2

Date: 08/04/2019

Ref.: MGMIHS-I/O No. 3494 dated 04/04/2019

To:
Ms. Gharat Aasawari Laxmikant

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 17/06/2019 and ending on 29/07/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.

2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

3. Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: _____

Name: _____

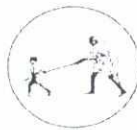
Date: _____


Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge – Observership Short term Training Programme, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 301

Date: 09/08/2019

Ref.: MGMIHS-I/O No. 8312 dated 08/08/2019

To:

Ms. Shruti Robin Thakur,

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 13/08/2019 and ending on 13/11/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting-Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

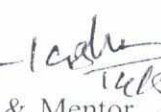
Name: **SHRUTI ROBIN THAKUR**

Date: **14/8/2019**


Registrar
Dr. Rajesh B. Gole
Registrar

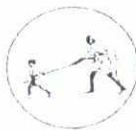
MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai - 
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.







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LETTER OF ACCEPTANCE

Date: 06/08/2019

MGM/01/Acad-16/2019/ 302

Ref.: MGMIHS-I/O No. 2210 dated 27/02/2019

To:
Mr. Johan Albert Saelens,

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 13/08/2019 and ending on 12/09/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.

2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name: Johan Saelens

Date: 14/08/2019

Registrar

Dr. Rajesh B. Goel

Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.

2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai

3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 206

Date: 29/05/2019

Ref.: MGMIHS-I/O No. 5244 dated 28/05/2019

To:

Ms. Ambika Chakraborty

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 10/06/2019 and ending on 31/07/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: Ambika.

Name: Ambika Chakraborty

Date: 3 / 6 / 2019


Registrar
Dr. Rajesh B. Goel
Registrar
MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 205

Date: 29/05/2019

Ref.: MGMIHS-I/O No. 5245 dated 28/05/2019

To:**Ms. Aditi Acharya**

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 10/06/2019 and ending on 31/07/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

*A Acharya*Name: *Aditi Acharya*Date: *03 / 06 / 2019***Registrar
Dr. Rajesh B. Goel
Registrar****MGM Institute of Health Sciences**
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.



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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 054

Date: 01/03/2019

Ref.: MGMIHS-I/O No. 2209 dated 27/02/2019

To:

Mr. Dustin Wawoczny.

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Sushil Kumar, Prof. & Head of Obstetrics & Gynaecology Department, MGM Hospital, Kalamboli.

Your application to pursue Observership / Short Training commencing from 25/02/2019 and ending on 26/03/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: *Dustin Wawoczny*

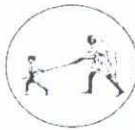
Name: *Dustin Wawoczny*

Date: *01/03/2019*

[Signature]
Registrar

Copy to:

1. Dr. Archana Chatterjee, Medical Superintendent, MGM Hospital, Kalamboli, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge – Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Sushil Kumar, Prof. & Head of Obstetrics & Gynaecology Department, MGM Hospital, Kalamboli, Navi Mumbai.



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Email: registrar@mgmuhs.com | Website: www.mgmuhs.com

LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 003

Date: 01/03/2019

Ref.: MGMIHS-I/O No. 2209 dated 27/02/2019

To:

Ms. Anastasia Ortbauer.

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Sushil Kumar, Prof. & Head of Obstetrics & Gynaecology Department, MGM Hospital, Kalamboli.

Your application to pursue Observership / Short Training commencing from 25/02/2019 and ending on 26/03/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name: Anastasia Ortbauer

Date: 05 / 03 / 2019

Registrar

Copy to:

1. Dr. Archana Chatterjee, Medical Superintendent, MGM Hospital, Kalamboli, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge – Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Sushil Kumar, Prof. & Head of Obstetrics & Gynaecology Department, MGM Hospital, Kalamboli, Navi Mumbai



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/029

Date: 05/02/2019

Ref.: MGMIHS-I/O No. 1365 dated 04/02/2019

To:

Mr. Kollenbroich Alexander Johannes

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Vijay Kamale, Prof. & Head of Paediatrics Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 11/02/2019 and ending on 10/03/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name: Alexander Johannes Kollenbroich

Date: 05 / 02 / 2019

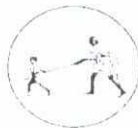
Registrar

Dr. Vijay Kamale

Head of Paediatrics Department, MGM Hospital, Kamothe, Navi Mumbai

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Vijay Kamale, Head, Pediatrics Department, MGM Hospital, Kamothe, Navi Mumbai.



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 213

Date: 09/05/2019

Ref.: MGMIHS-I/O No. 4552 dated 08/05/2019

To:

Mr. Bjorn Borsch

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Vijay Kamale, Prof. & Head of Paediatrics Department, MGM Hospital, Kamothe.


Your application to pursue Observership / Short Training commencing from 01/06/2019 and ending on 01/08/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: 

Name: Bjorn Borsch

Date: 04 106 120 19




Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai-410 209

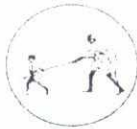
Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme, MGMIHS, Navi Mumbai
3. Dr. Vijay Kamale, Prof. & Head of Paediatrics Department, MGM Hospital, Kamothe.


4/6/2019


24/6/19


4/6



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 225

Date: 29/05/2019

Ref.: MGMIHS-I/O No. 5244 dated 28/05/2019

To:

Ms. Ambika Chakraborty

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 10/06/2019 and ending on 31/07/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: Ambika


Name: Ambika Chakraborty

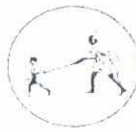
Date: 3 / 6 / 20 19


Registrar
Dr. Rajesh B. Gadi
Registrar
MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai-410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge – Observership Short term Training Programme, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.


3/6/19



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/

Date: 25/07/2019

Ref.: MGMIHS-I/O No. 2210 dated 27/02/2019

To:

Ms. Samhita Roy,

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Jaishree Ghanekar, Prof. & Head of Medicine Department, MGM Hospital, Kamothe, Navi Mumbai.

Your application to pursue Observership / Short Training commencing from 01/08/2019 and ending on 30/08/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer:

Name: Samhita Roy

Date: 02/08/2019

Registrar
Dr. Rajesh B. Gori
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Jaishree Ghanekar, Prof. & Head of Medicine Department, MGM Hospital, Kamothe, Navi Mumbai.

02.08.19



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LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 290

Date: 25/07/2019

Ref.: MGMIHS-I/O No. 7702 dated 24/07/2019

To:

Mr. Georg Raschewski,

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Jaishree Ghanekar, Prof. & Head of Medicine Department, MGM Hospital, Kamothe, Navi Mumbai.


Your application to pursue Observership / Short Training commencing from 01/08/2019 and ending on 30/08/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: 

Name: Georg Raschewski

Date: 02 / 08 / 2019



Registrar


Dr. Rajesh B. God

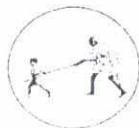
Registrar

MGM Institute of Health Sciences
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Navi Mumbai - 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme & Mentor, MGMIHS, Navi Mumbai
3. Dr. Jaishree Ghanekar, Prof. & Head of Medicine Department, MGM Hospital, Kamothe, Navi Mumbai.


02.08.19



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Tel: 022-27432471 / 27432994, Fax: 022-27431092

Email: registrar@mgmuhhs.com | Website: www.mgmuhhs.com

LETTER OF ACCEPTANCE

MGM/01/Acad-16/2019/ 1265

Date: 29/05/2019

Ref.: MGMIHS-I/O No. 5245 dated 28/05/2019

To:

Ms. Aditi Acharya

Dear Applicant,

We have scrutinized your application to pursue Observership / Short Training Programme at MGM Institute of Health Sciences, Navi Mumbai under the supervision of Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

Your application to pursue Observership / Short Training commencing from 10/06/2019 and ending on 31/07/2019 has been duly accepted.

1. Please note that you will be strictly bound by the Rules and Guidelines for Observerships / Visiting Students.
2. Attendance Log has to be duly filled and authenticated by obtaining the signature of the Supervisor under whose guidance you will closely work.

On Satisfactory Completion of the Observership, MGM Institute of Health Sciences will provide the Observer a Certificate of Completion.

Please sign a duplicate copy of this letter as a token of acceptance of the Observership / Short Training Programme.

I Accept the above

Signature of Observer: Aditi Acharya

Name: Aditi Acharya

Date: 03/06/2019

Registrar

Dr. Rajesh B. Goel

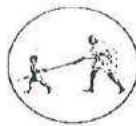
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai- 410 209

Copy to:

1. Dr. K. R. Salgotra, Medical Superintendent, MGM Hospital, Kamothe, Navi Mumbai.
2. Dr. Nimain C. Mohanty, Incharge - Observership Short term Training Programme, MGMIHS, Navi Mumbai
3. Dr. Rakesh Ghildiyal, Prof. & Head of Psychiatry Department, MGM Hospital, Kamothe.

31/6/19



MGM INSTITUTE OF HEALTH SCIENCES

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Tel: 022-27432471/27432994, Fax: 022-27431094

Website: www.mgmuhs.com Email: registrar@mgmuhs.com

List of foreign MoU's

Sr. No.	Details	Country	Dates of MoU's
1	International Society Of Biomechanics	UK	25.07.2013 & 22.10.2013
2	World Spine Care Clinic	USA	11.12.2013 & 2.4.2014
3	University Of Sydney	Sydney	09.03.2015 & 10.02.2015
4	Kyungpook National University Medical Center, Korea	Korea	4.09.2015
5	University Of UTAH	USA	27.01.2016
6	AHF	USA	29.04.2017
7	American Heart Association (AHA)	USA	21.11.2017
8	Shastri foundation	Canada	Jan-16
9	UNESCO Bioethics Israel	Israel	10.08.2016
10	Royal college of physicians of Edinburgh UK	UK	20.09.2013
11	University of Pennsylvania perelman school of medicine USA	USA	06.03.2014
12	UNICEF New York USA	USA	12th sep 2017

REGISTRAR

Dr. Rajesh B. Goel

Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
Navi Mumbai-410 209



Economically Developing Countries (EDC) Project Memorandum of Understanding

Please note this document contains guidelines and examples to assist you when filling in each section. The instructions (highlighted in blue italics) should be deleted when completing this application form.

Declaration by the International Society of Biomechanics (ISB):

The ISB is dedicated to supporting international initiatives that will promote research, education, and the provision of healthcare in the field of biomechanics. The objectives of the ISB, with regards to the advocacy of projects in EDC regions, include the following:

- To make the Society truly international.
- To help develop skills of, and/or opportunities for, clinicians and researchers in EDC who do not have the resources available to do so on their own.
- To provide collaborative learning opportunities for students and researchers in developed countries to help them understand the challenges faced in the developing world.
- To enable donating organizations to do something beneficial with equipment that is no longer needed by them.
- To help provide a sustainable initiative that will allow biomechanics skills and knowledge to flourish in developing regions.
- To enable clinicians and researchers in developing countries to solve biomechanics-related problems specific to their own region.

The ISB would like to ensure the long-term sustainability and overall success of all EDC projects. As such, all participants must be clear on the objectives of the EDC participating organization(s) and the supporting organization(s), in addition to the outcomes each party wishes to achieve. This Memorandum of Understanding is intended to help clarify this for all participants. It is also the framework by which the ISB will evaluate the success of the project in the short and long-term and to find out whether the expected outcomes have been achieved, thereby enabling improvement of this process for future projects.

Participants:

Please list all organizations involved in this project (include those that are supporting the EDC participant by way of equipment donations, technical or financial support, or other resources) and their primary contacts.

Name of Organization	EDC Participant OR Supporting Organization	Primary Contact(s)	ISB Member Number*	E-mail
1. MGM School of Physiotherapy	<input checked="" type="checkbox"/> EDC Participant <input type="checkbox"/> Supporting Organization	Dr. Rajani Mullerpatan	5043	rajani.kanade@gmail.com
2. Indian Institute of Technology, Mumbai	<input type="checkbox"/> EDC Participant <input checked="" type="checkbox"/> Supporting Organization	Prof. B. Ravi Mr. Rupesh Ghyar	N/A In progress	b.ravi@iitb.ac.in
3. Cardiff University	<input type="checkbox"/> EDC Participant <input checked="" type="checkbox"/> Supporting Organization	Prof. Robert van Deursen	1974	vandeursenR@cardiff.ac.uk
4. International Society of Biomechanics (ISB)	<input type="checkbox"/> EDC Participant <input checked="" type="checkbox"/> Supporting Organization	John Challis	1192	jhc10@psu.edu

* A minimum of one primary contact from each organization must be a member of the ISB.

Project Proposal:

To be completed by the EDC participant:

1. What is the overall mission of your organization (e.g. to improve the independence and wellbeing of physically disabled people...) and how does this project help to support it?

The overall mission of MGMIHS is to provide healthcare services, research and higher education particularly in the area of medicine, nursing, physiotherapy and health management. Within physiotherapy/rehabilitation, training and research in the area of Biomechanics is essential to help maximize functional independence of people with physical impairments resulting from a wide spectrum of conditions i.e. repetitive stress, congenital, developmental and degenerative conditions precipitated by traumatic, vascular and pathologic origin. Precise and complete kinesiological assessment of such conditions will guide clinical decision making for accurate conservative, surgical, prosthetic/orthotic and ergonomic management for maximal functional outcome.

2. What is the primary strategic objective(s) of this project? [Please specify details about one or more of the areas listed below. In formulating your objectives, consider specific results you would like to achieve.]

a. Teaching/educational programs:

- To design and seek approval for a postgraduate degree course in Biomechanics designed at a level of global merit (to enable qualified postgraduates to participate in projects conducted worldwide) and local value to meet specific functional needs of our population emerging from a lifestyle influenced by exclusive Indian culture far different from Western lifestyle.
- Establish training for students from various disciplines such as Physiotherapy, Bio-engineering, Mechanical engineering, Prosthetics - Orthotics and Orthopedics at graduate, postgraduate and PhD level.
- Enhance skills in clinical biomechanics of faculty members of MGMSOP

b. Research programs:

- Produce high end research in the area of human movement science related to clinical questions; to offer health care solutions global in nature and specific to the Indian population.

c. Clinical assessment – diagnosis and treatment:

- Provide precise and complete kinesiological assessment of congenital, developmental and degenerative conditions precipitated by traumatic, vascular and pathologic origin which will guide clinical decision making for accurate conservative, surgical, prosthetic/orthotic and ergonomic management.

d. Other (please specify):

(Include additional lines if necessary)

3. What initiatives/actions (project design and/or management strategies) will be implemented to achieve the results outlined in Question 2?

a) Teaching/Educational programs:

- Curriculum for postgraduate course in Biomechanics will be designed and sought approval from MGMIHS and IIT Mumbai.

- A circular will be sent to Bio-engineering, Mechanical Engineering, Prosthetics and Orthotics and Orthopedics departments within the above mentioned Institutes to inform students from respective disciplines training schedule in biomechanics.

- Training will be imparted to faculty members in form of continuing professional development.

b) Research programs:

- Collaborative research projects between the 3 organizations will be developed to produce high end research studies encompassing fundamental and clinical biomechanics. PhD students will be appointed on appropriate research projects. Broad areas of research are-

- i. Barefoot walking and the risk of plantar ulceration (in collaboration with IIT Mumbai, Cardiff University)
- ii. Foot and knee instability and the development of OA (in collaboration with Cardiff University and the University of Sydney)
- iii. Yoga postures and their effect on the musculoskeletal system (in collaboration with IIT Mumbai and Cardiff University)

c) Clinical assessment –

- **Diagnosis and treatment:** Information pertaining to available clinical biomechanical evaluation tools will be circulated to various departments within and outside the hospital within Mumbai and Navi Mumbai. Referred patients will be assessed using biomechanical tools to arrive at precise measurement of impairments. Income generated through such services will be used for financial viability of the center. Expenses incurred for annual maintenance of laboratory equipment will be covered partly from the income generated by the center and partly from the funding acquired for research projects.

4. Who will benefit from this project? (e.g. Students, patients, etc)

- Undergraduate and postgraduate students from Physiotherapy, Bio- engineering, Mechanical Engineering, Prosthetics and Orthotics and Orthopedics department will benefit from training. Training will be imparted to students within India and across continents. Every effort will be made to enroll students from within India and countries abroad.
- Faculty members from MGMIHS will benefit from skill development in clinical biomechanics
- A Biomechanics Center with expert input from biomechanics specialists worldwide operated in India will offer global merit training at subsidized cost thereby making it affordable for students from several developing countries.
- Patients with congenital, developmental and degenerative conditions of traumatic, vascular and pathologic origin will benefit from biomechanical evaluation.

5. What are the expected benefits for each group listed in Question 4? (e.g. Exposure to state-of-the-art methods of...)

- * Students will be exposed to globally used state-of-the-art valid and reliable methods used for biomechanical studies such as quantitative movement analysis and plantar pressure measurement. They will receive hands-on training and have opportunities to use various biomechanical tools to conduct research in biomechanics. Such training of global merit will be available at affordable cost to students from developing countries.
- * Patients will benefit from precise and complete kinesiological assessment which will guide clinical decision making for accurate conservative, surgical, prosthetic/orthotic and ergonomic management.
- * Faculty members will benefit from acquiring skills for biomechanical evaluation which will be applied in both clinical practice and student training.
- * The biomechanics center will benefit from financial viability through the above mentioned expected benefits.

6. Please list proposed milestones – associated with the actions, individuals, and benefits given in Questions 3, 4, and 5, respectively – together with a timeline of events. Milestones should include specific outcomes that the collaborators wish to achieve.

Key Milestones	Time period
1. Establish Biomechanics Center: installation of equipment and pilot start	December 2013
2. Collaborative research projects	Already started. Ongoing
3. Design the curriculum for Masters degree course in Biomechanics and seek approval from the above mentioned contributing organizations	September 2014
4. Commence the course in clinical biomechanics	January 2015
5. Commencement of clinical service to patients	March 2014 onwards

7. What other authority/administrative body, such as government or college administration officials, must approve this initiative to ensure resources are allocated to the intended recipients? Has approval already been sought (please provide evidence of any approvals)?

- * Administrative/competent authorities of 3 above mentioned institutes have approved development of the research activities proposed at MGM Center for Biomechanics.
- * Additionally, approval will be sought for curriculum for Masters Course in Biomechanics by University Grant Commission, India and Academic Council of MGMIHS.
- * The opportunity to develop and approve transnational education in association with Cardiff University will be investigated.

8. What commitments will your organization make to ensure:

a. Recognition of contributions provided by supporting organizations? (e.g. Website acknowledgment, progress reports)

- * Publications and patents arising out of collaborative projects with Cardiff University and IIT Bombay will be shared by all 3 above mentioned organizations.
- * MGMIHS will acknowledge the support and contribution provided by IIT

Mumbai and Cardiff University on its website.

- Technical support provided by IIT Bombay will be acknowledged in relevant presentations and publications.
- Secondly, IIT Bombay will have an opportunity to conduct clinical trials at MGM Center for Biomechanics in collaboration with host organization which will be acknowledged in related reports.
- MGMIHS will acknowledge the support and contribution provided by IIT Mumbai, Cardiff University, ISB and AMTI on its website and in relevant publications
- MGMIHS will provide agreed upon (to be decided) educational materials to ISB to further share with ISB members in support to the EDC educational program
- MGMIHS will provide a brief "Project History" for the ISB website

b. Long-term sustainability of the project (including personnel required to ensure continuation of project into the future)? (e.g. Staff training, technical support, security and maintenance, etc)

- The host organization i.e. MGM Center for Biomechanics will provide ongoing security and maintenance of equipment.
- Technical guidance for equipment selection and experimental data analysis will be provided by IIT Bombay. The equipment maintenance will be sought via annual maintenance contract from the respective vendors.
- Staff training will continue as an ongoing process which will be partially supported by MGM Center for Biomechanics.
- Any agreed joint transnational education programs would facilitate staff development.
- Income generated through clinical services will aid financial viability of MGM Center for Biomechanics. For e.g. annual maintenance of equipment and expenses incurred towards consumables.
- Income generated through tuition fees for Masters Course in Biomechanics and PhD program will partially support salary of some staff members.
- Income generated through any agreed joint initiatives would be negotiated as appropriate.
- PhD students will be recruited as research assistants on certain projects.

Supporting Organizations – Commitments and Anticipated Benefits:

What contributions will be made by the supporting organizations? Please list all support that each participant has agreed to provide (e.g. financial, in-kind, training, etc), the period over which they have committed this support, estimated costs for the organization, and how they will benefit (e.g. publicity).

