

Rajasthani Sammelan Education Trust  
DEVIPRASAD GOENKA MANAGEMENT COLLEGE OF MEDIA STUDIES

PERFORMANCE APPRAISAL REPORT  
For SELF APPRAISAL OF TEACHERS

Academic Year: \_\_\_\_\_

Name of the Teacher / Employee	
Designation	
Objectives of the work given the year	
Notable work completed during the period with reference to objectives :	

Date : .....

.....  
**Name of the Teacher & Signature**

Do you agree with the opinion of the Teacher / Employee	
If not, give reason :	

Place : Mumbai

Date :

Stamp & Signature of Head of the Institution



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Rajasthani Sammelan Education Trust  
DEVIPRASAD GOENKA MANAGEMENT COLLEGE OF MEDIA STUDIES

**PERFORMANCE APPRAISAL REPORT**  
For SELF APPRAISAL OF TEACHERS

Estimate of General Ability and Character of Grade "A" to Grade "C" Officers/Employees :

Name of the Lecturer					
Period of Report	From 01-06-2019 to 31-04-2020				
Post /s held					
Industry & Application Average	Outstanding	Very Good	Good	Below Average	
Capacity to get work done by Subordinates	Outstanding	Very Good	Good	Below Average	
Relations with Colleagues and Public	Co-operative	Courteous	Helpful	Indifferent	Unfriendly
General Intelligence	Very Brilliant	Brilliant	Intelligent	Average	Dull
Administrative ability including Judgment initiative and Drive	Outstanding	Very Good	Positively	Good	Below Average
Technical Professional ability (Where Relevant)					
Special Attitude					
Integrity & Character					
Whether powers delegated are	Yes	Partly	No		
Fitness for Promotion subordinates	Unfit	Fit for Normal Course		Fit for Accelerated	
Areas of Training required					
State of Health	Not Good	Good	Very Good		
Fitness for field work	Yes	No	Not relevant		
Willingness to work on Computer	Yes	No	Not Seen		
General Assessment	A+ Outstanding	A Very Good	B+ Positively Good	Average	

Place : Mumbai

Date :

.....  
Name & Signature of the Teacher

Remarks by Principal –

Signature of the Principal



*[Handwritten Signature]*

**SELF - ASSESSMENT FORM FOR COLLEGE LECTURER**

Year of Assessment : 2019-20

<b>1 Basic Information :</b>						
a) Name of the College in Full		Rajasthan Education Trust Deviprasad Goenka Management College of Media Studies, RSET Complex, S.V.Road, Malad West, MUMBAI - 400064				
b) Region in which situated		Urban / Rural				
c) Name of the Lecturer in Full (Beginning with Surname)						
d) Qualifications of the Lecturer :						
Degree & Post Graduate Degree Exam	Special / Principal Subject Offered	Allied / Additional Subordinate Subjects Offered	Class Obtained	Year of Passing	University	
e) Subject taught and faculty						
f) Designation						
g) Date of Birth						
h) Date of Joining of the College						
i) Teaching Experience at the College Level						
Name of the previous Institution/s	Period of Service		Designation	Classes taught	Subject/s taught	Scale of Pay
	From	To				



*Alora*

Contd.. 2

(2)

2. Courses taught and work load indicating also the norms, standards, targets etc. prescribed if any :

Number of period per week  
As per prescribed norms

Actual number of periods per weeks :

.....

Lecturers/Tutorials/ Practical subject and paper taught –

(a) Under Graduate

.....

(b) Post Graduate

.....

(c) Other

.....

3. Teaching methods applied : (Name and describe new teaching methods used, if any) (Besides lecture method i.e.)

a)	Distributing lecture, synopsis and biography	
b)	Encouraging questions in the class	
c)	Announcing topics for discussion in advance	
d)	Holding seminars	
e)	Use of Audio Visuals Aids (wherever facilities exist)	

4. Contribution to COSIP and COHSSIP Scheme, if it exists in the college or through ULP (where such scheme exists)

.....

5. Any other contribution in –

a)	Teaching methods	
b)	Evaluation Techniques	
c)	Course Development etc	

6. Academic and Professional Growth (During the year) :

a)	Research Qualification acquired	
b)	Research projects undertaken	
c)	Research papers published indicating titles and names of journals in which published	
d)	Guidance rendered to Research Scholar	
e)	Participation in Seminars, Workshops, Conference during the year	
f)	Participation in Orientation Programmes, Refresher Courses etc.	
g)	Faculty improvement Programme	
h)	Any other type of training	



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(3)

7. Participation in Extra Mural Activities :

a)	Extra Curricular Activities, Debates, Cultural Activities, Counselling to students, planning Forum, Union, NSS, NCC, DLEE etc.	
b)	Service to Community Adult Education, Extension service etc.	