Organization	Commitments	Duration	Estimated Costs	Objectives/Benefits
MGMIHS	Allotted infrastructure for Biomechanics Center	Ongoing	Approx 1 million USD	Supports objectives outlined on pg 1.
	Allotted one competent Professor	Ongoing	Salary is paid by MGMSOP (15,000 USD)	
	Will recruit one research assistant & one laboratory technician	Ongoing	Salary will be paid by MGMIHS (6000 USD)	
	Already purchased some equipment such as emed pressure platform, activity monitoring system, Silicon coach etc. Staff training	2 weeks		
Cardiff University	Send Prof. van Deursen for 4-visits	4 visits:	Covered by ISB	Collaborative Research projects. Biomechanics lab design, installation of equipment. Provide expertise in curriculum design related to clinical biomechanics.
		Nov 2013		
		May 2014		
		Nov 2014		
IIT Bombay	Technical guidance and collaborative research projects	ongoing		Using the MGMIHS Biomechanics lab for purpose of clinical testing of the products which are developed by IIT Bombay.
ISB	Financial support to send Prof. van Deursen to MGMIHS	4 visits	7,503 USD	Supports objectives outlined on pg 1; acknowledgment in appropriate media; support for development of EDC educational material.
	Coordinate donation of two second-hand, re-calibrated force platforms from AMTI with technical support for 5 years	As soon as available	Approx. 30,000 USD	AMTI acknowledgment in appropriate. MGMIHS and ISB media will strengthen relationship with AMTI.

Budget

Before any project can be endorsed by the ISB, a detailed budget for all costs involved for each participating organization must be approved by the ISB President, EDC Project Officer, and ISB Treasurer. In the budget, please consider monetary costs involved in establishing/initiating the project plus ongoing costs to ensure the project is sustainable. Please include the budget as a separate document.

Signatures of primary contact from each participating organization:

Dr. Rajani Mullerpatan		25 July 2013
Name (please print)	Signature	Date
Prof. B. Ravi		1 August 2013
Name (please print)	Signature	Date
Prof. Robert van Deursen		9 August 2013
Name (please print)	Signature	Date
Prof. John Challis		22 nd Oct. 2013
Name (please print)	Signature	Date

(Include additional lines if necessary)

**Memorandum of Understanding for Cooperation
between
Office of Department of Physiotherapy
MGM Institute of Health Sciences, Navi Mumbai, India
and
World Spine Care
Santa Ana, California, USA**

Recognizing the importance of mutual collaboration and contributions to society made by institution of higher education, both parties share a desire to develop mutually strengthening and enriching international clinical, educational and research experience for both faculty and students. The primary purpose of this agreement is to provide a general basis within which specific cooperative activities of an academic and cultural nature may be implemented involving faculty and/or students from the Department of Physiotherapy and World Spine Care. In order to promote cooperation and advancement of academic and educational exchanges between the office of Department of Physiotherapy, at MGM Institute of Health Sciences, Navi Mumbai, India and World Spine Care, the following forms of collaboration will be pursued:

1. Exchange of academic staff;
2. Exchange of students;
3. Consideration of scholarships for students from developing countries who wish to study spinal disorders;
4. Exchange of academic and clinical information and materials;
5. Joint research activities and publications;
6. Participation in conference and academic meetings; and
7. Other agreed upon academic exchanges and cooperation programs.

Article 1

Faculty and investigators at each organization will be encouraged to develop contacts and propose collaborative projects. Each project proposal will be considered on its merits and on availability of funds. The two organizations will seek internal and external sources for support of programs and exchanges, which may be developed as a result of this agreement.

Articles 2

The implementation of each program based on this Memorandum of Understanding shall be separately negotiated and agreed upon in writing by both organizations. Such agreements, along with other terms, shall address financing of the programs. Any such programs entered into, as outlined above, will form appendices to this basic agreement.

Articles 3

Both organizations shall designate a program officer to develop and coordinate the specific programs agreed upon.

Articles 4

Each organization will allow the other to use its logo and web site link and to create a link from each other's web site.

Articles 5

This Memorandum of Understanding will be in force for five years and is subject to revision, renewal or modification by mutual written agreement. It is also understood that either organization may terminate the agreement at any time, although it is assumed the action would only be taken after mutual consultations in order to avoid any possible inconvenience to the other organization.

Articles 6

Both organizations agree to comply with applicable laws and regulations respecting the implementation of this Memorandum of Understanding and any specific programs subsequently agreed upon.

Articles 7

This Memorandum of Understanding shall become effective on the day when the representatives of both organization affix their signatures to the agreement, in accordance with their own regulations. Dr. Rajani P. Mullerpatan, Professor and Director, Department of Physiotherapy at MGM Institute of Health Sciences, Navi Mumbai, India and Dr. Scott Haldeman, President of World Spine Care, are the representative officers for this program.

For :

Department of Physiotherapy
at MGM Institute of Health Sciences,
Navi Mumbai, India.

Dr. S.N.Kadam,
Vice Chancellor
MGM Institute of Health Sciences,

Date: 11-12-2013

R. Mullerpatan

Dr. Rajani P. Mullerpatan,
Professor and Director
Office of Department of Physiotherapy

Date: 11-12-2013

For :

World Spine Care, Santa Ana, California
United States of America

Scott Haldeman, D.C., MD, PhD
President
World Spine Care

Date: 2/21/2014



THE UNIVERSITY OF
SYDNEY



MGM Institutes of Health Science

Memorandum of Understanding

Between

The Faculty of Health Sciences,

The University of Sydney, Australia (CRICOS Provider 00026A)
and

MGM School of Physiotherapy, MGM Institutes of Health Sciences
(Deemed University u/s 3 of UGC Act 1956) Navi Mumbai, India.

1. The Institutions intend to work together to develop a collaborative arrangement, whereby the institutions may participate in collaborative teaching, training, research and other agreed activities that further enhance the program and the relationship between the institutions.
2. The Institutions will use their reasonable endeavors to effect, within the institutions limitations:
 - a) will develop and pursue collaborative research projects;
 - b) visit from one institution to the other by members of their academic staff for the purpose of participating in teaching, training, research programs and other agreed activities; and
 - c) encourage (on a completely voluntary basis) the exchange of scientific materials, publications and other information between the institutions.
3. This document is in no way intended to create legal or binding obligations on either party. It serves only as a record of the parties' current intentions to enhance relationship of the Institutions going forward.
4. Before any of the activities set out in the Memorandum of Understanding are implemented, the Institutions must enter into formal and binding agreement/(s) (separate from this Memorandum of Understanding) with each other which will detail the specific form and content of the activities and address the responsibilities and rights of each Institution in relation to those activities. The institutions agree to negotiate the terms of any such agreement/(s) in good faith and for the purposes of enhancing the relationship of the Institution.

On behalf of
Partner

Dr. S.N. Kadam
Vice Chancellor

Date :

R. Mullerpatan
Dr. Rajani Mullerpatan
Professor-Director, Physiotherapy

Date : 09-03-2015

On behalf of the
The University of Sydney

Michael Spence
Dr. Michael Spence
Vice-Chancellor and Principal

Date :

K. Refshaug
Professor Kathryn Refshaug
Dean, Faculty of Health Sciences

Date :

10/2/15



Memorandum of Understanding
between

**Mahatma Gandhi Mission (MGM) Medical College & Hospital
Aurangabad, India**

&

**Kyungpook National University Medical Center (KNUMC)
Daegu, Republic of Korea**

This Memorandum of understanding is entered between Mahatma Gandhi Mission Medical College & Hospital, Aurangabad, India, and Kyungpook National University Medical Center, Daegu, Republic of Korea with the objectives of promoting collaboration in the fields of education, research and medical training for the mutual benefits of both parties.

1. Both parties shall encourage the following activities to fulfill mutual partnership with equal interests:
 - a) Joint academic and research collaboration in areas of mutual interest
 - b) Networking for international healthcare
 - c) Joint organization of lectures, seminars, workshops and symposia
 - d) Exchange of students, fellows and faculty for education and training
2. Items pertaining to the implementation of the exchange programs based on the memorandum shall be negotiated and agreed upon between the faculty concerned in each specific case.
3. This memorandum will be valid for a period of two years from the date of signature and may be renewed at least three months prior to the end date of the MOU upon presentation of a written notice and a mutual consent of both parties.
4. The content of this memorandum may be amended through a mutual agreement by both parties.

This agreement shall come into effect upon signing of the designated signatories.

In witness whereof, the parties hereto have signed

September 4, 2015

Jae-Yong Park, M.D., Ph.D.

President & CEO

Kyungpook National University Medical Center
Daegu, Republic of Korea

Pravin Suryawanshi, M.D.

Deputy Dean

Mahatma Gandhi Mission Medical College
& Hospital, Aurangabad, India



철곡경북대학교병원 - 마하트마 간디 의료대학교병원

상호협력을 위한 양해각서

대한민국 철곡경북대학교병원과 인도 마하트마 간디 의료대학교병원의 상호간 이익을 위하여 교육, 연수 및 학문적 연구 분야의 협력 촉진을 목표로 다음의 사항에 대하여 양해각서를 체결한다.

1. 양 기관은 상호간 관심분야를 넓히고 촉진시키기 위하여 다음의 활동들을 장려한다.
 - 가. 공동연구 및 학술활동
 - 나. 국제의료서비스 목표로 네트워크 형성
 - 다. 강연, 연구활동 워크숍 및 심포지움 지원
 - 라. 양 기관 학생, 직원 및 연구인력들의 교류
 2. 본 양해각서에 근거한 상호교류의 시행의 세부사항은 각 사안별로 관련 분야의 인력들간 협상과 조정을 통하여 정한다.
 3. 본 양해각서는 양 기관의 대표가 서명한 날로부터 2년간 유효하며, 본 협약의 연장에 대한 의사통보는 협약종료일의 최소 3개월 전 서면으로 통보되어야 한다.
 4. 본 양해각서는 양 기관의 의사에 따라 조정될 수 있다.
- 본 양해각서는 양 기관의 대표가 서명한 날로부터 유효한다.

2015. 9. 4.

철곡경북대학교병원

원장 박재용

마하트라간디의료대학교병원

부학과장 Pravin Suryawanshi

UNIVERSITY OF UTAH SUBCONTRACT

NO. 10040842-01

BY AND BETWEEN

THE UNIVERSITY OF UTAH

AND

SUBCONTRACTOR

This subcontract (Subcontract) is entered into and effective as of Jan. 27th, 2016 by and between the University of Utah, an institution of higher education for the State of Utah ("University") and Mahatma Gandhi Mission Institute of Health Sciences having their principal place of business at MGM Educational Campus, Sector-1 Kamothe, Navi Mumbai 410209 ("Subcontractor").

RECITALS

WHEREAS, University wishes to have certain services performed in accordance with the scope of work outlined in this Subcontract; and

WHEREAS, the performance of such services is consistent, compatible and beneficial to the role and mission of Subcontractor; and

WHEREAS, Subcontractor is qualified to provide such services required under this Subcontract.

AGREEMENT

NOW, THEREFORE, for and in consideration of the mutual covenants, conditions and undertakings herein set forth, the parties agree as follows:

1. Scope of Work: Subcontractor agrees to perform for University certain services ("Services") described in the Scope of Work set forth in Appendix A, which is attached hereto and incorporated herein by this reference.
2. Period of Performance. This Subcontract commences on January 27, 2016 and will continue until January 31, 2017 ("Project Period").

Vice Chancellor

MGM INSTITUTE OF HEALTH SCIENCES
(DEEMED UNIVERSITY u/s 3 of U. Act, 1956)
KAMOTHE, NAVI MUMBAI

Budget

Sr. No.	Staff	Cost US \$
1	Staff Salary, Compensation, Honorarium	44,400
2	Chemicals , Consumables, Test	30,000
3	Transportation of samples, Travel by Investigators	10,600
4	Volunteer Compensation	8,000
5	Ethical Committee Fee	750
6	Insurance	750
7	Overhead	5,550
	Total	1,00,000

The total budget for the project is \$1,00,000 and will be allocated based on the milestones as follows:

- Subcontract \$ 50,000
- Milestone 2 \$ 45,000
- Milestone 3 \$ 5,000

Exhibit B - Background IP

IP Owned by the University

- PCT Patent Application: PCT/US2013/067319
 - Titled: Functionalized nanotube sensors and related methods (filed October 29, 2013)
- Trade secrets
 - Titanium dioxide nanotube sensor production and manufacturing
- Data Platform:
 - IP related to the storage, transmission, or mapping of TB data.

IP Owned by Subcontractor



Vice Chancellor

MGM INSTITUTE OF HEALTH SCIENCES
(DEEMED UNIVERSITY u/s 3 of UGC Act, 1956)
KAMOTHE, NAVI MUMBAI

LETTER OF AGREEMENT

This Letter of Agreement (LoA)

Signed on

29th Day of April 2017

Between

AIDS Health Care Foundation – India Cares

&

MGM Institute of Health Sciences Trust, Navi-Mumbai

INTRODUCTION

India has one of the largest numbers of population living with HIV/AIDS in the world. Given the prevalence rate of 0.26 percent, 21 lakh people are estimated to be living with HIV/AIDS in the country¹. To halt and reverse the epidemic it is imperative to ensure early testing and treatment and care.

AIDS Health Care Foundation (AHF) – India Cares and MGM Institute of Health Sciences Trust, Navi Mumbai, are hereinafter referred to together as “the parties”

Article 1

1. AIDS HEALTH CARE FOUNDATION – INDIA CARES

- 1.1 AIDS Healthcare Foundation (AHF) Established in 1987 in Los Angeles United States is one of the largest not-for-profit HIV & AIDS organizations in United States and is present in 38 countries in the world providing cutting edge medicine and advocacy regardless of their ability to pay. For more details visit website www.aidshealth.org.
- 1.2 “India Cares” under the aegis of AHF is established as a trust in Delhi. Collectively called AHF India Cares, the trust carries forward the vision and mission of AHF Global in India. AHF worldwide currently treats more than 7,12,675 HIV positive people free of cost. In India, we are providing free ART to more than 1600 people. Our prevention program includes free community based Rapid HIV testing and distribution of condoms.

Article 2

2. MGM INSTITUTE OF HEALTH SCIENCES TRUST, NAVI MUMBAI

- 2.1 The MGM Institute of Health Sciences Trust was established on 28th March 2006 with a futuristic vision to provide qualitative education by applying innovative and dynamic pedagogical techniques. Since inception, the Trust has focused on providing health care services, medical education with dedication and commitment.

¹ Technical Estimates NACO, 2015

LoA between AIDS Health Care Foundation (AHF) – India Cares and MGM Institute of Health Science, Trust Navi Mumbai

- 2.2 Service to society at the grass root level has been the basic vocation of the Trust along with education. The Trust has been instrumental in providing prompt and efficient health care services to the economically weaker sections of the society. The Trust hospitals and Medical colleges underscore its commitment to human resource development and social health and welfare.

Article 3

3 RATIONALE FOR PARTNERSHIP

- 3.1 The total number of people living with HIV/AIDS (PLHA) in India is estimated at 21.2 lakhs in 2015. Despite the reduction in the overall prevalence, there are emerging vulnerabilities which need to be addressed. The epidemic in the country is changing according to emerging vulnerability factors related to poverty, migration, marginalization and gender. As per the Technical Estimates, 86% of those infected are in the age group of 15 to 49 years, which is one of the most productive segment of the society irrespective of the sectors, in which, they have engaged. The global objective to end the AIDS epidemic by 2030, is only possible with active and meaningful involvement of all stakeholders.
- 3.2 Vulnerability of HIV cannot be completely ignored among young people. In the absence of right guidance and information at the young age, they are more likely to have exposure to sexual experiments which may lead to high risk behaviors. The prevalent social stigma and discrimination is another challenge. Though National AIDS Control Program has appropriate strategies in reaching out high risk, vulnerable groups and youths to reduce new infections and reduce mortality rates, there is still a gap of around 12 lakh people against the estimated numbers who are not aware of their HIV status and continue to transmit HIV.² AHF India Cares have been striving to complement the efforts of the Government to reduce this gap by promoting community based rapid testing program and linking all to ART treatment. The scope

²Report of the Mid Term Appraisal of NACP IV
LoA between AIDS Health Care Foundation (AHF) – India Cares and MGM Institute of Health Science, Trust Navi Mumbai

of community based rapid testing in reaching out to the unreached masses and offering the complete cascade of services is the objective of this partnership.

- 3.3 MGM Institute of Health Sciences Trust can play a crucial role in supporting the global objective of ending the AIDS epidemic by 2030 in partnership with AHF India Cares.

Article 4

4 SCOPE OF THE PARTNERSHIP

MGM Institute of Health Sciences Trust can complement to the objectives of AIDS Healthcare Foundation by

- a) Enhancing coverage and reach of HIV prevention messages through the outreach program in the villages, among students, staff and faculty.
- b) Provide subsidized diagnostics and treatment to people infected and affected by HIV which is in congruent to the organization's mission.
- c) Through the medical colleges, it could be one of the first few private institutes to provide HIV fellowship training programs to medical practitioners in the region.
- d) Provide training to medical practitioners on universal precaution, management of HIV/AIDS & TB and house based care.
- e) Provide stigma free services to all the HIV infected and affected people.
- f) Identify and provide free HIV testing services to the vulnerable and high risk people in the nearby communities.

Now, therefore, in consideration of the foregoing rationale and scope, the parties i.e. MGM Institute of Health Sciences Trust and AIDS Healthcare Foundation India Cares agree to cooperate and collaborate in the overall goal of halting and reversing of HIV epidemic in the following areas

Article 5

5 OBJECTIVE OF LoA

- 5.1 Reaching out to the large numbers of people on HIV/AIDS prevention, testing and treatment diagnostics and other related services with regardless of their ability to pay.
- 5.2 Provide training and fellowship programs to medical practitioners on Universal precaution and management of STI/HIV/AIDS.
- 5.3 Create awareness among the students, faculty and other allied staff members regarding STI/HIV/AIDS.
- 5.4 Providing stigma free prevention, testing, diagnostic and treatment service to all HIV infected and affected people including TB and Hepatitis patients.

Article 6

6 KEY DELIVERABLES

- 6.1 Issue advisory in all MGM Institute of Health Sciences Trust regarding the LoA and share the jointly develop work to all institutions for implementation and periodic monitoring.
- 6.2 Inclusion of content on Universal precaution, STI/HIV management and the need for impact mitigation of HIV appropriately in different courses thereby developing a cadre of trained HIV specialists in the country.
- 6.3 Incorporating HIV related prevention and testing services in all outreach activities under the MGM Institute of Health Sciences Trust.
- 6.4 Providing free or subsidized (as per agreement) diagnosis and treatment for people infected and affected with HIV based on mutual agreement.

6.5 Providing stigma free services to all infected and affected communities regardless of their ability to pay the Trust and during outreach programs at the community level.

6.6 Collaborate in all the upcoming and ongoing campaigns of AHF for example "fund the Fund "(to increase contributions of countries to the Global Fund for HIV/TB and Malaria), advocacy on drug pricing which aims to reduce the cost of life saving medicines, stopping the war on the bodies of women etc.

Article 7

7 ROLES OF BOTH PARTIES

7.1 ROLE OF MGM INSTITUTE OF HEALTH SCIENCES, TRUST

7.1.1 Advisory issued to all MGM Institute of Health Sciences Trust regarding the LoA and sharing of the broad annual action plan.

7.1.2 Advisory to start planning and development of the annual action plan of each institute with the objective set in the LoA for (Jan – Dec).

7.1.3 Advisory issued to all educational Institutions under MGM Institute of Health Sciences Trust to form youth health clubs for students promoting sexual reproductive health awareness, HIV/STI prevention programs and offer HIV testing and treatment services if needed.

7.1.4 To include information on STI/ HIV prevention & services, voluntary blood donation and prevention of intravenous drug use, in health-related courses and printed materials and to include HIV related questions in competitive examinations conducted at all levels.

7.1.5 Screening of movies/documentaries on HIV/AIDS in the institutions to sensitize them on issues related to HIV/AIDS and drug pricing.

- 7.1.6 Observing World AIDS Day, International condom day, day of the girl child, international transgender day and other relevant days.
- 7.1.7 Inclusion of HIV/AIDS topic in the induction and training programs of undergraduate & post graduate students and employees of Institutes.
- 7.1.8 Designing and implementation of short term courses/ fellowships on prevention and management of HIV to develop local resource pool
- 7.1.9 Outreach activities under the MGM Institute of Health Sciences Trust to include providing HIV related prevention and testing services with a focus of reaching the poor and marginalized sections of the society.
- 7.1.10 Provide free or subsidized (as per agreement) diagnosis (mutually agreed costs) and treatment for people infected and affected with HIV.
- 7.1.11 Provide stigma free preventing, testing, diagnostic and treatment services to all HIV infected and affected people.
- 7.1.12 Sharing of information periodically and regularly as mentioned in the implementation of the LoA.
- 7.1.13 Reflection of activities undertaken in the LoA in the website and annual report of MGM Institute of Health Sciences Trust.
- 7.1.14 Sensitization of staff and students in dealing with the issues of LGBTQI communities and establish service centre exclusively for them

7.2 ROLE OF AHF India Cares

- 7.2.1 Provide technical support to implement prevention and testing services in the different Institutes of MGM Institute of Health Sciences Trust.
- 7.2.2 Provide technical support for capacity building of all employees and students under MGM Institutes to include HIV/AIDS as a topic in their induction and other training program.
- 7.2.3 Provide technical support in developing courses on prevention and management of HIV/AIDS and to obtain accreditation for the same as per regulatory bodies guidelines (MGMIHS/NACC/MCI/UGC)
- 7.2.4 Provide condoms and rapid test kits for prevention and testing services in house and outreach programs.
- 7.2.5 Monthly payment of bills based on the jointly agreed subsidized costs of diagnostic and treatment for the infected and affected population.
- 7.2.6 Provide training to medics, paramedics and community outreach staff on community based HIV rapid testing program.
- 7.2.7 AHF will provide technical support in form of human resources, logistics and management of biomedical waste during outreach activities in community.
- 7.2.8 AHF will operate satellite clinic in MGM Medical College & Hospital, Navi-Mumbai to provide health care services & support to patients living with HIV.
- 7.2.9 Establishments of state of art - ART centre In MGM Medical College & Hospital, Navi-Mumbai.
- 7.2.10 Establishment of state of art -ART Centre in MGM Medical College & Hospital Aurangabad Campus.

- 7.2.11 AHF through provide through JCC, Kalamboli will provide care & support for destitute women living with HIV.
- 7.2.12 Periodical and regular replenishment of commodities like condoms and HIV rapid test kits based on the indents submitted by MGM Institute of Health Sciences Trust.
- 7.2.13 Provide technical assistance to establish service centers and provide services for I.GBTQI under different Institutes of MGM Institute of Health Sciences Trust.

Article 8

8 EXECUTION OF LoA

- 8.1 Parties will set up a joint working group, with the officials in the two institutions within 7 working days after signing of the LoA for its implementation.
- 8.2 The meeting of the Joint Working Group will be held every quarter for the first 2 years and later bi-annually.
- 8.3 The first meeting of the joint working group will develop the list of services that will be provided free and the costing of the subsidized services.
- 8.4 The joint working Group will also review cost and need for revision annually.
- 8.5 The joint working group will be responsible in developing annual work plans (Jan -Dec) and its regular monitoring for the successful implementation. The working group will also propose mid-course correction and implement the same.
- 8.6 This LoA will be operative with effect from the date 29th April 2017 and any alteration / modifications can be carried out with the consent of both parties.
- 8.7 The individual projects envisaged under this LoA will be formulated based on Log Frame Analysis indicating resources sharing / budgets.
- 8.8 LoA can be invalidated with three months' prior notice on either side.

The parties herein have appended their respective signatures the day and the year above stated.

SIGNED FOR AND ON BEHALF OF MGM
INSTITUTE OF HEALTH SCIENCES
TRUST, NAVI-MUMBAI.



1. DR. RAJESH GOEL
REGISTRAR, MGMIHS
NAVI-MUMBAI.



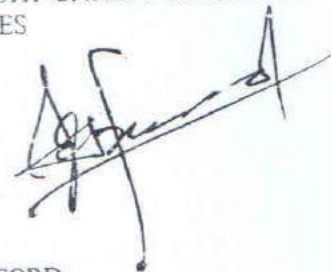
2. DR. S N KADAM
TRUSTEE, MGMIHS,
NAVI-MUMBAI.



SIGNED ON 29TH APRIL 2017

SIGNED FOR AND ON BEHALF OF AIDS
HEALTH CARE FOUNDATION.

1. DR V SAM PRASAD
COUNTRY PROGRAM DIRECTOR
AIDS HEALTH CARE FOUNDATION -
INDIA CARES



2. MS TERRI FORD
CHIEF OF GLOBAL ADVOCACY &
POLICY
AIDS HEALTH CARE FOUNDATION



SIGNED ON 29TH APRIL 2017



American
Heart
Association®

Life is why™

International Training Agreement

Company Information:

International Training Center ("ITC"):	Mahatma Gandhi Mission Medical College
Address:	MGM Medical College, Plot 1 and 2, Sector 1, Kamothe, Navi Mumbai, Maharashtra 410209
Form of Organization:	Not for Profit / Medical College

This Agreement is between the American Heart Association, Inc. ("AHA"), a New York not-for-profit corporation, having its principal offices at 7272 Greenville Avenue, Dallas, Texas 75231-4596, and ITC.

IN CONSIDERATION of the mutual promises contained herein, the parties agree as follows:

1. Term: Beginning Date: November 21, 2017. Ending Date: November 21, 2019. This Agreement will be in effect for a period of Two (2) calendar years. It may be renewed for additional one (1) year periods by letter issued from AHA.

2. AHA ECC Courses to be Taught by ITC:

Basic Life Support	Advanced Cardiac Life Support
Provider Course(s)	Provider Course(s)
Instructor Course(s)	Instructor Course(s)

3. Geographic Territory: India

4. Insurance: \$30,750.36 (US\$)

ITC will obtain and maintain at its expense, commencing upon the beginning date of this Agreement and during its entire term, liability insurance from a qualified insurance carrier, as set out above. This policy will specify that it may not be modified or canceled by the insurer, except after thirty (30) days prior written notice by the insurer. Upon execution of this Agreement ITC will provide the AHA with a certificate of insurance showing the required coverage.

5. Copyrights: ITC acknowledges and agrees that the AHA owns all copyrights in the ECC Materials, and ITC may not copy, or permit others to copy, distribute, perform or make derivative works based upon the ECC Materials, Course Completion Cards, or eCards.

6. Marks: ITC acknowledges the AHA's trademark rights and ownership of the name "American Heart Association", the heart-and-torch trademark and slogans (e.g., "Life is Why") (hereinafter "AHA Marks"). ITC will not use or display the AHA Marks. ITC shall not apply for any trademark registrations with respect to any AHA Marks or any marks similar to the AHA Marks.

7. Entire Agreement: This Agreement, including the terms and conditions set out on Page Two, contains the entire agreement between the parties relating to the rights granted and the obligations assumed.

EXECUTED by the parties on the date(s) set out below.

American Heart Association, Inc.

Signature: *[Signature]*

Name: Michael Herbert

Title: Director, International Operations

Date: 11/21/17

International Training Center

Signature: *[Signature]*

Name: DR G.S. Narshetty

Title: Dean

Date: 12/28/2017

Dean.

M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209



Emergency Cardiovascular Care International Program, 7272 Greenville Avenue, Dallas, Texas 75231-4596

Form Date: November 9, 2015



New Training Center Information

Purpose:

This memo provides you with your security code for purchasing course completion cards, your TC ID # to use to correspond with the AHA on questions about your training center as well as information about how to obtain the exams, and how to access the Instructor Network and CPRverify website.

TC Code:

ECC International welcome's you to the American Heart Association's Training Network.

As part of your training center process you should become familiar with the Program Administration Manual. There is an international version of the PAM located on [CPRverify](#). You can access the PAM by logging into CPRverify, click on the information tab and in keyword field type PAM.

We hope this helps you in your daily operations of your training center. Should you have any questions please feel free to contact me via email at pamela.rojas@heart.org.

Included in this email is your TC ID #. Your TC ID # is a number that is assigned to you by us so that we can identify your training center when you submit training reports, survey's etc.

Your TC ID # is: ZZ21290

Please do not confuse this number with your security code listed below.

Security Code and Purchasing Course Cards:

Your security code is used to purchase course completion cards from the distributor. Your security code is issued only to you, as the ITC Coordinator you are responsible for all course completion cards that are issued by your training center and training sites that report to you. Please do not give this code to anyone.

Your security code is: C99208A8

For a list of Authorized International Distributors please visit the AHA International Heart [website](#).

When purchasing course completion cards please provide the following information to the distributor:

Legal Name of ITC – this is the name on your training center agreement.

Training Center Coordinator Name

Security Code

If someone is ordering course completion cards for your organization or company they must use the information provided above. They would place the order and state "as authorized by" and give the name of your training center. This will prevent delays in your order being processed and shipped.

Please let me know if you have any questions about ordering cards from the Distributors.

CPRverify:

As a new training center with AHA you will receive information regarding the CPRverify program. CPRverify makes it easier for our international training centers to track and monitor their training sites, instructors and students. CPRverify is the International Training Center's resource for all course and ITC related materials, such as:

- Course Exams
- Skills Testing Checklist
- Translated Course Resources
- Program Administration Manual (PAM)
- Training Memo and Communications from the AHA

Exams:

Much time and effort has gone into the development of AHA cognitive tests. These exams are developed and reviewed by both educational and science experts for their discipline. Security and integrity of exams must be maintained at all times.

Please remember all exams are copyright protected and should not be altered or translated. If specific translations are needed you must submit a copyright permission request via our website.

Your training center is responsible for developing a security policy for AHA exams. Exams should only be given to Course Directors authorized for the discipline being taught.

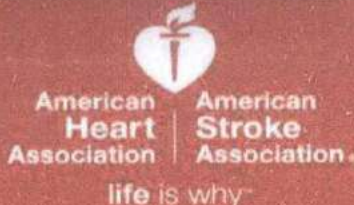
The American Heart Association's exams are to be kept confidential, maintaining security is of the utmost importance

The individual appointed as the Training Center Coordinator, will be able to access the exams on CPRverify under the "Exams" tab.

Please email cprverify@heart.org, if you have any questions or are unable to access your exams.

Instructor Network:

The Instructor Network is available as an option for international training centers. Much of the information located on the Instructor Network is now in CPRverify. You and your instructors may benefit from the use of the Instructor Community located on the [Instructor Network](#).



The system will send you an email to create your profile. You will receive an email from our system that looks like this:



PLEASE DO NOT REPLY TO THIS EMAIL ADDRESS. YOU WILL NOT RECEIVE A RESPONSE TO REPLIES TO THIS EMAIL ADDRESS.

Dear ,

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Thank you,
Pamela Rojas
American Heart Association International
Data Specialist

SHASTRI RESEARCH GRANT (SRG)
Final Report 2015-2016

This report contains three sections, i.e. Section A, B and C.
 Section A is to be filled in by the Lead Applicant (and Co-Applicant).
 Section B and C are to be filled in by the Canadian and Indian Student/ Research Assistant respectively (when applicable).


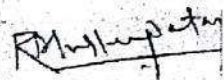
SECTION: A

1	Name of Lead Applicant: Dr. Andrea Hommerich Telephone (land): 613-533-2648 Mobile: 613-301-6354 Fax: 613-533-6489 E-mail: andrea.hommerich@queensu.ca	Name of Co-Applicant: Dr. Nancy Fernandes Pereira Telephone (land): 91-022-22031879/22087422 Mobile: 9820524750 Fax: 22087422 E-mail: nancyfernandesltn64@gmail.com
	Name of Lead Applicant's Institution: Queen's University Mailing Address of Lead Institution: 130 Stuart St., Kingston, ON, K7L 3N6, Canada	Name of Co-Applicant's Institution: S.N.D.T. Women's University Mailing Address of Co-Applicant's Institution: Leelabai Thackersey College of Nursing, S.N.D.T. Women's University, New Marine Lines, Churchgate, Mumbai 400 020
2	Name of Canadian student or research assistant (if any): Ms. Emily Geens Name of the Institution: Queen's University Academic Level: Undergraduate Subject of Study: Kinesiology (continuing in Midwifery) Mailing Address : Kingston ON Telephone (land): Mobile: Fax: E-mail: 12elsg@queensu.ca	Name of Indian student or research assistant (if any): Ms. Shobha Gaikwad Name of the Institution: Leelabai Thackersey College of Nursing, S.N.D.T. Women's University, New Marine Lines, Churchgate, Mumbai 400 020 Academic Level: PhD Subject of Study: Labour comfort- Obstetric Nursing Mailing Address : Same as above Telephone (land): 91-022-22031879/22087422 Mobile: 9892130703 Fax: 22087422 E-mail: shobha.gaikwad14@gmail.com
3	Project Title: The effects of labour and birth positioning on pelvic dimension; gaining further insight to improve the birth experience	
4	Project Period: From: Jan 2016 To: Nov 2016	

3	Project Title: The effects of labour and birth positioning on pelvic dimension: gaining further insight to improve the birth experience	
4	Project Period: From: Jan 2016 To: Nov 2016	
5	<p>a) Please give a brief summary of your project including key research questions.(300 words)</p> <p>Obstructed labour is a leading cause of maternal and newborn mortality. In India where maternal mortality rates are among the highest globally, squatting – a position shown to increase pelvic dimensions – is also more common during daily life. The primary objective of this project was to use a motion capture device to investigate the effects of birthing position on pelvic dimensions in a group of non-pregnant, Indian subjects. A secondary objective was to better understand rural Indian women's current experiences and aspirations around childbirth.</p> <p>A human motion analysis study conducted at the MGM Centre of Human Movement Science (India) will enable calculation of clinically-relevant pelvic dimensions from digitized landmarks using an optical motion capture system. Dynamic analysis of motion, including joint loading and muscle activity, will help explain pelvimetry findings. Three-dimensional positional information generated by the MRI will be used to validate the pelvimetry measurements from motion capture equipment in upright and supine positions.</p> <p>A field study in the rural community of Wauanje allowed investigators to gain insight into actual practices related to childbirth in rural India; women who had recently given birth and obstetrics care providers within the community were asked to guide us through their birth experiences.</p> <p>b) Please describe the major findings-results. (350 words)</p> <p>A) Human motion analysis</p> <p>Magnetic resonance imaging (MRI) data were collected from three participants at Queen's University's MRI Facility. MRI measurements have demonstrated an increase in all pelvic dimensions in the kneel-squat position (used to simulate an upright birth posture) when compared with supine. The largest increase in the sagittal plane was the anteroposterior outlet (0.45 cm) and in the transverse plane the bituberous diameter (0.25 cm).</p> <p>Analysis of laboratory digitizing trials from which pelvimetry measurements are estimated must be further refined to improve accuracy in all positions. Data from three participants demonstrate the greatest consistency between MRI and laboratory measurements in the standing and lithotomy positions.</p> <p>Preliminary results from motion trials show substantial hip and lumbosacral joint extension moments in squatting (greater than 100 Nm and 60 Nm, respectively), while a flexion moment is exhibited at the lumbosacral joint in the all-fours position. Such moments could potentially open the pelvic outlet in squatting while increasing the inlet anteroposterior diameter in all-fours. Further analysis is required to evaluate forces acting on the pelvis in the supine position.</p> <p>Laboratory digitizing and motion analysis data have been collected from 30 participants to date.</p> <p>B) Perceptions of childbirth in a rural Indian community</p> <p>Interviews were conducted with five healthcare personnel -- including one auxiliary nurse midwife (ANM) and four accredited social health activists (ASHA workers) -- as well as seven mothers in Wauanje village's community centre. Mothers generally described pleasant experiences; the ANM with over 30 years of experience and ASHA workers described normal deliveries without complications and were confident with their skills. Delivery positions were always supine (lying on their backs); neither care providers nor women were aware of other methods of delivery. A tour of the primary health sub-centre in the village revealed sparse surroundings with only the bare minimum in medical technology resources. Only one labour room and one small delivery room having two beds was available for a community serving approximately 4000 people. Pharmacological pain medication is not available at the sub-centre and women have very little space to move around once inside the facility. Instrumental deliveries, including caesarean section, were not conducted at the sub-centre, but rather at the tertiary care facility, MGM Hospital, Kalamboli, located half an hour away from the village.</p> <p>c) How did you measure the results? (250 words)</p> <p>A) MR images were acquired using a 3-Tesla Siemens scanner from each subject in two positions: kneel-squat (yoga child's pose) and supine. Images were segmented and 3D reconstructed using Mimics software. Clinically</p>	

	Number of Canadian faculty members visiting to India	1 Postdoctoral fellow. (1 faculty member's visit was supported by a separate grant)
	Number of Indian faculty members visiting to Canada	0
	Number of Canadian and Indian students or research assistants involved in your project (if any)	1 Canadian, 4 Indian
	Number of Canadian students visiting India (if any)	0
	Number of Indian student visiting Canada (if any)	0
8	What are your plans for your institutions' future research collaboration based on the activities completed under this project? Further addressing maternal health through women's empowerment, for example, introducing women to squatting position during delivery in rural Indian community (teach and facilitate delivery in squatting position).	
9	<p>What other research collaboration activities are being planned by your institution over the coming 12 to 18 months?</p> <p>1. Further qualitative field work. Possibilities include:</p> <ul style="list-style-type: none"> - interviewing Indian women and care providers who have experienced complications during childbirth that occur more commonly in India; - comparison with Canadian women's experiences; - comparative study of birthing experience among two different economic strata. <p>2. Refinement of quantitative analysis methods; finalizing analyses of quantitative data.</p>	
10	<p>Please describe how dissemination of project information and showcasing of research/project results are done at various levels throughout the project period. (400 words)</p> <p>Local (Canada) - presentations at Queen's University, Ottawa Birth and Wellness Centre;</p> <p>Local (India):</p> <ul style="list-style-type: none"> - Wauanje Community Centre; plan to conduct a workshop to disseminate the findings to health care providers so that it can be incorporated into practice. - Presentations and discussions with students at SNTD Women's University and MGM Institute of Health Sciences about the research. <p>International - ISB2017 conference, peer-reviewed journals (not during project period).</p>	
11	<p>Is there any success stories with your research/project that you would like to share? Please attach relevant photographs.</p> <p>The seed for this project was initially planted before the birth of my daughter while considering the link between various cultural birthing practices and biomechanical benefits to maternal health. Including the qualitative research component to ensure the relevance and long-term impact of the overall project was crucial. The three-way collaboration between Nancy Fernandes Pereira (SNTD University), Rajani Mullerpatan (MGM Inst of Health Sciences), and my postdoctoral supervisor and I at Queen's University was actualized through the Shastri Research Grant. Travelling to India to meet with my collaborators solidified our mutual understanding of goals and strategies and allowed me to better understand the context of our work. This collaboration was further enhanced through new relationships developed with students and colleagues of the primary collaborators, which will -- undoubtedly! -- pave the way for future research together.</p> <p>- Andrea Hemmerich, August 2016 (Photograph of collaborators prior to Wauanje village visit in April is attached.)</p>	
12	<p>Were there any reports, publications or other educational materials produced as a result of the project? If so, please attach a copy of these documents to your report (Please note that the Institute reserves the right to use relevant information from those documents in its public communication without any further consultation)</p> <p>SNTD report (attached);</p> <p>Conference and journal publications for both qualitative and quantitative parts of the study are anticipated.</p>	

Page 4 of 6

13	<p>Please attach 2-3 high resolution digital photographs from your SRG project that could be featured in the Shastri Institute's public communication (i.e., annual report, newsletters, etc.)</p> <p>Photos attached: Yes: Yes</p>	
14	<p>Please provide a quote based on the experience of your SRG project work that could be used by the Institute for the above purposes.</p> <p>Simplicity of expectation and experience of birthing: a natural process (as viewed by women in rural India).</p> <p>The SRG provided an opportunity for both Canadian and Indian researchers to understand women's birthing experiences from a cultural and biomechanical perspective.</p>	
15	<p>Please note the following for your Financial Reporting:</p> <ul style="list-style-type: none"> - Fill in and attach the financial report form available on the website. - Submit scanned copies of all invoices and proof of payments to support your financial report. 	
16	Signatures	
<p>Signature of Lead Applicant</p> 		<p>Signature of Co-Applicant</p> 
<p>Date: 07 DEC 2016.</p>		<p>Date: 07 Dec 2016</p>



הקתדרה לביו-אתיקה של אונסקו
UNESCO Chair in Bioethics

המרכז הבינלאומי לבריאות, משפט ואתיקה, הפקולטה למשפטים, אוניברסיטת חיפה
The International Center for Health, Law and Ethics, University of Haifa

10th August 2016

Dr Sudhir N Kadam
Vice Chancellor
MGM Institute of Health Sciences

Professor Russell Dsouza
Head Asia Pacific Program
Melborne Australia

Esteemed Colleagues,

On establishing requirement of the UNESCO Chair in Bioethics (Haifa) having been met, I hereby issue this writ confirming and approving the establishment of the Bioethics Unit of the Indian Program of the UNESCO Chair and of the International Bioethics Network of the UNESCO Chair in Bioethics at:

The MGM Institute of Health Sciences
Sector 1, Kamothe,
Navi Mumbai – 410 209
INDIA

Prof. Amnon Carmi,
Head & Chair Holder
UNESCO Chair in Bioethics

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Record for MGMIHS Navi Mumbai

Member Number: 6844

Firstnames:	Sudhirchandra Nanasahel
Lastname:	Kadam
Full Salutation:	MGMIHS Navi Mumbai Please include your title (Dr, Professor, Mr, Ms, Sir) and your last name
Date of Birth:	19/08/1941 dd/mm/yyyy
Gender:	Male
GMC Number:	3368662
Specialty:	General Internal Medicine
Interest:	HIV/AIDS
Involved In Acute Medical Take: (UK Doctors only)	<input type="checkbox"/> Check the box if you are involved in Acute Medical Take.
Position:	Medical Director & Consultant
Date of first Consultant appointment:	dd/mm/yyyy

Home Address

Address Name for College Mailings:	Dr S N Kadam FRCP Edin
Address Line 1:	Director's Residence
Address Line 2:	MGM Hospital

Address Line 3: G.C.B.D - Belapur

OK, I agree

Town/City: Navi Mumbai 400614

County/Area:

UK Postcode:

Country: INDIA

Professional Address

Address Line 1: MGM Institute of Health Sciences, Navi Mumbai

Address Line 2: Sector 1

Address Line 3: Kamothe

Town/City: Navi Mumbai 410209

County/Area:

UK Postcode:

Country: INDIA

Phone/Fax/E-mail

Email 1: sudhirkadam1947@gmail.com

Email 2:

Home Phone: 0091 22 2757 0219

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THE UNIVERSITY OF
SYDNEY



MGM Institutes of Health Science

Memorandum of Understanding

Between

The Faculty of Health Sciences.

The University of Sydney, Australia (CRICOS Provider 00026A)
and

MGM School of Physiotherapy, MGM Institutes of Health Sciences
(Deemed University u/s 3 of UGC Act 1956) Navi Mumbai, India.

1. The Institutions intend to work together to develop a collaborative arrangement, whereby the institutions may participate in collaborative teaching, training, research and other agreed activities that further enhance the program and the relationship between the institutions.
2. The Institutions will use their reasonable endeavors to effect, within the institutions limitations:
 - a) will develop and pursue collaborative research projects;
 - b) visit from one institution to the other by members of their academic staff for the purpose of participating in teaching, training, research programs and other agreed activities; and
 - c) encourage (on a completely voluntary basis) the exchange of scientific materials, publications and other information between the institutions.
3. This document is in no way intended to create legal or binding obligations on either party. It serves only as a record of the parties' current intentions to enhance relationship of the Institutions going forward.
4. Before any of the activities set out in the Memorandum of Understanding are implemented, the Institutions must enter into formal and binding agreement/(s) (separate from this Memorandum of Understanding) with each other which will detail the specific form and content of the activities and address the responsibilities and rights of each Institution in relation to those activities. The institutions agree to negotiate the terms of any such agreement/(s) in good faith and for the purposes of enhancing the relationship of the Institution.

On behalf of
Partner

.....
Dr. S.N. Kadam
Vice Chancellor

Date :

R. Mullerpatan
.....
Dr. Rajani Mullerpatan
Professor-Director, Physiotherapy

Date : 09-03-2015

On behalf of the
The University of Sydney

Michael Spence
.....
Dr. Michael Spence
Vice-Chancellor and Principal

Date :

K. Refshauge
.....
Professor Kathryn Refshauge
Dean, Faculty of Health Sciences

Date :

10/2/15

Visit by University of Sydney team on 17.06.2019 and proposed plan of implementation

University of Sydney representatives: Dr Katherine Refshauge, Dean-Faculty of Health Sciences, Dr Elizabeth Dylke, Director Student Mobility- Dr Sharon Kilbreath-Deputy Dean, Academic and Associated Dean, International for the Faculty of Health Sciences; Dr Claire Hiller- Senior Research Fellow, Manager, Musculoskeletal Health, Faculty of Health Sciences; Dr Vincent- PhD Scholar

MGM Institute of Health Sciences representatives: Dr Prof Shashank Dalvi, Vice Chancellor, MGM Institute of Health Sciences; Dr Rajani Mullerpatan, Director-MGM School of Physiotherapy; Dr Bela Agarwal (PT), Associate Professor-MGM School of Physiotherapy; Dr Meruna Bose-Professor-MGM School of Physiotherapy and Dr. Zafar Azeem (PT)-Associate Professor-MGM School of Physiotherapy, Navi Mumbai

Venue: Conference Hall, MGM Institute of Health Sciences, Navi Mumbai

1. Objective: The meeting was held to discuss bilateral student mobility program between University of Sydney and MGM School of Physiotherapy, MGMIHS, Navi Mumbai. The objective of student mobility program is to provide students with the opportunity to gain international experience in health service setting in another country. Students will be expected to observe cultural practices, disease patterns and health care systems of the host country.

Students will be expected to observe/participate in general health and /or care programs, live within the community and document and reflect on key health and development issues facing local populations during the 4 week placement. The students are expected to demonstrate cultural sensitivity and ability to adapt to new environments, capacity for critical reflection, and awareness of complex global health issues.

2. Learning outcomes of the program:

At the completion of the unit students will be expected to:

1. Demonstrate a basic understanding of the social underpinning of global health associated with well-being, human rights and community participation of clients – individuals or groups.
2. Describe key health and development issues facing a particular developing country, and the roles various national and international, government and non-government organizations play in meeting local health needs.
3. Illustrate the capacity to reflect the ethics of social responsibility and professional practice within a volunteer setting
4. Adapt to challenges of interacting and working in a different cultural environment.
5. Evaluate health or care programs currently operating in a specific local context; identifying strengths and weaknesses of existing approaches; and how to promote sustainability for ongoing community partnerships.

MGM-University of Sydney Student Mobility Program

6. Engage in critical reflection, documenting and analyzing experiences and practices from multiple perspectives, with the aim of identifying personal and professional gains from learning opportunities in this context.

3. Potential candidates: It was discussed that 5 BPT and MPT students from University of Sydney and final year BPT students and first year MPT students from MGM School of Physiotherapy, Navi Mumbai may participate in the program beginning from December 2020.

4. Potential Placements: It was discussed that clinical experience that could be offered to students from University of Sydney are observer ship at MGM Center of Human Movement Science, MGM Physiotherapy OPD, multi disciplinary hospital, community care and specialized care at Sharan spinal cord injury centre.

Potential placement at University of Sydney would be placement as observers at clinical research units, hospital tours through multispecialty units and sports specialty centers.

5. Time Line: University of Sydney opens applications to students for student mobility program in month of July and therefore it is envisaged that the necessary MOU will be signed between the 2 universities by June 2020 to allow students to apply and travel by December 2020.

It was agreed MGM students will travel during July and UOS students in December

6. Accommodation: Possibility of accommodation for students within the University campus was discussed.

The meeting was preceded by a tour of MGMIHS OMICS Research Centre and MGMIHS Sleep Medicine and Research Centre and followed by an interactive session between MGM School of Physiotherapy students and University of Sydney team.

The meeting concluded with the following mandate

- Both the teams agreed in principle to attempt to initiate a student mobility program at Bachelor's and master's level for students across various disciplines.
- Drafts of unilateral and bilateral mobility programs will be prepared by both teams and submitted for perusal.



From left to right: University of Sydney representatives- Dr Vincent- PhD Scholar; Dr Claire Hiller- Senior Research Fellow, Manager, Musculoskeletal Health, Faculty of Health Sciences; Dr Elizabeth Dylke, Director Student Mobility; Dr Katherine Refshauge, Dean-Faculty of Health Sciences; Dr Sharon Kilbreath-Deputy Dean, Academic and Associated Dean, International for the Faculty of Health Sciences; MGM Institute of Health Sciences representatives: Dr ZafarAzeem(PT)- Associate Professor; Dr Meruna Bose-Professor-MGM School of Physiotherapy; Dr Bela Agarwal(PT), Associate Professor; Dr RajaniMullerpatan, Director-MGM School of Physiotherapy



From left to right: Dr Elizabeth Dylke, Dr Claire Hiller, Dr Sharon Kilbreath, Dr Katherine Refshauge, Dr Vincent with students from MGM School of Physiotherapy , MGM Institute of Health Sciences, Navi Mumbai



From left to right: Dr Raman P. Yadav- Technical Director, MGMIHS OMICS Research Center, Dr Katherine Refshauge, Dr Elizabeth Dylke, Dr Sharon Kilbreath, Dr Claire Hiller, Dr Vincent at MGMIHS OMICS Research Center



From left to right: Dr K.K. Yadav, Chief technologist, MGMIHS Sleep Medicine and Research Center, Dr Katherine Refshauge, Dr Elizabeth Dylke, Dr Sharon Kilbreath, Dr Claire Hiller at MGMIHS Sleep Medicine and Research Center

Proposed 4 week schedule for Student Mobility program

Time Line	Proposed Activity	Learning Outcome
Day1	Tour of MGM Hospital, Kamothe, Visit to MGMIHS Sleep Medicine and Research Center	Students will develop awareness of tertiary care facilities offered at MGMIHS
Day 2	Tour of MGM Physiotherapy Out Patient Department and observation of patient care at MGM-WSC Clinic	Students will observe activities at Physiotherapy Department of MGMIHS and will get an opportunity to interact with patients and physiotherapists to understand challenges of interacting and working in a different cultural environment. They will be able to evaluate health care programs currently operating in a specific local context; identify strengths and weaknesses of existing approaches.
Day 3	Tour of MGM OMICs Research Center	Students will observe methods used in biotechnology lab
Day 4	Tour of Sharan Geriatric Home	Students will observe care available for geriatric population and develop basic understanding of the social underpinnings of global health associated with well-being, human rights and community participation of geriatric groups in middle income countries
Day 5	Tour of Ashray Special School	Students will observe care available for physically challenged children to develop basic understanding of the social underpinnings of global health associated with well-being, human rights and community participation of specially abled children in middle income countries
Day 6-7	Leisure Time	
Day 8-12	Physio OPD – Respiratory Support group, Parkinson’s Support group , CP ,Stroke support group	Students will tour Physiotherapy OPD and be aware of care available for enhancing patient coping strategies in middle income countries Students will develop the capacity to reflect on the ethics of social responsibility and professional practice within a health care setting
Day 13-14	Leisure Time	
Day 15-19	Sharan paraplegic Home Sports at Sharan	Students will observe care available for physically challenged adults in middle income countries They will evaluate health or care programs currently operating in a specific local context; identifying strengths and weaknesses of existing approaches; and understand factors influencing sustainability of ongoing community partnerships
Day 20-21	Leisure Time	
Day 22-26	MGMCHMS Gait data capture Traditional movement activity capture 2D capture	Students will observe and understand methods used for 3D /2D motion analysis
Day 27-28	Leisure Time	Students will engage in critical reflection, documenting and analyzing experiences and practices from multiple perspectives, with the aim of identifying personal and professional gains from learning opportunities in this context
Day 29-30	Summarization of Activities , case reports	


Dr. Rajani Mullerpatan
Professor-Director

Professor - Director



SLEEP CENTER DEVELOPMENT AND SUPPORT AGREEMENT

between

**THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, OWNER AND OPERATOR
OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM**

and

**THE TRUSTEES OF THE MGM INSTITUTE OF HEALTH SCIENCES, KAMOTHE
(OWNER AND OPERATOR)**

December 12, 2013

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Attachments

ATTACHMENT 7.3 UPHS NAME AND TRADEMARK
ATTACHMENT 9.1 PRO FORMA PROFIT AND LOSS STATEMENT

SLEEP CENTER DEVELOPMENT AND SUPPORT AGREEMENT

Between

**THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, OWNER AND OPERATOR
OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM**

And

**THE TRUSTEES OF THE MGM INSTITUTE OF HEALTH SCIENCES, KAMOTHE
(OWNER AND OPERATOR)**

THIS SLEEP CENTER DEVELOPMENT AND SUPPORT AGREEMENT is made this ____ day of _____, 2013 ("Effective Date") by and between **THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA, OWNER AND OPERATOR OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM**, with offices at 3600 Market Street, Suite 240, Philadelphia, PA 19104, USA ("UPHS") and **THE TRUSTEES OF THE MGM INSTITUTE OF HEALTH SCIENCES, KAMOTHE (OWNER AND OPERATOR)** ("MGMIHS"), having its principal place of business at MGM Campus, Sector 18, Kamothe, Navi Mumbai-410209, Maharashtra State, India. MGMIHS and UPHS are individually referred to in this Agreement as a "Party" and collectively as the "Parties".

BACKGROUND

MGMIHS is a large, academic medical center in Mumbai, India, consisting of several hospitals and ancillary facilities. UPHS is a nationally renowned academic health system in the United States that operates several sleep centers (the "Penn Sleep Centers") which provide advanced diagnostic services and treatment for a wide range of sleep disorders. The Penn Sleep Centers, which are Accredited by the American Academy of Sleep Medicine, are the clinical arm of UPHS's Center for Sleep and Circadian Neurobiology.

MGMIHS does not own or operate a sleep center for diagnosing and treating sleep disorders. MGMIHS would like, with the assistance of UPHS, to establish, own and operate a sleep center in the Territory which would provide neuro-diagnostic and sleep disorder testing and related treatment. UPHS desires to provide such assistance subject to the terms and conditions of this Agreement.

NOW, THEREFORE, for good and valuable consideration, the sufficiency of which is acknowledged by both Parties, the Parties, intending to be legally bound, agree as follows:

1. DEFINITIONS AND INTERPRETATIONS.

When used in this Agreement, the following terms shall have the respective meanings set forth below:

1.1. "Affiliate" of a Party means all present or future entities or facilities (i) affiliated with, controlling, controlled by, or under common control with that Party, (ii) participating in any joint venture to which a Party or an entity referred to in the preceding clause (i) is a party, or (iii) for whom a Party provides clinical, administrative or information services (including,

without limitation, on a time-sharing or service bureau basis). Offices of physicians and other caregivers who have privileges at a Party or Affiliate health facility shall be deemed included within the definition of "Affiliate."

1.2. "Agreement" means this Sleep Center Development and Support Agreement and all accompanying attachments. If there is any inconsistency between this Sleep Center Development and Support Agreement and any attachment, this Sleep Center Development and Support Agreement shall control.

1.3. "Applicable Law" (unless used otherwise within the context of a provision of this Agreement) means all national, state, county and municipal laws, ordinances, regulations and orders, as they exist now and as they may be amended from time to time, pertaining to or that apply to or regulate the activities of the Parties under this Agreement.

1.4. "Calendar Quarter" means the respective periods of three (3) consecutive calendar months ending on March 31, June 30, September 30 and December 31.

1.5. "Calendar Year" means each successive period of twelve (12) months commencing on January 1 and ending on December 31.

1.6. "Commercially Reasonable Efforts" means, with respect to the efforts to be expended by a Party with respect to any objective, the reasonable, diligent, good faith efforts to accomplish such objective as such Party would normally use to accomplish a similar objective under similar circumstances.

1.7. "Control" means,

1.7.1. when used with respect to any Intellectual Property Rights, the legal authority or right (whether by ownership, license or otherwise but without taking into account any rights granted by one Party to the other Party under the terms of this Agreement) of a Party to grant access, a license or a sub-license of or under Intellectual Property Rights to the other Party, or to otherwise disclose proprietary or trade secret information to the other Party, without breaching the terms of any agreement with a Third Party, or misappropriating the proprietary or trade secret Information of a Third Party; and

1.7.2. when used not with respect to Intellectual Property Rights, the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person or entity, whether through the ownership of voting securities, by contract, or otherwise.

1.8. "Intellectual Property Rights" means any (a) copyrights, (b) patent applications, issued patents and patentable inventions, processes, methodologies, and procedures, (c) Know-How, and (d) trademarks or service marks, and (e) applications for registration or protection of any of the foregoing.

1.9. "MGMIHS Sleep Center" means a diagnostic and treatment center, located in the Territory and owned by MGMIHS, which provides neuro-diagnostic and sleep disorder testing and related treatment.

1.10. "Related Party" means each Party's Affiliates, and their respective licensees or sub-licensees of rights granted to such Party hereunder, as applicable and necessary to effectuate this Agreement, as well as, with respect to UPHS, contractors that are retained by UPHS to assist UPHS in providing Services hereunder. In no event shall MGMIHS be a Related Party with respect to UPHS or UPHS be a Related Party with respect to MGMIHS.

1.11. "Representative" of a Party means any director, officer, employee, agent, consultant, or other representative of a Party, including legal counsel, accountants and financial advisors.

1.12. "Territory" means Maharashtra, India.

1.13. "Third Party" means any entity or person other than UPHS, MGMIHS or an Affiliate thereof.

1.14. "United States" and "US" means the United States of America and its territories and possessions.

1.15. "UPHS Know-How" means (a) means any information provided by UPHS or UPHS contractors under this Agreement, regarding but not limited to processes, metrics, operations, medical services, advice, plans, trade secrets, ideas, concepts, inventions, formulae, safety, quality assurance, quality control and clinical data or information, technical information, research records or information, and all other confidential or proprietary technical and business information, whether or not embodied in any documentation or other tangible materials and (b) which is not generally known. For clarity, UPHS Know-How does not include specific information regarding MGMIHS Sleep Center patients, such as sleep study reports and evaluations prepared by UPHS clinicians with respect to such patients.

1.16. "UPHS Trademark" means the trademark set forth on Attachment 7.3.

1.17. "USD" and "\$" mean United States of America dollars.

Additional Definitions. In addition, each of the following definitions shall have the respective meanings set forth in the Sections or Attachments as follows:

<u>Definition</u>	<u>Section/Attachment</u>
Additional MGMIHS Sleep Center	11.1
Annual Budget	9.2.1
Claims	18.1
Confidential Information	14.1
Dispute	20.23.1
EBITDA	9.1
Effective Date	Opening Paragraph
Financial Oversight and Consensus Committee	8.1.1
FOCC	8.1.1
Fund	10.1
HIPAA	14.1
ICC	20.23.2
ICC Court	20.23.2.a
Indemnified Party	18.3
Injunction Party	20.23.2.d
MGMIHS	Opening Paragraph
MGMIHS Costs	9.2.1.a
MGMIHS Indemnified Party	18.1
MGMIHS Materials	6.4.5
MGMIHS Notice	11.1
MGMIHS Physicians	3.3
MGMIHS Technologists	3.4.
Monthly P&L	9.2.1.b
Negotiation Period	11.1
Neurocare	14.1.1
Operations Committee	8.2
Party	Opening Paragraph
Parties	Opening Paragraph
Penn Sleep Centers	Background
PHI	14.1
Primary Read	3.2.
Quarterly Reconciliation	9.2.1.b
Secondary Read	3.2.
Services	3.1
Success Metrics	5.1.
Term	12.1
UPHS	Opening Paragraph
UPHS Copyrighted Materials	6.2.2
UPHS Evaluation Period	11.1
UPHS Indemnified Party	18.2
UPHS Intellectual Property and Proprietary Material	15.1

Definition**Section/Attachment**

In this Agreement, unless the context requires otherwise:

- (a) the headings are included for convenience only and shall not affect its construction;
- (b) references to "persons" includes individuals, bodies corporate (wherever incorporated), unincorporated associations and partnerships;
- (c) words denoting the singular shall include the plural and vice versa and words denoting any gender shall include all genders;
- (d) references to the word "include" and "including" shall mean includes and including without limitation; the same principle applies to other conjugations of the verb "to include," and no implication shall be drawn from inconsistent usage as to the actual inclusion or non-inclusion in the test of this Agreement of the phrase "without limitation."
- (e) a Party includes its permitted assignees and/or the respective successors in title to substantially the whole of its undertaking;
- (f) any reference to an enactment or statutory provision is a reference to it as it may have been, or may from time to time be amended, modified, consolidated or re-enacted;
- (g) the Attachments form part of the operative provision of this Agreement and references to this Agreement shall, unless the context otherwise requires, include references to the recitals and the Attachments; and
- (h) any reference in this Agreement to an Article, Section, subsection, paragraph, clause or Attachment shall be deemed to be a reference to an Article, Section, subsection, paragraph, clause or Attachment, of or to, as the case may be, this Agreement, unless otherwise indicated. Unless the context of this Agreement otherwise requires, (a) words such as "herein", "hereof", and "hereunder" refer to this Agreement as a whole and not merely to the particular provision in which such words appear and (b) the use of "shall" and "will" have interchangeable meanings for purposes of this Agreement.

2. GENERAL.

2.1. Purposes. The purpose of this Agreement is for UPHS to assist MGMIHS in establishing and operating the MGMIHS Sleep Center and for UPHS to be compensated for its Services.

3. UPHS RESPONSIBILITIES.

3.1. UPHS Services. UPHS shall provide the following services (collectively, the "Services") under this Agreement:

- 3.1.1** assist MGMIHS in establishing the MGMIHS Sleep Center;

- 3.1.2 provide, to MGMIHS Physicians, Secondary Reads;
 - 3.1.3 assist in training and educating MGMIHS Physicians, as more fully set forth in **Section 3.3**;
 - 3.1.4 assist in training and educating MGMIHS Technologists, as more fully set forth in **Section 3.4**;
 - 3.1.5 assist in establishing quality assurance programs related to diagnostic services;
 - 3.1.6 assist in the conduct of outcomes follow-up analysis in accordance with protocols and other applicable tools provided by UPHS;
 - 3.1.7 provide recommendations on staffing at the MGMIHS Sleep Center;
 - 3.1.8 provide operations review and oversight, including through a "dotted-line/dual" reporting relationship between the chief MGMIHS Technologist at the MGMIHS Sleep Center and UPHS's operational manager in the United States;
 - 3.1.9 help to develop clinical protocols and procedures;
 - 3.1.10 consult on marketing of the MGMIHS Sleep Center;
 - 3.1.11 provide secondary opinions to MGMIHS Physicians on MGMIHS patient issues;
 - 3.1.12 provide secondary opinions to MGMIHS sleep physicians on selecting and purchasing testing equipment and other equipment;
 - 3.1.13 consult on MGMIHS's durable medical equipment program at the MGMIHS Sleep Center (i.e., oversight and consultative services regarding CPAP/APAP prescription, distribution, and compliance monitoring);
 - 3.1.14 prepare online questionnaires;
 - 3.1.15 assist MGMIHS in establishing and pursuing patient-oriented research;
- and
- 3.1.16 provide advice and guidance with respect to MGMIHS acquiring its own information technology platform for use in the MGMIHS Sleep Center that will also allow UPHS to have access to the platform to provide quality assurance and education.

It shall be MGMIHS's ultimate authority at the MGMIHS Sleep Center to (i) make final decisions concerning the selection of personnel, (ii) discipline personnel, (iii) apply MGMIHS

standards, policies and procedures to such personnel, and (iv) make final appointments and terminations according to labour laws in India; provided, however, that MGMIHS shall at all times promptly discuss with UPHS such responsibilities and proposed actions and MGMIHS shall make decisions consistent with the business needs of the MGMIHS Sleep Center and subject to the availability of qualified personnel in the market.

3.2. Secondary Reads. UPHS, at MGMIHS's request, shall undertake Secondary Reads of MGMIHS Sleep Studies. A "Secondary Read" means an evaluation, by a UPHS physician in the United States, of a sleep study undertaken at the MGMIHS Sleep Center by an MGMIHS physician where an MGMIHS physician has initially evaluated the sleep study results and issues a written primary report (a "Primary Read"). The UPHS physician shall issue a report as part of his/her Secondary Read and provide such report to an MGMIHS physician at the MGMIHS Sleep Center. When requesting a Secondary Read, MGMIHS shall provide both the sleep study results and the Primary Read report to the UPHS physician.

3.2.1. MGMIHS recognizes and agrees that (a) after requesting a Secondary Read, MGMIHS shall remove the name and address of the MGMIHS Sleep Center patient from all information (including sleep study data) that is sent to UPHS and shall assign an identifier number to the patient that does not disclose to UPHS the patient's name or address, (b) any Secondary Reads by UPHS are intended and meant solely for MGMIHS physicians and not for MGMIHS patients, and (c) it is the responsibility of MGMIHS physicians to determine, based on their review of such reports, the proper diagnoses and courses of treatment for patients at the MGMIHS Sleep Center. UPHS strongly encourages MGMIHS not to provide the Secondary Read reports from UPHS to MGMIHS patients but rather to discuss, as determined and deemed appropriate by MGMIHS physicians, the content and recommendations contained in those reports, with such patients.

3.3. Training/Education of MGMIHS Physicians. UPHS shall oversee the training of physicians who practice sleep medicine at the MGMIHS Sleep Center (the "MGMIHS Physicians"). UPHS shall provide the following:

3.3.1. access for MGMIHS Physicians, via webinars (at no additional charge), to lectures and case discussions on patients with sleep disorders;

3.3.2. the opportunity for an MGMIHS Physician to visit the Penn Sleep Centers in order to participate in a mini-fellowship on sleep medicine;

3.3.3. the opportunity, using remote video technology, for faculty at UPHS to observe and comment on patient interaction between MGMIHS Physicians and patients; and

3.3.4. specific instructions to MGMIHS Physicians on interpreting sleep studies using web-based technology to review data collected during sleep studies.

3.4. Training of MGMIHS Technologists. UPHS, under a Penn educational program, shall train technologists who provide or who are to provide services at the MGMIHS Sleep Center (the "MGMIHS Technologists"). The scope of such training shall include a broad

spectrum of sleep disorders diagnostic testing, PAP therapy application, trouble shooting and compliance monitoring. The following tools shall be offered to help train MGMIHS Technologists:

3.4.1. virtual classroom didactic with take-home preparation and set-up of electrodes and other sensors on model;

3.4.2. limited on-the-ground training in Mumbai by one (1) UPHS technologist instructor (who shall provide hands-on sleep study training). UPHS shall offer the chief MGMIHS Technologist at the Sleep Center the opportunity to come to UPHS for training;

3.4.3. additional virtual classroom for lectures and instruction on recognizing recording problems and artifacts; and

3.4.4. real time remote monitoring by UPHS technologists of studies in real patients and ongoing interactive support.

All MGMIHS Technologists shall sit a didactic and practical test at the end of their training. Certificates of training in sleep medicine technology shall be issued by UPHS to successful trainees from MGMIHS with ongoing requirements to retain certification.

4. MGMIHS RESPONSIBILITIES.

4.1. **MGMIHS Responsibilities.** MGMIHS shall be responsible for various aspects of and matters pertaining to the MGMIHS Sleep Center, including,

4.1.1. providing and maintaining such space and related systems, including HVAC, plumbing, common electrical systems and IT including but limited to 24 hour access by Penn Sleep Medicine for assisting in quality assurance and troubleshooting, and related fixtures, as are necessary and desirable for operating and for the effective provision of services at the MGMIHS Sleep Center. MGMIHS shall maintain such space and systems including but not limited to daily cleaning and provision of linens and toiletries;

4.1.2. fully furnishing the MGMIHS Sleep Center;

4.1.3. adequately and fully staffing the MGMIHS Sleep Center with physicians, technologists, and administrative and other support staff as appropriate and necessary and in accordance with Applicable Law or accreditation standards. In so doing, MGMIHS shall,

a. appoint an MGMIHS Physician as medical director and, with advice from UPHS, shall select a chief MGMIHS Technologist. The chief MGMIHS Technologist, in turn, shall select, with advice from UPHS, the other MGMIHS Technologists for the MGMIHS Sleep Center;

b. make staffing decisions regarding the staffing levels of physicians, technologists and other staff necessary to operate the MGMIHS Sleep Center in an efficient and

productive manner. MGMIHS shall consult closely with UPHS on such matters and shall use Commercially Reasonable Efforts to follow UPHS's recommendations; and

c. provide no less than eight (8) MGMIHS Technologists for the initial training sessions offered by UPHS.

4.1.4. purchasing and maintaining in good working order all medical equipment (all such equipment which shall be new at the time it was acquired unless otherwise agreed by UPHS) necessary for operating the MGMIHS Sleep Center and providing sleep center services, including but not limited to sleep diagnostic testing equipment and clinical CPAP and BiPAP units and all other equipment used in the provision of medical services. To this end, MGMIHS shall (a) use Commercially Reasonable Efforts to promptly acquire equipment as recommended and approved by UPHS, and (b) maintain configurations and quality of equipment in a manner consistent with the American Academy of Sleep Medicine (AASM) standards and recommendations;

4.1.5. maintaining an adequate inventory of durable medical equipment (e.g., CPAP, APAP devices) for patients of the MGMIHS Sleep Center;

4.1.6. obtaining and maintaining adequate insurance at the MGMIHS Sleep Center;

4.1.7. providing and maintaining high quality health care services at the MGMIHS Sleep Center;

4.1.8. providing financial management of the MGMIHS Sleep Center, including management of receivables and collections and working with various payors to ensure prompt payment. MGMIHS shall be responsible for (a) billing and collecting from various Third Party payors for services provided at or through the MGMIHS Sleep Center, and (b) establishing billing policies and managing its billing system, including selection, installation and monitoring of billing system software consistent with the overall needs of the MGMIHS Sleep Center;

4.1.9. complying with all regulatory, accreditation and legal requirements;

4.1.10. obtaining and maintaining (e.g., bearing the costs for) information technology systems to compliment both clinical/patient care and business operations. To this end, MGMIHS shall seek UPHS advice on information technology to be employed at the MGMIHS Sleep Center, and

4.1.11. providing security to ensure the safety of patients, visitors, staff and contractors.

4.2. MGMIHS Physicians. The Parties understand and agree that the reputation, qualifications and quality of the MGMIHS Physicians are of paramount importance in the success of the MGMIHS Sleep Center. To this end, each MGMIHS Physician,

4.2.1. shall have passed board examinations in sleep medicine or be board eligible and successfully complete the boards within two (2) years of the commencement of operations of the MGMIHS Sleep Center and shall comply with all applicable regulations and applicable accreditation requirements;

4.2.2. may not be excluded from any government sponsored or funded health care program and qualify for or remain an MGMIHS Physician; and

4.2.3. may not have been and/or are not subject to any disciplinary proceeding before the national or state licensing or review board with jurisdiction over such matters.

4.3. **Medical Records.** MGMIHS shall oversee the preparation and maintenance of patient records at the MGMIHS Sleep Center as such records relate to information obtained during the provision of medical services, in such form and manner as will accommodate patient billing and quality assurance. Such medical records shall be stored and maintained by MGMIHS. UPHS shall have access at all reasonable times to such medical records, as well as billing records generated in connection with the provision of medical services, and may make copies of such records both during the Term of this Agreement and upon its expiration or termination, insofar as the same is permitted by Applicable Law. All patients' medical records shall be treated as confidential so as to comply with all applicable national and state laws, and shall be maintained for such periods of time as may be specified therein.

4.4. **Commercially Reasonable Efforts.** MGMIHS shall use Commercially Reasonable Efforts to (a) obtain and maintain the right, in the Territory, to open and operate the MGMIHS Sleep Center, including obtaining and maintaining regulatory approvals and licenses, and (b) timely open and operate, in accordance with the terms of the Agreement, the MGMIHS Sleep Center, and (c) meet the Success Metrics.

4.5. **Policies and Procedures.** MGMIHS shall promptly provide UPHS with copies of all policies and procedures for the MGMIHS Sleep Center, and shall provide copies of all revisions thereto as they are made effective from time to time during the Term.

4.6. **Marketing.** Except as set forth in **Section 7.4**, MGMIHS shall be solely responsible for all matters related to marketing and advertising and educating consumers about the MGMIHS Sleep Center in the Territory. MGMIHS may only use the UPHS Trademark or UPHS's name for marketing or any other purpose with the express, written permission of UPHS or as otherwise expressly set forth under this Agreement.

4.6.1. The first use of the UPHS Trademark or UPHS's name shall be predicated on the Parties' mutual agreement that MGMIHS Technologists have been successfully trained and that safety and study protocols have been fully implemented at the MGMIHS Sleep Center (pre-go live date). MGMIHS's continued use of the UPHS Trademark or UPHS's name thereafter shall be based on the MGMIHS Sleep Center meeting quality assurance standards as established by UPHS. For clarity, this **Section 4.6.1** does not supersede the requirement that, with respect to specific advertisements and marketing uses of the UPHS Trademark and UPHS name, that MGMIHS seek and obtain UPHS's approval before such use.

4.6.2. MGMIHS shall use Commercially Reasonable Efforts to market the MGMIHS Sleep Center within the Territory.

4.7. **Exclusivity.** From the Effective Date until termination of this Agreement, MGMIHS and its Affiliates shall not work with or grant any license, access or other rights to any Third Party with respect to the MGMIHS Sleep Center where such work, grant or access (a) would be, (b) is otherwise required to be or (c) subject to be, in UPHS's discretion, provided by UPHS under this Agreement.

5. **SUCCESS METRICS.**

5.1. **Success Metrics.** The Parties have established the following metrics (the "Success Metrics") against which to evaluate whether the MGMIHS Sleep Center is successful and meeting expectations:

5.1.1. **Physicians.**

a. At least one (1) MGMIHS Physician has been trained to UPHS standards. Such physician is carrying out sleep-related duties in a manner consistent with UPHS/AASM standards in place as of June 1, 2013 or as updated by or via notice from UPHS.

b. All other MGMIHS Physicians who have reading privileges have been certified by UPHS.

5.1.1 **Technologists.**

a. Train and retain at least eight (8) MGMIHS Technologists to Penn certificate standards and complete CME target of 50 hours over five (5) years required by BRPT, pro-rated annually. MGMIHS Technologists should be able to perform all aspects of sleep studies to AASM and BRPT standards in place as of June 1, 2013 (or as updated by or via notice from UPHS) and maintain acceptable performance levels as determined by Annual Reviews.

b. Train and retain at least one (1) chief MGMIHS Technologist and one (1) lead MGMIHS Technologist, both maintaining acceptable performance levels as determined in by Annual Reviews.

5.1.2 **Financial.**

a. Minimum operating profit of at least 80% of aggregate 6 month Agreement pro forma P&L.

b. Provide services that do not involve any form of remuneration for referrals to/from any entity (i.e., physicians, vendors, MGM, UPHS or any other source).

5.1.3 **General and Operating.**

- a. Maintain minimum 85% patient to staffed bed efficiency level.
- b. Develop and effectively deliver a high quality patient and physician awareness/educational/marketing program to enable integrated care to be delivered, as medically necessary, to at least 281 patients (total lab capacity calculated as $4 \times 4 \times 24 = 384$; plus HST) defined as physician clinic care, sleep diagnostic studies, and/or sleep-related PAP therapy in a six (6) month period date from first patient.
- c. Achieve mutually agreed upon patient satisfaction levels as determined by post-services questionnaire.
- d. Conduct all sleep center clinical and administrative operations to AASM standards in effect as of June 1, 2013 or as updated by or via notice from UPHS.

5.1.4 Achievement of quality metrics (clinic and diagnostic). The quality metrics would be included in the Agreement.

5.1.5 Ability to efficiently and effectively train technologists.

5.1.6 Provision of staff (including physicians and technologists) who have the capabilities and abilities to learn and fully perform their jobs.

5.1.7 Achievement of patient volume targets.

5.1.8 The operation of the MGMIHS Sleep Center consistent with applicable regulatory and legal requirements.

5.1.9 Ability to educate potential physician referral sources and to market and educate Indian healthcare consumers with such efforts leading to pursuit of diagnosis and treatment of sleep disorders at the MGMIHS Sleep Center.

5.1.10 Ability to effectively provide PAP therapy or alternatives such as oral devices directly to patients.

5.1.11 The achievement by operations of projected financial viability metrics.

All of the preceding metrics, except in **Subsection 5.1.1** and **Subsection 5.1.2(b)**, are the sole responsibility of MGMIHS.

6. LICENSES.

6.1 **License Grant to UPHS Know-How.** UPHS hereby grants to MGMIHS and MGMIHS hereby accepts a fully paid, non-exclusive, sublicensable (solely to MGMIHS Affiliates), non-assignable license to use the UPHS Know-How to operate and provide patient services at the MGMIHS Sleep Center.

6.2 UPHS Trademark and UPHS Copyrighted Materials

6.2.1 License Grant to UPHS Trademark. Subject to Article 7 (e.g., MGMIHS achieving and then continuing to meet Success Metrics) and Section 6.4, UPHS hereby grants to MGMIHS a fully paid-up, non-exclusive, royalty-free, non-sublicensable, non-assignable license to use the UPHS Trademark in the Territory.

6.2.2 License Grant to UPHS Copyrighted Materials. UPHS may provide copyrighted materials (collectively, the "UPHS Copyrighted Materials") to MGMIHS during the Term. In such event, UPHS hereby grants to MGMIHS a fully paid-up, non-exclusive, royalty-free, non-sublicensable, non-assignable license to use the UPHS Copyrighted Materials in the Territory at the MGMIHS Sleep Center. In doing so, MGMIHS shall not remove any copyright symbols, copyright signs or other designators that indicate that the UPHS Copyright Materials copyright status.

6.3 No Implied Licenses. Except as specifically set forth in this Agreement, MGMIHS shall not acquire, by virtue of this Agreement, any license or other intellectual property interest, by implication or otherwise, in any Intellectual Property Rights Controlled by UPHS or its Affiliates.

6.4 UPHS Trademark.

6.4.1 Trademark License. UPHS shall be solely responsible for filing for and maintaining, protecting and defending, at its sole cost and expense, the UPHS Trademark in the Territory. UPHS shall be responsible for selecting and filing any domain names in the Territory using the UPHS Trademark and shall own such domain names and control any webpages under such domain names that use the UPHS Trademark. The Parties agree, if requested by UPHS, to promptly execute a trademark license agreement for the use by MGMIHS and its Affiliates of the UPHS Trademark and/or trade names in furtherance of and conformity with Section 6.4. Notwithstanding the foregoing, MGMIHS, its Affiliates and their respective sub-licensees shall have no obligation to use the UPHS Trademark.

6.4.2 MGMIHS acknowledges and agrees that it does not acquire any ownership or proprietary rights of any nature in the UPHS Trademark as a result of this Agreement (except the rights to use the UPHS Trademark as expressly granted herein). MGMIHS recognizes UPHS's ownership in and title to the UPHS Trademark in the Territory.

6.4.3 MGMIHS shall not use the UPHS Trademark, in whole or in part, as a corporate name, trade name or otherwise without the prior written approval of UPHS. MGMIHS shall not join any name(s) with the UPHS Trademark so as to form a new mark.

6.4.4 UPHS is responsible for registering and maintaining, in the Territory, the UPHS Trademark. UPHS shall be solely responsible (and at its sole cost) for defending and enforcing the UPHS Trademark in the Territory. In the event that UPHS decides not to defend or

enforce a UPHS Trademark in the Territory and MGMIHS desires that UPHS so defend the UPHS Trademark in the Territory, then UPHS will do so at MGMIHS's sole expense.

6.4.5 With respect to the use of any UPHS Trademark, UPHS has the right to approve the packaging, branding and promotional format bearing the UPHS Trademark to be used by MGMIHS in connection with the MGMIHS Sleep Center. MGMIHS shall submit to UPHS, at UPHS's reasonable written request, representative samples of MGMIHS's proposed advertising and branding and other materials on which the UPHS Trademark appears (collectively, "**MGMIHS Materials**"), and MGMIHS specifically undertakes to make any changes in such MGMIHS Materials that are reasonably requested by UPHS for the purpose of preventing material harm to the goodwill associated with the UPHS Trademark. MGMIHS shall not take any actions tending to lower the quality or prestige of the UPHS Trademark or tending to cause confusion between the Services and any other products or services that are marked under or associated with the UPHS Trademark.

6.4.6 MGMIHS shall comply with all notice and marking requirements of applicable intellectual property law for the protection and enforcement of the UPHS Trademark unless such notice and marking requirements are not commercially reasonable under the circumstances.

6.4.7 MGMIHS shall cooperate with UPHS in protecting, defending and enforcing the UPHS Trademark in the Territory, including protection against counterfeiting and other acts of infringement by Third Parties. In the event that MGMIHS becomes aware of any claim or dispute involving the UPHS Trademark, or of any counterfeiting or other acts of trademark infringement in the Territory, MGMIHS shall promptly give UPHS notice of the nature and extent of same.

6.4.8 Unless otherwise expressly provided for in this Agreement, all rights to the UPHS Trademark, other than those specifically granted to MGMIHS herein, are expressly reserved to UPHS for its own use and benefit. All use and attendant goodwill of the UPHS Trademark pursuant to this Agreement shall inure to the benefit of UPHS.

6.4.9 The license grant in the UPHS Trademark hereunder shall continue in force for a period of 20 years from the Effective Date unless this Agreement terminates sooner or unless MGMIHS materially breaches this Agreement or the trademark license agreement, as the case may be. In the event the Term of this Agreement continues beyond such 20 year period, the term of the license grant shall automatically renew for successive 20 year periods each.

7. BRANDING.

7.1 Use of the UPHS Trademark. Subject to (a) MGMIHS achieving the Success Metrics set forth in **Article 5** and (b) MGMIHS's compliance with the other terms of this Agreement, UPHS grants MGMIHS the right to use the UPHS name and the UPHS Trademark on the facility housing the MGMIHS Sleep Center and in marketing materials within the Territory as follows:

7.1.1 Subject to UPHS's specific review and written approval of signage location and placement on and within the MGMIHS Sleep Center, MGMIHS may include signs (again, on a case-by-case basis) on and within the MGMIHS Sleep Center that include the UPHS branding set forth in Attachment 7.3 (i.e., the UPHS name and the UPHS Trademark); and

7.1.2 Subject to UPHS specific review and written approval of each advertisement or similar use, MGMIHS may use the UPHS Trademark in Attachment 7.3 to advertise and market the MGMIHS Sleep Center in the Territory.

For clarity, and notwithstanding anything in this Agreement to the contrary, (a) a specific advertisement that contains UPHS's Trademark or name that has been expressly approved in writing by UPHS may be used by MGMIHS during the Term in journals, newspapers and other publications provided such advertisement is not otherwise revised or changed as approved by UPHS (and provided that nothing has otherwise changed so as to call into question the accuracy of such advertisement), and (b) MGMIHS shall not otherwise use the UPHS name or UPHS Trademark without UPHS's express written approval for each such use.

7.2 **Continued Use of the UPHS Trademark.** In the event that MGMIHS achieves the requirements set forth in **Section 7.1**, then MGMIHS's continued use of the UPHS name and the UPHS Trademark is contingent upon (a) MGMIHS continuing to meet the Success Metrics and (b) MGMIHS's material compliance with the terms of this Agreement. UPHS may give written notice to MGMIHS if UPHS believes that MGMIHS is not meeting its obligations under this **Section 7.2**. In such event, and within five (5) days of MGMIHS's receipt of such notice, the Parties shall discuss UPHS's concerns and ways that MGMIHS may be able to address UPHS's concerns. If, within ten (10) days of such discussion, UPHS is not reasonably satisfied that MGMIHS has addressed UPHS's concerns, UPHS may provide written notice to MGMIHS directing MGMIHS to discontinue using the UPHS name and UPHS Trademark. In such event, MGMIHS shall discontinue such use of the UPHS name and UPHS Trademark within five (5) days of receipt of such notice.

7.3 **UPHS Name and UPHS Trademark.** The UPHS name and the UPHS Trademark are set forth on Attachment 7.3.

7.4 **UPHS Marketing.** The Parties recognize that UPHS may be interested in marketing the MGMIHS Sleep Center in the Territory. In the event that UPHS provides written notice to MGMIHS of UPHS's interest in so marketing the MGMIHS Sleep Center, the Parties shall discuss such matter and determine, subject to MGMIHS's approval (such approval not to be unreasonable denied or delayed), the level and extent of such marketing efforts by UPHS. To that end, MGMIHS may impose reasonable limitations and controls on UPHS on the use of MGMIHS's name and trademark in marketing MGMIHS Sleep Center in the Territory.

8. JOINT COMMITTEES.

8.1 **Financial Oversight and Consensus Committee.**

8.1.1 Establishment. Within forty-five (45) days of the Effective Date, a committee shall be established to provide general financial oversight and to oversee the Fund, and to act as a dispute resolution and consensus building committee (the "**Financial Oversight and Consensus Committee**" or "**FOCC**").

8.1.2 Responsibilities. The FOCC will serve the following role:

- a. periodically review the financial performance of the MGMIHS Sleep Center and related budgets;
- b. review and approve annual budgets and profit and loss statements, as well as determine reinvestment of the Fund in accordance with **Article 10**;
- c. provide a forum for the discussion of, and the exchange of information and provide feedback with respect to the conduct of activities under the Agreement; and
- d. serve as a forum for resolving Disputes.

8.1.3 Membership. UPHS and MGMIHS will each designate an equal number of representatives to serve on the FOCC by written notice to the other Party. Initially, each Party shall designate two (2) such representatives. The FOCC shall be jointly chaired by UPHS and MGMIHS. The FOCC may elect to vary the number of representatives from time to time during the Term. Either Party may designate substitutes for its FOCC representatives if one (1) or more of such Party's designated representatives is unable to be present at or participate in a meeting. From time to time each Party may replace its FOCC representatives by written notice to the other Party specifying the prior representative(s) and their replacement(s). The chairpersons shall be responsible for (i) calling meetings, (ii) preparing and circulating an agenda for the upcoming meeting and (iii) running the meeting, but shall have no special authority over the other members of the FOCC, and shall have no additional voting rights. The chairpersons or their designees shall be responsible for preparing and issuing minutes of each such meeting within thirty (30) days thereafter.

8.1.4 Meetings. The FOCC shall hold at least two (2) meetings per Calendar Year at such times as its members elect to do so. Meetings of the FOCC shall be effective only if at least one (1) representative of each Party is present or participating. The FOCC may meet either (a) in person at each Party's offices or at such locations as the Parties may otherwise agree; or (b) by web-based video teleconference. With the prior consent of the other Party's representatives (such consent not to be unreasonably withheld or delayed), each Party may invite non-members to participate in the discussions and meetings of the FOCC; provided that such participants shall be subject to the confidentiality and non-use provisions set forth in **Article 14**. Additional meetings of the FOCC may also be held with the consent of each Party, as required under this Agreement, or to resolve any dispute referred to it, and neither Party will unreasonably withhold or delay its consent to hold such an additional meeting.

8.1.5 FOCC Decisions and Actions. Actions to be taken by the FOCC shall be taken only following unanimous vote, with each Party having one (1) vote. Such actions shall be set forth in meeting minutes.

8.1.6 Authority. The FOCC shall have only the powers assigned expressly to it in this Article 8, and shall not have any power to amend, modify or waive compliance with this Agreement.

8.1.7 Dispute Escalation. Any Dispute before the FOCC that cannot be resolved within sixty (60) days after such Dispute is first brought to the FOCC may be submitted, by either Party, to binding arbitration as set forth in Section 20.23.2 or other express remedy as expressly set forth herein.

8.2 Operations Committee. Except for the activities ascribed to the FOCC in Section 8.1, a committee consisting of MGMIHS and UPHS employees (and, if determined by UPHS, UPHS contractor employees) shall be established within forty-five (45) days of the Effective Date to oversee and evaluate the implementation of the Agreement and operation of the MGMHIS Sleep Center (including marketing activities) (the "Operations Committee").

8.2.1 Responsibilities. The Operations Committee will serve the following role:

- a. periodically review the goals and strategic direction of the Parties under this Agreement, including (a) consideration of key Success Metrics and MGMIHS's ability to meet and to exceed such metrics; (b) progress of the MGMIHS Sleep Center and opportunities for growing and improving the MGMIHS Sleep Center; (c) operational issues and impediments to success;
- b. periodically review the financial performance of the MGMIHS Sleep Center and related budgets;
- c. review and approve annual budgets and profit and loss statements, as well as determining reinvestment of the Fund in accordance with Article 10; and
- d. provide a forum for the discussion of, and the exchange of information and provide feedback with respect to the conduct of activities under the Agreement.

9. COMPENSATION.

9.1 Payment to UPHS. MGMIHS shall pay UPHS forty percent (40%) of Earnings Before Interest, Taxes, Depreciation and Amortization ("**EBITDA**"), not to be less than 0, concerning the MGMIHS Sleep Center, as that term (that is, EBITDA) is generally understood and used in the United States. For clarity, (a) the EBITDA of the MGMIHS Sleep Center shall be determined, on a monthly basis, by considering the earnings of the MGMIHS Sleep Center before interest payments, tax, depreciation, and amortization are subtracted, and (b) even if EBITDA, when calculated, is less than 0, UPHS shall not be responsible for any losses incurred

by the MGMIHS Sleep Center. The Parties have prepared a pro forma profit and loss statement (one in US Dollars and the other in Indian Rupees), attached as Attachment 9.1, which establishes the precise method of calculating EBITDA for the MGMIHS Sleep Center. For clarity, revenue includes all sleep study fees, all sales and rentals of durable medical equipment and all fees paid by or on behalf of patients.

9.1.1 Within 30 days of the end of each Calendar Quarter, MGMIHS shall pay UPHS all sums due under this **Article 9**.

9.2 Annual Budget Process.

9.2.1 Annual Pro Forma update. The Parties shall prepare and finalize, no later than sixty (60) days prior to the first day of the anniversary of the Agreement, a pro forma update for the following twelve (12) months (the "**Annual Budget**").

a. On a Calendar Quarter basis, but no later than thirty (30) days after the first of a calendar month, MGMIHS shall detail the reasonable and necessary costs actually incurred by MGMIHS (the "**MGMIHS Costs**") in the operation of the MGMIHS Sleep Center during the previous month. Such costs may include (i) direct salary and benefit costs of clinical and administrative personnel employed or contracted by MGMIHS to the extent working at the MGMIHS Sleep Center, (ii) overhead costs associated with the charge entry and management of the MGMIHS Sleep Center receivables, (iii) direct costs of providing and maintaining sufficient equipment and supplies. Except as specifically provided herein, such costs shall not include any allocation of corporate home office or other extra-facility overhead incurred by MGMIHS, but shall be limited to costs associated directly with its operations at the MGMIHS Sleep Centers. **MGMIHS Costs** shall constitute only those categories of costs identified on Attachment 9.1, plus any other costs subsequently falling into such category or new category by operation of this Agreement or mutual consent of the Parties.

i. During the first 12 months under this Agreement, MGMIHS shall provide to UPHS, in addition to the Calendar Quarter reports, monthly reports in the format of Attachment 9.1, containing operational information and a profit and loss statement.

b. MGMIHS shall provide to UPHS the following reports (i) on a Calendar Quarter basis, a profit and loss statement in the same or materially similar format and content as set forth on Attachment 9.1 ("**Monthly P&L**"), and operations covered hereunder, during the prior month, and (ii) on a quarterly basis a "**Quarterly Reconciliation**" in the same or materially similar format and content as set forth on Attachment 9.1. UPHS shall cooperate in the preparation of such reports. Any revenues collected and adjustments therein shall be recorded in a special account in such manner as to facilitate the generation of the Monthly P&L and the Quarterly Financial Reports, which shall include without limitation the provision by MGMIHS to UPHS of a report of revenues received during each month no later than ten (10) days following the end of such month. MGMIHS shall provide UPHS with reasonable access to its billing and receivables systems.

c. MGMIHS will pay UPHS within 60 days of its receipt of each Calendar Quarter statement by check made payable to "The Trustees of the University of Pennsylvania, Division of Sleep Medicine". Upon 60 days prior written notice, UPHS may require wire transfers of payments, change the payee and/or change the preceding address.

9.3 Payment Exchange Rate. All payments to be made by MGMIHS to UPHS under this Agreement shall be made in United States dollars and may be paid by check made to the order of UPHS or bank wire transfer in immediately available funds to such bank account in the United States as may be designated in writing by UPHS from time to time. In the case of sales outside the United States, the rate of exchange to be used in computing the amount of currency equivalent in United States dollars due UPHS shall be made at the rate of exchange utilized by MGMIHS in its worldwide accounting system (it being understood that the rate of exchange currently used by MGMIHS is Reuters) based on the average exchange rate for the preceding month, prevailing on the third to the last business day of the month prior to the month in which such sales are recorded by MGMIHS.

9.4 Charity Care. MGMIHS is a not-for-profit organization that has certain obligations to provide charity care. MGMIHS may provide services on a charity care basis at the MGMIHS Sleep Center in the normal course of business. However, in the event such charity care is greater in any given month than three percent (3%) of patient volume, an amount equivalent to the then-prevailing rate for any excess over three percent (3%) shall be imputed as revenue for the sole purpose of calculating net profit. In such event, MGMIHS shall create a separate line item in the applicable monthly P&L (and corresponding Quarterly Financial Report) identifying the imputed revenue.

9.5 Records and Reports.

9.5.1 Records. MGMIHS shall maintain records necessary for an independent certified public accounting firm to verify the accuracy and completeness of financial information provided/required to be provided to UPHS under this Agreement.

9.6 Audits.

9.6.1 Upon the written request of UPHS, MGMIHS shall permit an independent certified public accounting firm of nationally recognized standing in the United States or India, at UPHS's expense, to have access during normal business hours to such of the records of MGMIHS as may be reasonably necessary to verify the accuracy of the financial information provided by MGMIHS and payments made by MGMIHS to UPHS hereunder for any fiscal year (MGMIHS's fiscal year being from April 1st to March 31st) ending not more than twenty-four (24) months prior to the date of such request. The accounting firm shall disclose to UPHS only whether the financial information and payments are correct or incorrect and the amount of any discrepancy. No other information shall be provided to UPHS.

9.6.2 If the accounting firm identifies a discrepancy made during such period, MGMIHS shall pay UPHS the amount of the discrepancy within thirty (30) days of the date that MGMIHS receives the accounting firm's written report, or as otherwise agreed upon by the

Parties. The fees charged by such accounting firm shall be paid by UPHS, provided, however, that if such audit uncovers an underpayment by the Audited Party that exceeds \$US 5,000, then the fees of such accounting firm shall be paid by MGMIHS.

9.6.3 Upon the expiration of twenty-four (24) months following the end of any fiscal year, the financial information with respect to such fiscal year and the calculation of payments made to UPHS with respect to such fiscal shall be binding and conclusive upon UPHS, and MGMIHS and its Related Parties shall be released from any liability or accountability with respect to the financial information and calculation of payments with respect to such fiscal year.

9.6.4 UPHS shall treat all financial information subject to review under this **Section 9.6** in accordance with the confidentiality and non-use provisions of this Agreement, and shall cause its accounting firm to enter into an acceptable confidentiality agreement with MGMIHS obligating it to retain all such information in confidence pursuant to such confidentiality agreement.

10. ACADEMIC DEVELOPMENT AND REINVESTMENT FUND.

10.1 Fund. Twenty percent (20%) of the EBITDA of the MGMIHS Sleep Center shall be promptly contributed by MGMIHS to an academic development and reinvestment fund (the “Fund”) within 30 days of the close of the quarter. Reports of the holdings in the Fund will be part of the end of the quarter reports. The Fund shall be used to develop academic programs concerning sleep in the Territory which are of interest to both Parties, such programs which may include joint research activities and research by post-doctorate MGMIHS personnel at UPHS. The Fund may also be used to support the start-up of additional joint sleep centers in the MGMIHS market. The Fund’s spending shall be limited to the preceding unless the Financial Oversight and Consensus Committee unanimously agrees otherwise.

10.2 Fund Oversight. The Fund shall be controlled by the FOCC as set forth under **Section 8.1**.

11. RIGHT OF FIRST REFUSAL.

11.1 Notice and Negotiation. MGMIHS shall give UPHS prompt written notice (the “MGMIHS Notice”) if MGMIHS is interested – whether directly or through one or more Related Party or Third Party – during the Term in opening and operating one or more additional sleep centers in the Territory (each an “Additional MGMIHS Sleep Center”). Within 60 days of receipt of the MGMIHS Notice (such 60 day period constituting the “UPHS Evaluation Period”), UPHS shall provide written notice to MGMIHS if UPHS is interested in providing all or a portion of the UPHS Services to MGMIHS at the Additional MGMIHS Sleep Centers. If MGMIHS receives such notice from UPHS within the UPHS Evaluation Period, then the Parties, for a period of no less than 180 days (the “Negotiation Period”), shall negotiate in good faith to enter into an agreement or amending this Agreement with respect to UPHS providing (as needed or desired by MGMIHS) some or all of the UPHS Services to MGMIHS for the Additional Sleep Centers. If the Parties, notwithstanding good faith efforts to enter in such agreement or amendment during the Negotiation Period, are unable to do so, then MGMIHS shall be free to

enter into negotiations with one or more Third Parties to provide all or some of the services at the Additional MGMIHS Sleep Centers.

11.1.1 For clarity, (a) MGMIHS shall reasonably cooperate with UPHS so that UPHS, during the UPHS Evaluation Period, is able to gain a reasonable understanding of MGMIHS's needs with respect to the Additional MGMIHS Sleep Centers, and (b) during the UPHS Evaluation Period and the Negotiation Period, MGMIHS shall not (y) initiate or enter into discussions with one or more Third Parties for such Third Parties to provide any of the UPHS Services at the Additional MGMIHS Sleep Centers or (z) provide any of the UPHS Services itself at the Additional MGMIHS Sleep Centers.

12. TERM AND TERMINATION.

12.1 Term. The term of the Agreement shall begin on the Effective Date and continue for a period of five (5) years (the "Term"). Thereafter the Term shall annually renew for subsequent 24 month periods, unless UPHS gives notice to MGMIHS, at least 180 days before the end of the then current Term, that UPHS desires that the Agreement terminate.

12.2 Termination for Cause. This Agreement may be terminated at any time during the Term for the following reasons.

12.2.1 Material Breach. If either Party is in material breach of this Agreement, the non-breaching Party may give written notice to the breaching Party specifying the claimed particulars of such breach, and in such event, if the breach is not cured within ninety (90) days after such notice, the non-breaching Party shall have the rights thereafter to terminate this Agreement immediately by giving written notice to the breaching Party to such effect provided, however, that if such breach is capable of being cured but cannot be cured within such ninety (90) day period and the breaching Party initiates actions to cure such breach within such period and thereafter diligently pursues such actions, the breaching Party shall have such additional period as is reasonable in the circumstances to cure such breach not to exceed an additional ninety (90) day period, provided, however, that in the event of a good faith dispute with respect to the existence of a material breach, the cure period shall be tolled until such time as the dispute is resolved pursuant to **Section 20.23**; or

12.2.2 Bankruptcy. Either Party may terminate this Agreement upon the filing or institution of bankruptcy, reorganization, liquidation or receivership proceedings of the other Party, or upon an assignment of a substantial portion of the assets for the benefit of creditors by the other Party; provided, however, that in the case of any involuntary bankruptcy proceeding such right to terminate shall only become effective if the Party consents to the involuntary bankruptcy or such proceeding is not dismissed within ninety (90) days after the filing thereof.

12.3 Termination by UPHS without Cause. Notwithstanding anything contained in this Agreement to the contrary, UPHS shall have the right to terminate this Agreement at any time, in its sole discretion by giving one-hundred and twenty (120) days' advance written notice to MGMIHS.

13. EFFECT OF TERMINATION.

13.1 Effect of Termination. Upon termination of this Agreement,

13.1.1 MGMIHS shall pay UPHS, within thirty (30) days of termination, one-half (1/2) of any monies in the Fund as of the date of termination;

13.1.2 MGMIHS shall pay UPHS, in accordance with the payment provisions under this Agreement, all payments due and owing to UPHS that have accrued up to the date of termination;

13.1.3 MGMIHS shall promptly (but no later than seven (7) days after such termination) discontinue using the UPHS name and UPHS Trademark under this Agreement; and

13.1.4 Within thirty (30) days after the effective date of such termination, each Party shall return or destroy all information and documents in tangible form delivered or provided by the other Party (or the other Party's Related Parties), regardless of the medium. Notwithstanding the preceding, (a) MGMIHS shall not be obligated to return any information concerning MGMIHS patients, (b) neither Party shall be obligated to return any information concerning joint research activities; (c) each Party may keep one (1) copy of such information and documents in its confidential files for record purposes, and (d) UPHS may keep any documents concerning Services it provided under the Agreement (including sleep study reports) and activities concerning the Fund.

14. CONFIDENTIALITY AND NON-DISCLOSURE.

14.1 Confidential Information. Except as expressly set forth otherwise in this Agreement, MGMIHS and UPHS each acknowledge the need for confidentiality of the information furnished to it by the other Party and agree that confidential and proprietary information hereunder shall include, without limitation, the terms of this Agreement, including all Attachments, information regarding marketing and business strategies, and all other information generally treated by businesses in a confidential and proprietary manner, in whatever form or medium maintained (collectively, the "Confidential Information"). Each Party shall hold the Confidential Information of the other Party as confidential, and agrees not to use or disclose such information except as provided herein. Each Party agrees further to limit access to the other Party's Confidential Information to those of its Representatives who have a need to know such information to perform his or her function. Each Party's obligations under this Section 14.1 will continue during the Term and will survive any termination or cancellation of this Agreement for a period of two (2) years or as long as otherwise legally required under Applicable Law. The Parties shall treat all Protected Health Information ("PHI") of patients (as that term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") (45 C.F.R. parts 142 and 160-164, as may be amended)), as Confidential Information and, to the extent that HIPAA or any other applicable laws and regulations governing the security and privacy of individual health care and financial information apply, to comply with such Applicable Laws and shall enter into a business associate agreement if necessary to comply with such Applicable Law.

14.1.1 Notwithstanding anything in this Agreement to the contrary, if the Confidential Information was provided directly or indirectly by Neurocare, Inc., d/b/a Neurocare, Inc. Center for Sleep ("Neurocare"), a subcontractor of UPHS that will assist UPHS in providing services under this Agreement, then (a) UPHS may request in writing, at any time, that MGMIHS return to UPHS or destroy such Neurocare provided Confidential Information, and (b) MGMIHS may not keep a copy of such Neurocare provided Confidential Information for any purposes. Similarly, when this Agreement terminates, MGMIHS shall return to UPHS or destroy any Neurocare provided Confidential Information, and MGMIHS may not keep a copy of such Neurocare provided Confidential Information for any purposes.

14.2 Exceptions. The provisions of Section 14.1 do not apply to any Confidential Information which (a) becomes publicly available through no fault of the non-disclosing Party, (b) is disclosed to a Party by a Third Party that is legally entitled to disclose such information, (c) was known by the Party prior to its receipt from the disclosing Party hereunder, (d) is developed by a Party independently of any disclosures made by the other Party hereunder, (e) has been published by a Third Party or is otherwise in the public domain other than as a result of actions of the receiving Party or (f) is required to be disclosed by order of a court of competent jurisdiction, administrative agency or governmental body, or by subpoena, summons or other legal process, or by law, rule or regulation, provided that prior to such disclosure, the Party whose Confidential Information is to be disclosed is given reasonable advance notice of such order and an opportunity to object to or limit such disclosure. UPHS may also use all patient related information under this Agreement for research purposes provided such use is consistent with Applicable Law.

14.3 Authorized Disclosure. A Party may disclose the Confidential Information belonging to the other Party to the extent such disclosure is reasonably necessary in any of the following instances:

14.3.1 Prosecuting or defending litigation;

14.3.2 Complying with applicable governmental regulations or orders; and

14.3.3 Disclosure, in connection with the performance of this Agreement, to Related Parties, consultants, or agents, each of whom prior to disclosure must be bound by similar obligations of confidentiality and non-use at least equivalent in scope to those set forth in this Article 14 and elsewhere in this Agreement.

14.4 Advertising and Publicity. Notwithstanding anything in this Agreement to the contrary, MGMIHS shall not use the name, logo or trademark of UPHS (or of any of UPHS's Affiliates) in any form of publicity or promotional or advertising material, or in any communications with the media without UPHS's prior written consent to the specific contemplated use. No such use by MGMIHS shall state or imply that UPHS endorses MGMIHS or the MGMIHS Sleep Center (without UPHS's express written permission and approval), and all such use shall comply with applicable University of Pennsylvania and UPHS policies with respect to MGMIHS endorsements. UPHS may terminate this Agreement and seek injunctive relief immediately if MGMIHS violates this provision.

14.4.1 Press Releases. Neither Party may issue a press release or other public statement, whether oral or written, disclosing the existence of this Agreement, the terms hereof or any information relating to this Agreement without the prior written consent of the other Party (and, in the case of UPHS, such consent must be received from the Senior Vice President for Public Affairs), provided however, that neither Party will be prevented from complying with any duty of disclosure it may have pursuant to Applicable Law or pursuant to the rules of any recognized stock exchange or quotation system provided such Party shall promptly inform the other Party of the disclosure that is being sought in order to provide the other Party an opportunity to challenge or limit the disclosure obligations. Each Party will use reasonable efforts to allow the other Party sufficient time to review a proposed press release before the date that such Party would like to release the press release; the other Party will use reasonable efforts to timely review and comment upon the proposed press release.

14.5 Compliance with Privacy Laws. Each Party shall also be responsible for ensuring that performance of its obligations and exercise of its rights under this Agreement comply with all applicable privacy laws. If this Agreement or any practices which could be, or are, employed in performance of this Agreement are inconsistent with or do not satisfy the requirements of any privacy laws, the Parties shall agree in good faith upon an appropriate amendment to this Agreement to comply with such laws and regulations.

14.6 Remote Access. If remote access to UPHS systems, hardware or software is required by MGMIHS, MGMIHS agrees that it will use such access only as authorized in performance of this Agreement and for no other purposes and will comply with all of UPHS's security controls, policies and standards as part of the log-on and access procedures. MGMIHS further agrees it will not: (i) knowingly introduce any virus or disabling code into UPHS; (ii) allow Third Parties to have access to UPHS's systems, hardware or software; (iii) attempt to access any portion of UPHS's systems, hardware, or software that are not required for performance under this Agreement. UPHS may immediately terminate MGMIHS's remote access use in the event that MGMIHS: (i) uses or accesses any UPHS information or communication systems, hardware, or software without authorization or its access exceeds the level of authorized access, (ii) is no longer using remote access, or (iii) violates UPHS's corporate remote access policies and procedures.

14.7 Data Breach Notification Requirements.

14.7.1 If either Party discovers or is notified of a breach or potential breach of security relating to Confidential Information disclosed under this Agreement, such Party shall promptly (a) notify the other Party of such breach or potential breach, (b) in consultation with the other Party, investigate and remediate such breach or potential breach, and (c) if the breach or potential breach resulted from a failure or weakness in systems or procedures that were the notifying Party's responsibility, provide the other Party with satisfactory assurances that the breach or potential breach will not recur.

14.7.2 Either Party shall, following the discovery of a privacy incident or security incident that might have resulted in a breach of Confidential Information acquired, accessed, used, or disclosed by such Party, notify the other Party of such potential breach. Such

notification shall be made without unreasonable delay and in no case later than ten calendar days after discovery of the potential breach.

14.7.3 The notifying Party shall cooperate fully to assist the other Party in: identifying individuals potentially affected by the breach; conducting any risk assessment required by Applicable Law; and providing any notifications required by Applicable Law. If the other Party determines that establishment of a toll-free telephone contact number is necessary to handle patient inquiries relating to the breach, and requests the notifying Party to provide staffing to respond to calls to the toll-free number, the notifying Party shall provide the requested staffing at its cost.

14.7.4 To the extent that a breach of a Party's Confidential Information resulted from acts or omissions of the other Party or its contractors, the breaching Party shall be responsible for all costs reasonably incurred by the other Party in connection with the foregoing activities.

14.7.5 Injunctive Relief. Each Party agrees that in the event of a breach or threatened breach of this Article 14, the other Party may suffer irreparable harm for which it may have no adequate monetary remedy, and may be entitled to injunctive and other equitable relief for such breach, in addition to and not in limitation of any other legal or equitable remedies to which it would otherwise be entitled. In the case of a breach or threatened breach relating to improper disclosure of PHI, the Parties agree that irreparable harm would occur and that injunctive relief would be appropriate.

15. INTELLECTUAL PROPERTY.

15.1 UPHS Ownership. UPHS shall retain and hereby retains all right, title and interest in (a) the UPHS Trademark, and (b) the UPHS name, service marks, designs, and logos, and all legally protectable elements or derivative works thereto (collectively under (b), the "UPHS Intellectual Property and Proprietary Material").

15.2 UPHS Trademark.

15.2.1 UPHS Trademark. UPHS has the sole right, at its sole cost and expense, to search, clear, file, register, prosecute, defend, maintain and enforce the UPHS Trademark. UPHS has the sole right and option, at its sole cost and expense, to respond to any infringement with respect to the UPHS Trademark by appropriate steps, including by filing an infringement suit or taking other similar action. UPHS also has the sole right and option not to prosecute, defend, maintain or enforce the UPHS Trademark or take action to respond to any such infringement. UPHS will provide MGMIHS with written notice at least ninety (90) days prior to abandoning any UPHS Trademark.

15.2.2 Infringement and Defense.

a. UPHS Trademark. If MGMIHS has knowledge that a Third Party is or may be engaging in commercially significant infringement of the UPHS Trademark in the Territory, MGMIHS shall notify UPHS in writing and provide it with any evidence of such

infringement that is reasonably available. UPHS has the first right and option to respond to any infringement with respect to the UPHS Trademark by appropriate steps, including filing an infringement suit or taking other similar action, and shall notify MGMIHS of any such suit or other action. If UPHS elects at its sole discretion not to take action to respond to any such infringement of the UPHS Trademark within thirty (30) days after becoming aware of such infringement, then MGMIHS shall have the right and option to respond to such infringement by appropriate steps, including filing an infringement suit or taking other similar action, and shall notify UPHS of, and consult with UPHS from time to time regarding, any such suit or other action. The Party not taking action to respond to the infringement or potential infringement shall provide reasonable assistance to the Party taking such action, including providing access to relevant documents and other evidence, making its employees available at reasonable business hours, and joining the action to the extent necessary to allow the Party taking such action to maintain the action.

b. **UPHS Intellectual Property Rights.** UPHS has the sole right, at its sole cost and expense, to defend, maintain and enforce the UPHS Intellectual Property and Proprietary Material. UPHS will notify MGMIHS if it undertakes legal action to defend or enforce the UPHS Intellectual Property and Proprietary Material in the Territory and keep MGMIHS informed of all significant actions related thereto. If MGMIHS has knowledge that a Third Party is or may be engaging in commercially significant infringement or misappropriation of the UPHS Intellectual Property and Proprietary Material in the Territory, MGMIHS shall notify UPHS in writing and provide it with any evidence of such infringement or misappropriation that is reasonably available.

16. REPRESENTATIONS, WARRANTIES AND COVENANTS.

16.1 Mutual Representations and Warranties.

16.1.1 Corporate Power. Each Party represents and warrants to the other that it is duly organized and validly existing under the laws of its jurisdiction of incorporation or formation, and has full corporate or other power and authority to enter into this Agreement and to carry out the provisions hereof.

16.1.2 Due Authorization. Each Party represents and warrants to the other that it is duly authorized to execute and deliver this Agreement and to perform its obligations hereunder, and the person executing this Agreement on its behalf has been duly authorized to do so by all requisite corporate or partnership action.

16.1.3 Binding Agreement. Each Party represents and warrants to the other that (i) this Agreement is legally binding upon it and enforceable in accordance with its terms, and (ii) the execution, delivery and performance of this Agreement by it does not conflict with any agreement, instrument or understanding, oral or written, to which it is a Party or by which it may be bound, or violate any material law or regulation of any court, governmental body or administrative or other agency having jurisdiction over it.

16.2 MGMIHS Representations. MGMIHS represents as follows:

16.2.1 No Debarment. Neither MGMIHS nor any MGMIHS personnel, nor any officer, director, employee, subcontractor or agent of MGMIHS providing or directing the provision of services under this Agreement has been: (i) convicted of any offense related to the delivery of an item or service under any government program; (ii) convicted of a criminal offense relating to neglect or abuse of patients in connection with the delivery of a health care item or service; (iii) convicted of fraud, theft, embezzlement or other financial misconduct in connection with the delivery of a health care item or service; (iv) obstructing an investigation of any crime referred to in this Section 16.2.1 (i) through (iii) above; (v) required to pay any civil monetary penalty regarding false, fraudulent, or impermissible claims under any state or national health care program; and/or (vi) debarred, penalized by, convicted, sanctioned, suspended, excluded or otherwise ineligible to participate in any state or federal healthcare or reimbursement program.

16.2.2 Non-referral. No part of the compensation paid hereunder is in exchange for the referral or arrangement for referral of any patient to UPHS.

16.3 UPHS Representations. UPHS represents and warrants to MGMIHS that (a) UPHS has the power and authority to enter into and perform its obligations under this Agreement and (b) the Services to be performed by UPHS shall be performed in a competent, professional, and workmanlike manner, and be of good workmanlike and professional quality. All personnel assigned by UPHS to perform Services shall have the proper skill, training and background, and, if applicable, licensure and/or certification in the United States so as to be able to perform in a competent and professional manner.

16.4 Disclaimer. EXCEPT AS EXPRESSLY PROVIDED IN THIS AGREEMENT, NEITHER MGMIHS NOR UPHS MAKES ANY OTHER REPRESENTATIONS OR WARRANTIES WITH RESPECT TO THE SUBJECT MATTER HEREOF, INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

17. LIMITATIONS OF LIABILITY.

17.1 Limitation of Claims. IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, OR PUNITIVE DAMAGES, INCLUDING LOSS OF PROFIT OR GOODWILL, FOR ANY MATTER ARISING OUT OF OR RELATING TO THIS AGREEMENT, WHETHER SUCH LIABILITY IS ASSERTED ON THE BASIS OF CONTRACT, TORT OR OTHERWISE, EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. PROVIDED, HOWEVER, THAT THE LIMITATIONS SHALL NOT APPLY TO EITHER PARTY'S INDEMNIFICATION OBLIGATIONS UNDER ARTICLE 18 OR BREACH OF A PARTY'S INTELLECTUAL PROPERTY RIGHTS.

18. INDEMNIFICATION.

18.1 Indemnification by UPHS. Subject to the final sentence of **Section 18.2**, PHS shall indemnify, hold harmless and defend MGMIHS and its Representatives (the “**MGMIHS Indemnified Party**”) from and against any actions, claims, or demands (collectively, the “**Claims**”) of Third Parties, including, without limitation, damages, losses, costs of litigation, and related expenses (including reasonable attorney's fees), arising from or relating to (a) UPHS's material breach of any provision of this Agreement; and (b) the negligence, willful misconduct, or misrepresentation of UPHS or its Representatives. The limitations in **Article 17** shall not limit UPHS's indemnification of the MGMIHS's Indemnified Party.

18.2 Indemnification by MGMIHS. MGMIHS shall indemnify, hold harmless and defend UPHS and its Representatives (the “**UPHS Indemnified Party**”) from and against any Claims of Third Parties, including, without limitation, damages, losses, costs of litigation, and related expenses (including reasonable attorney's fees), arising from or relating to (a) MGMIHS's material breach of any provision of this Agreement; (b) the negligence, willful misconduct, or misrepresentation of MGMIHS or its Representatives; and (c) medical practice, delivery of healthcare or other services at or associated with (including by physicians and technologists) the MGMIHS Sleep Center and Additional MGMIHS Sleep Centers (including medical care provided to patients at such sleep centers). For clarity, (a) the limitations in **Article 17** shall not limit MGMIHS's indemnification of the UPHS Indemnified Party, and (b) **Section 18.1** shall not otherwise limit MGMIHS's indemnification obligations under subsection 18.2(c).

18.3 Indemnification Procedure. Any UPHS Indemnified Party or MGMIHS Indemnified Party (each, an “**Indemnified Party**”) seeking indemnification hereunder shall notify the indemnifying Party in writing reasonably promptly after the assertion against the Indemnified Party of any Claim in respect of which the Indemnified Party intends to base a claim for indemnification hereunder, but the failure or delay so to notify the indemnifying Party shall not relieve the indemnifying Party of any obligation or liability that it may have to the Indemnified Party except to the extent that the indemnifying Party demonstrates that its ability to defend or resolve such Claim is adversely affected thereby.

18.3.1 Subject to the provisions of **Section 18.3.3** and **Section 18.3.4**, the indemnifying Party shall have the right, upon providing written notice to the Indemnified Party of its intent to do so within thirty (30) days after receipt of the notice from the Indemnified Party of any Claim, to assume the defense and handling of such Claim, at the indemnifying Party's sole expense.

18.3.2 The indemnifying Party shall select counsel reasonably acceptable to the Indemnified Party in connection with conducting the defense and handling of such Claim, and the indemnifying Party shall defend or handle the same in consultation with the Indemnified Party, and shall keep the Indemnified Party timely apprised of the status of such Claim. The indemnifying Party shall not, without the prior written consent of the Indemnified Party, agree to a settlement of any Claim which could lead to liability or create any financial or other obligation on the part of the Indemnified Party for which the Indemnified Party is not entitled to indemnification hereunder, or would involve any admission of wrongdoing on the part of the Indemnified Party. The Indemnified Party shall cooperate with the indemnifying Party, at the request and expense of the indemnifying Party, and shall be entitled to participate in the defense

and handling of such Claim with its own counsel and at its own expense. Notwithstanding the foregoing, in the event the indemnifying Party fails to conduct the defense and handling of any Claim in good faith after having assumed such, then the provisions of **Section 18.3.4** shall govern.

18.3.3 If the indemnifying Party does not give written notice to the Indemnified Party, within thirty (30) days after receipt of the notice from the Indemnified Party of any Claim with respect to which it has indemnification obligation under this **Article 18**, of the indemnifying Party's election to assume the defense and handling of such Third Party Claim, or otherwise elects not to assume the defense and handling of such Claim, the provisions of **Section 18.3.4** shall govern.

18.3.4 In the event that the indemnifying Party fails to conduct the defense and handling of a Claim in good faith as set forth in **Section 18.3.2** or elects not to assume the defense and handling of such Claim as set forth in **Section 18.3.3**, the Indemnified Party may, at the indemnifying Party's expense, select counsel reasonably acceptable to the Indemnified Party in connection with conducting the defense and handling of such Claim and defend or handle such Claim in such manner as it may deem appropriate, provided, however, that the Indemnified Party shall keep the indemnifying Party timely apprised of the status of such Claim and shall not settle such Claim without the prior written consent of the indemnifying Party, which consent shall not be unreasonably withheld. If the Indemnified Party defends or handles such Claim, the indemnifying Party shall cooperate with the Indemnified Party, at the Indemnified Party's request but at no expense to the Indemnified Party, and shall be entitled to participate in the defense and handling of such Claim with its own counsel and at its own expense.

19. INSURANCE.

19.1 MGM Insurance. MGMIHS, during the Term, shall obtain and maintain sufficient insurance with respect to the MGMIHS Sleep Center and Additional MGM Sleep Centers, as well as the activities of MGMIHS employees and contractors at such sleep centers, according to the prevalent laws in India regarding insurance.

20. MISCELLANEOUS.

20.1 Independent Contractor Status. Each Party is undertaking activities under this Agreement as an independent contractor and not as an employee, agent, partner or joint venturer of or with the other Party. Neither Party shall not have authority to bind or obligate the other Party in any manner. MGMIHS shall neither have nor exercise any control over the methods by which UPHS performs the Services. Each Party shall be solely responsible for the payment or withholding of all national, state, or local income taxes, Social Security taxes, unemployment taxes, workers' compensation and other insurance required by law arising from compensation of that Party's employees hereunder. Neither Party hereto has any right or authority to assume, create, or incur any liability or any obligation of any kind, express or implied, against or in the name of or on behalf of the other Party.

20.2 Waiver. No waiver of any provision hereof or of any right or remedy hereunder shall be effective unless in writing and signed by the Party against whom such waiver is sought to be enforced. No delay in exercising, or partial exercise of, any right or remedy hereunder shall constitute a waiver of any such right or remedy, or any other right or remedy, or future exercise thereof.

20.3 Severability. Should one or more of the provisions of this Agreement become void or unenforceable as a matter of law, then this Agreement shall be construed as if such provision were not contained herein and the remainder of this Agreement shall be in full force and effect, and the Parties will use their best efforts to substitute for the invalid or unenforceable provision a valid and enforceable provision which conforms as nearly as possible with the original intent of the Parties. Notwithstanding the preceding, if the invalidity of the provision(s) has or will have a material impact on the valuation of the Agreement, then the Parties will make a good faith adjustment of the payments required forth under Article 9 to take into account the change of such valuation.

20.4 Cooperation in the Event of Lawsuits, Audits and Investigations. In the event that any claim, demand, suit or other legal proceeding arising out of any matter relating to this Agreement is made or instituted by any person or entity against either Party, or in the event that an audit or investigation of a Party is initiated, the other Party will provide reasonable information and assistance in the defense or other disposition.

20.5 Qualifications. MGMIHS will maintain during the Term all licenses, permits, certifications, registrations, accreditations and approvals required by law for MGMIHS to establish and operate the MGMIHS Sleep Center, and shall ensure that all of its employees and agents have and maintain during the Term of this Agreement all licenses, permits, certifications, registrations, accreditations and approvals required by law for such employees and agents to provide services and otherwise act in connection with MGMIHS's performance under this Agreement.

20.6 Compliance with Laws.

20.6.1 MGMIHS. MGMIHS will comply, and shall cause its personnel to comply, at its own cost and expense, with the provisions of all Applicable Law in India.

20.6.2 UPHS. UPHS will comply, and shall cause its personnel to comply, at its own cost and expense, with the provisions of all Applicable Law in the United States.

20.6.3 Foreign Corrupt Practices Act. Each Party shall comply, at all times, with the Foreign Corrupt Practices Act of 1977, as amended, 15 U.S.C. §§ 78dd-1, et seq. with respect to activities at or related to the MGMIHS Sleep Center, as well as each Party's activities under this Agreement.

20.7 Non-Discrimination and Affirmative Action. Neither Party shall unlawfully discriminate against employees or applicants on the basis of race, national origin, gender, age,

creed, ancestry, religion, marital status, sexual orientation, gender identity, veteran status, or disability.

20.8 Conflicts of Interest. MGMIHS affirms that, to the best of its knowledge, this transaction does not involve any actual or potential conflicts of interest (such as undisclosed financial interests in MGMIHS or in the transaction held by UPHS personnel or their family members). MGMIHS will notify UPHS in writing of any change occurring with respect to any interest of MGMIHS that is likely to lead to (or has resulted in) an actual or potential conflict of interest.

20.9 Notice. Except as expressly set forth otherwise herein, all notices, consents, waivers, and other communications under this Agreement must be in writing and will be deemed to have been duly given when (a) delivered by hand (with written confirmation of receipt), (b) sent by fax (with written confirmation of receipt), provided that a copy is sent by an internationally recognized overnight delivery service (receipt requested), or (c) when received by the addressee, if sent by an internationally recognized overnight delivery service (receipt requested), in each case to the appropriate addresses and fax numbers set forth below (or to such other addresses and fax numbers as a Party may designate by notice):

If to MGMIHS:

Director
MGM Institute of Health Sciences
MGM Campus
Sector 18, Kamothe
Navi Mumbai-410209
Maharashtra State, India
Telefax: 022-27431094

If to UPHS:

University of Pennsylvania Health System
3400 Spruce Street
Philadelphia, PA 19104
Attention: Chief Executive Officer

With a copy to:

Office of the General Counsel
University of Pennsylvania/UPHS
133 S. 36th Street, Suite 300
Philadelphia, PA 19104
Attention: Senior Counsel, Health System Division

20.10 Amendment. No amendment, change, waiver, or discharge hereof shall be valid unless in writing and signed by both Parties.

20.11 Taxes. UPHS asserts it is exempt from all federal, state and local taxes and shall provide, upon request, a certificate documenting tax-exempt status. In the event it is determined that UPHS is not exempt from any such taxes by Federal or State agencies, any sales or use taxes, or other tax imposed on UPHS, shall be the sole liability of, and shall be paid solely by UPHS.

20.12 Force Majeure. If the performance of any part of this Agreement by either Party is prevented, hindered, delayed or otherwise made impracticable by reason of any flood, war, riot, fire, judicial or governmental action, labor disputes, act of God, illness of key personnel who may not be to be promptly replaced or other causes beyond the control of either Party, that Party shall be excused from such to the extent that it is prevented, hindered or delayed by such causes; provided, in each such case, such delay or nonperformance was reasonably unavoidable or beyond the control of any Party hereto. In such event, the Party affected will use Commercially Reasonable Efforts to resume performance of its obligations and to keep the other Party informed of such efforts. If any force majeure condition causes a Party not to perform in accordance with this Agreement for a period of five (5) consecutive days, the other Party, upon written notice, may immediately refer the matter to the Oversight Committee for resolution. If the Oversight Committee is unable to resolve the matter to the reasonable satisfaction of the other Party within ten (10) days after such referral, such Party, upon five (5) days written notice to the Party undergoing the force majeure condition, may terminate this Agreement.

20.13 Entire Agreement. This Agreement and the Attachments attached hereto constitute the complete and exclusive statement of all mutual understandings between the Parties with respect to the subject matter of this Agreement, and supersedes all prior or contemporaneous proposals, communications and understandings, oral or written. The Parties acknowledge and agree that, as of the Effective Date, all confidential information disclosed by one Party to the other Party prior to the Effective Date (a) related to the subject matter of this Agreement or (b) disclosed during or as the result of the provision of environmental services shall be considered Confidential Information of the disclosing Party under this Agreement.

20.14 Choice of Law. Subject to Section 20.23.2, this Agreement will be governed by the laws of the State of New York in the United States, without regard to its conflict of laws provisions.

20.15 Cumulative Remedies. No remedy referred to in this Agreement is intended to be exclusive unless explicitly stated to be so, but each shall be cumulative and in addition to any other remedy referred to in this Agreement or otherwise available under law.

20.16 No Third Party Beneficiary Rights. This Agreement is not intended to and shall not be construed to give any Third Party any interest or rights (including, without limitation, any Third Party beneficiary rights) with respect to or in connection with any agreement or provision contained herein or contemplated hereby, except as otherwise expressly provided for in this Agreement.

20.17 Binding Effect. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective legal representatives, successors and permitted assigns.

20.18 Interpretation. The Parties hereto acknowledge and agree that: (a) each Party and its counsel reviewed and negotiated the terms and provisions of this Agreement and have contributed to its revision; (b) the rule of construction to the effect that any ambiguities are resolved against the drafting Party shall not be employed in the interpretation of this Agreement; and (c) the terms and provisions of this Agreement shall be construed fairly as to all Parties hereto and not in a favor of or against any Party, regardless of which Party was generally responsible for the preparation of this Agreement. The headings of each Article and Section in this Agreement have been inserted for the convenience of reference only and are not intended to limit or expand on the meaning of the language contained in the particular Article or Section.

20.19 Assignment. Neither Party may assign this Agreement or any rights or obligations hereunder without the prior written consent of the other Party, except that either Party may assign this Agreement in whole or in part to an Affiliate or to a successor by purchase, merger, consolidation or transfer of substantially all of its assets. Any assignment in contravention of this Section 20.19 shall be void.

20.20 Extension to Affiliates. Notwithstanding anything in this Agreement to the contrary, each Party shall have the right to extend the rights and immunities granted in this Agreement to one or more of its Affiliates. All applicable terms and provisions of this Agreement, except this right to extend, shall apply to any such Affiliate to which this Agreement has been extended to the same extent as such terms and provisions apply to the Party extending such rights and immunities. The Party extending the rights and immunities granted hereunder shall remain liable for any acts or omissions of its Affiliates unless this Agreement is assigned to a permitted Affiliate and such Affiliate to which this Agreement is assigned has sufficient assets and resources to carry out its obligations and responsibilities hereunder. Notwithstanding any provision in this Agreement to the contrary, neither Party shall extend any rights or immunities granted in this Agreement to any Affiliate unless such Affiliate is bound to all of the obligations and restrictions to which that Party itself is bound to under this Agreement.

20.21 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

20.22 Expenses. Each Party shall pay its own costs, charges and expenses incurred in connection with the negotiation, preparation and completion of this Agreement.

20.23 Dispute Resolution.

20.23.1 Dispute Resolution Procedure. If any dispute, claim or controversy of any nature arising out of or relating to this Agreement, including, without limitation, any action or claim based on tort, contract or statute, or concerning the interpretation, effect, termination, validity, performance and/or breach of this Agreement (each, a "**Dispute**"), arises between the Parties (and with respect to Disputes that are considered by the FOCC, the FOCC cannot resolve such Dispute as set forth in Section 8.1), either Party may refer the Dispute to binding arbitration in accordance with Section 20.23.2.

a. Subject to **Section 20.23.2.d**, no Dispute shall be the subject of private litigation between the Parties.

20.23.2 Arbitration. In the event that the FOCC is unable to resolve any Dispute, controversy or claim between the Parties referred to them within the sixty (60) day period set forth in **Section 8.1.7**, the Dispute shall, at the request of either Party, be finally settled by binding arbitration in accordance with the then current Rules of Arbitration of the International Chamber of Commerce ("ICC"). Judgment on the arbitration award may be entered in any court having jurisdiction thereof.

a. The arbitration panel shall consist of three (3) arbitrators, at least one of which shall have legal or business experience in health institution matters. The arbitrators are to be selected as follows: each Party shall nominate one (1) such qualified arbitrator and the two arbitrators so nominated shall nominate a third such qualified arbitrator, who shall be the presiding arbitrator, in each case subject to confirmation by the International Court of Arbitration of the International Chamber of Commerce (the "ICC Court"). In the event either Party fails to nominate a qualified arbitrator as provided above within fifteen (15) Business Days after the other Party shall have nominated its arbitrator, or the two arbitrators so nominated shall fail to agree on a third arbitrator as provided above within thirty (30) days, such arbitrator(s) shall be appointed by the ICC Court.

b. The place of arbitration shall be London, England, and the language of the arbitration shall be English. The arbitrators shall apply the laws of the State of New York (as set forth in **Section 20.14**) except as follows: to the extent that the issue at hand concerns the confidentiality of patient information, the arbitrators shall apply the law of the situs where the patient information is located. If the patient information is at UPHS, then the arbitrators shall apply the law of the United States and the law of the Commonwealth of Pennsylvania (unless either such laws do not apply to such patient information, in which case the arbitrators shall apply the law of India) and if the patient information is in India, then the arbitrators shall apply the law of India with respect to patient confidentiality and the obligations of the Parties to maintain the confidentiality of such patient information.

c. Except as otherwise provided in this Agreement, the arbitration procedure set forth in this **Section 20.23.2** shall be the sole and exclusive means of settling or resolving any Dispute referred to in this **Section 20.23.2**.

d. Prior to the arbitration panel being in place, either Party (the "Injunction Party"), without waiving any remedy under this Agreement, may notify the other Party if such it believes that that Party has materially breached or is likely to materially breach this Agreement where such breach would afford the Injunction Party the right to seek an injunction. Upon receipt of such notice, the Parties shall immediately discuss such concern. If the concern of the Injunction Party is not resolved to the Injunction Party's satisfaction within two (2) business days, then the Injunction Party may seek from any court having jurisdiction any temporary injunctive or provisional relief necessary to protect the rights or property of the Injunction Party until final resolution of the issue by the arbitration panel or other resolution of the controversy between the Parties. Once the arbitration panel is in place, either Party may

apply to the arbitrators for interim injunctive relief until the arbitration award is rendered or the controversy is otherwise resolved, and either Party may apply to a court of competent jurisdiction to enforce interim injunctive relief granted by the arbitration panel. Any final award by the arbitration panel shall be binding on the Parties and may be entered by either Party in any court having appropriate jurisdiction for a judicial recognition of the decision and applicable orders of enforcement. The arbitrators shall have no authority to award punitive or any other type of damages not measured by a Party's compensatory damages.

e. Within sixty (60) days after the third and presiding arbitrator has been confirmed by the ICC Court, the Parties shall exchange all documents in their respective possession that are relevant to the issues in dispute and not protected from disclosure by attorney-client privilege or other immunity. Each Party shall also be permitted to take sworn oral deposition of individuals, such depositions to be scheduled by mutual agreement and concluded within forty-five (45) days after the exchange of documents described above. At least fifteen (15) Business Days prior to the first scheduled hearing date, the Parties shall identify the witnesses that they intend to present at the arbitration hearing and the documentation on which they intend to rely. The Parties shall use Commercially Reasonable Efforts to conclude the arbitration hearings within six (6) months following the confirmation of the third and presiding arbitrator. The arbitrators shall issue their decision (including grounds and reasoning) in writing no later than sixty (60) days following the conclusion of the last arbitration hearing.

f. The fees of the arbitrators and the other costs of such arbitration, excluding attorneys' fees for which each Party shall bear its own costs, shall be borne equally (50%/50%) by the Parties.

g. Provided the Agreement has not terminated in accordance with its terms, the Parties covenant to continue the performance under the Agreement in accordance with the terms thereof, pending the final resolution of the Dispute. The preceding shall not adversely affect UPHS's right to terminate this Agreement under Section 12.3.

h. Except to the extent necessary to confirm an award or as may be required by law or necessary to protect a Party's rights under Section 20.23.2.d, neither a Party nor an arbitrator may disclose the existence, content, or results of an arbitration without the prior written consent of both Parties. In no event shall an arbitration be initiated after the date when commencement of a legal or equitable proceeding based on the Dispute would be barred by the applicable statute of limitations of the State of New York.

20.24 Survival. The following Articles and Sections shall survive termination of this Agreement: **Article 1, Article 9, Article 13, Article 14** (but only for a period of two (2) years after termination of this Agreement or as otherwise required under Applicable Law, whichever is longer), **Article 17, Article 18, Article 20 and Section 15.1,**

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

IN WITNESS WHEREOF, the Parties, by their duly authorized representatives, have executed this Agreement as of the Effective Date.

THE TRUSTEES OF THE UNIVERSITY OF
PENNSYLVANIA, OWNER AND OPERATOR
OF THE UNIVERSITY OF PENNSYLVANIA
HEALTH SYSTEM

Philip Okala 12/12/13
Authorized Signature

Se VP Business Dev
Printed Name

Philip Okala
Title

THE TRUSTEES OF THE MOUNT
INSTITUTE OF HEALTH SCIENCES,
KAMOTHE (OWNER AND OPERATOR)

[Signature]
Authorized Signature

[Signature]
Printed Name

Vice Chancellor
Title Mount Institute of Health Sciences
Kamothé



INTERNATIONAL CONFERENCE ON NEONATOLOGY, 2017

HOSTS : MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI
IN ASSOCIATION WITH PEDIATRIC ASSOCIATION OF INDIA AND NATIONAL NEONATOLOGY FORUM.

MUMBAI, 12 – 17 SEPTEMBER, 2017

Web site: www.mgmneopaicon.com

E/mail: mgmneopaicon@gmail.com

Patron

Dr. Sudhir N. Kadam, FRCP
Hon'ble Vice Chancellor,
MGMIHS

Organising Chairperson:

Dr. Nitin N. Kadam, M.D. DCH
President, PAI &
Director, MGM Trust

Organising Secretary:

D. Kamesh Srivastava, M.D.
NRF, Mumbai

Co-Organising Secretary:

Dr. Piyush Jain, M.D., D.M. (Neo)
Associate Prof, Neonatology,
MGM Medical College.

Chair-person, Scientific Committee:

Dr. Nimain C. Mohanty, M.D. (PGI)
Prof. of Pediatrics, MGMIHS, NM

Treasurer:

Dr. Vijay Kamale, M.D.
Prof & HOD, Pediatrics,
MGM Medical College, Kamothe

To,

Dr Mangesh Gadhari
Health Officer, UNICEF Mumbai
magadhari@unicef.org
United Nations Children's Fund
'B' wing, R - 2, Technopolis building, Ground floor,
Mahakali Caves road, Near MIDC, Opposite Holy Family School,
Andheri (East). Mumbai - 400 093.

Dear Sir,

This is to kindly inform you that our Organization MGM
INSTITUTE OF HEALTH SCIENCES has an account in the name of

MGM INSTITUTE OF HEALTH SCIENCES

Hence, we request you to kindly process all our future transactions
in the favor of "MGM INSTITUTE OF HEALTH SCIENCES" only.

Our A/C Payee details are as below :-

Name of the organization :- MGM Institute of Health Sciences
Account Payee Name :- MGM Institute of health Sciences
Account Type :- Savings
Account Number :- 0183104000132763
IFSC Code :- IBKL0000183

Thanks & regards



Account Manager/Finance Officer, MGMIHS



Annex E. Partner Declaration (to be completed by CSO - mandatory)

Partner Declaration		
Name of organisation: <u>Institute for Resource Analysis and Policy</u>		
Partner	Yes	No
By answering yes, the organization confirms that neither the organisation nor any of its members is mentioned on any of the <u>United Nations Security Council targeted sanctions lists</u> http://www.un.org/sc/committees/consolidated_list.shtml	Yes	
By answering yes, the organization confirms that it is committed to the core values of the UN, the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD). http://www.unicef.org/crc/ http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx http://www.un.org/disabilities/convention/conventionfull.shtml	Yes	
Does the organisation have an Annual Report that is publicly available? Attach the latest report or provide URL	Yes	
Does the organisation have an annual audit of financial statements? Attach the latest report or provide URL	Yes	

I declare, as an official representative of the above-named organization, that the information provided in this declaration and attached documentation is complete and accurate, and I understand that it is subject to UNICEF verification.

Name of partner	<u>MGM Institute of Health Sciences</u>
Name and title of the duly authorized partner representative	<u>Dr. Rajesh B. Goel</u> <u>Registrar</u> <u>MGM Institute of Health Sciences, Kamothe,</u> <u>Navi Mumbai - 410209</u>
Signature	
Date	<u>Sept 14, 2017</u> <u>Dr. Rajesh B. Goel</u> <u>Registrar</u>
MGM Institute of Health Sciences (Deemed University u/s 3 of UGC Act, 1956)	
FOR UNICEF OFFICE USE ONLY	
UN Security Council Sanctions List Verification	CSO on list <input type="checkbox"/> NSRO on list <input type="checkbox"/>
Name	
Title	
Signature	
Date	

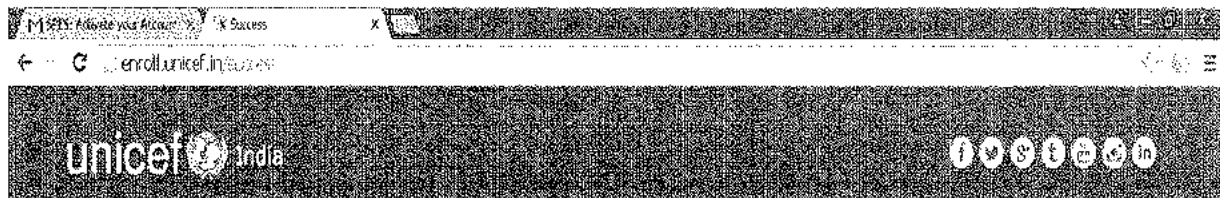
2. The Member Secretary, Medical Council of India (MCI), New Delhi
3. Director, Distance Education Council, Indira Gandhi National Open University, Maidan Garhi, New Delhi.
4. Vice Chancellor, University of Mumbai, Mumbai (Maharashtra).
5. Vice Chancellor, Maharashtra University of Health Sciences, Nasik (Maharashtra)
6. Vice Chancellor, Dr. Baba Saheb Ambedkar Marathwada University, Aurangabad (Maharashtra).
7. Director, MGM Institute of Health Sciences, Navi Mumbai (Maharashtra).
 - (i) MGM Institute of Health Sciences, Navi Mumbai will continue to abide by the norms and guidelines laid down by the UGC for institutions notified as Deemed to be Universities.
 - (ii) The affiliating State Universities i.e. University of Mumbai, Mumbai, Maharashtra University of Health Sciences, Nasik, and Dr. Baba Saheb Ambedkar Marathwada University, Aurangabad are to agree to examine and grant the degrees to those students of MGM Institute of Health Sciences, Navi Mumbai, who are already enrolled with them prior to the date of this notification, on successful completion of courses / programmes they are pursuing at present with the two constituent colleges of MGM Institute of Health Sciences, Navi Mumbai, namely i) Mahatma Gandhi Mission's Medical College, Navi Mumbai and ii) Mahatma Gandhi Mission's Medical College, Aurangabad.
 - (iii) All norms of MCI will continue to be in force and complied with
8. Principal Secretary (Technical & Higher Education), Government of Maharashtra, Mantralaya, Mumbai.
9. All Ministries/Departments of the Government of India
10. All State Governments and Union Territories.
11. Registrars of all Universities & Deemed Universities.
12. Press Information Bureau, Shastri Bhawan, New Delhi-110001
13. The Secretary-General, Association of Indian Universities, A.I.U. House, 16 Kotla Marg, New Delhi - 110002.
14. Guard file / Notification file/ National Informatics Centre.

15. File No. F. 9-31/2005-U.3 (A).

DR. NIMAN C. MOH
True copy, dated 30/08/06
CHG)
PROF. OF PEDIATRICS &
MEDICAL SUPERINTENDENT
MGM MEDICAL COL
NAVI MUMBAI

attested
with my signature

Madhukar Sinha
30-08-06
(Madhukar Sinha)
Director



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