8. Help in College Administration of various committees such as Discipline committee, Admission Committee, etc. :

.....

.....

.....

.....

9. Any other information about the contribution (not conveyed above) relevant to a proper assessment of activities :

.....

.....

.....

10. General Observations :

a)	Attendance a) Regularity b) Punctuality	
b)	Students – Teacher Relationship	
c)	College Relationship	
d)	Class Control	
e)	Reading habits and other matters	
f)	Your own assessment of your performance for the year under report in regard to	
	(i) the quality and quantity of work done and how it compared with the prescribed norms, standards or targets	
	(ii) guidance, training, controlling classes	
g)	Details of any specific item (s) of work done by you think specially noteworthy	
h)	If, in your opinion you were unable to maintain the expected quality or quantity in performance in any respect indicate briefly your reasons why this happened :	



*Handwritten signature*

Date : .....

(Signature of the lecturer)

**EVALUATION BY THE PRINCIPAL**

- a) State whether the facts stated above are correct ? If not state the correct facts.
- b) Do you agree with the self-assessment of his/her performance done by the officer?  
If not, give reasons why you do not agree.

Sr.	Actual Verification		Evaluation			
	Correct	Exaggerated	Excellent	Very Good	Average	Poor
1						
2						
3						
4						
5						
6						
7						
8						

- Evaluation is not expected in column 1 & 2.

Observation of the Principal :

.....

.....

.....

.....

.....

.....

.....

.....

Date :

Signature of the Principal



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## Feedback Form

Since how long have you been a part of DGMC?

---

What according to you is the best part of DGMC?

---

---

---

What is something that you personally don't like about DGMC?

---

---

---

Give at least 3 suggestions to make DGMC better?

---

---

---

---

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*Arora*

## DETAILS OF PUBLISHED DOCUMENTS BY FACULTIES.

Sr.No.	Name of Faculty	Institute	Articles	Books	Papers Presented	Journals Publications	Conference Proceeding	Case Study
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
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17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								

*Arora*





RSET's



DEVIPRASAD GOENKA MANAGEMENT COLLEGE OF MEDIA STUDIES

STUDENT FEEDBACK FORM

Course: SYBAFTNMP SEM IV

Sr. No.	Feedback on Subjects	Names of Subject / Faculty					
		1	2	3	4	5	6
		Introduction to Direction for Film	Basic of Visual Communication / Film Aesthetics	Convergence & Basics of Web Designing	Concepts of Post Production & Computer Graphics	Drama Production / Writing for Visual Media II	Intermediate Practical Film Making (Fiction Film)
	<b>Name of Faculty</b>	Srinivasrao C	Selvi S	Shailendra Pathare	Shalu Balan	Chandroday Ghosh	Chandroday Ghosh
1	Punctuality / Timeliness						
2	Preparedness of the faculty while teaching Subject / Topic						
3	Subject Knowledge						
4	Teaching methodology / Flow of chapters						
5	Industry Relevance						
6	Class involvement / Control						
	Communication						
<b>NOTE: Rate 1 to 5 - 1 (Poor) / 2 (Satisfied) / 3 (Fair) / 4 (Good) / 5 (Excellent)</b>							
Specific Comment, if any: _____							



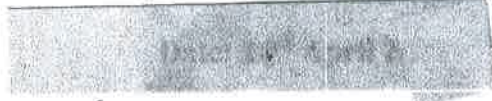
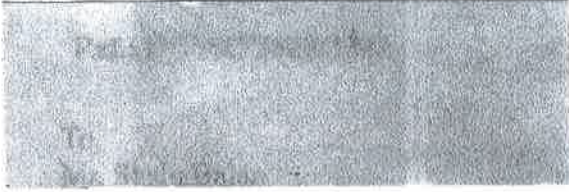
*Arora*

RSET's



Deviprasad Goenka  
management college of media studies  
INDIA'S PREMIER MEDIA ACADEMY

**Deviprasad Goenka Management College of Media Studies (DGMC) RSET  
Campus, S. V. Road, Malad (w), Mumbai 400 064, Maharashtra, India**



Deviprasad Goenka Management College of Media Studies  
RSET Campus  
Malad – West  
Mumbai 400064



**Sub: Faculty Feedback**

This is with reference to your feedback for the following subjects taught by you.

1. SYBAMMC SEM IV – Computer Multimedia II
2. SYBAMMC SEM IV – Motion Graphics & Visual Effects II
3. SYBAFTNMP SEM IV – Concepts of Post Production & Computer Graphics

You are requested to analyse the parameters wherein your scoring is less than 4 (See attached graphs – maximum scoring being 5-points). I shall greatly appreciate if corrective measures are taken to that effect to improve the same.

Look forward to your support and cooperation.

Thanking you,

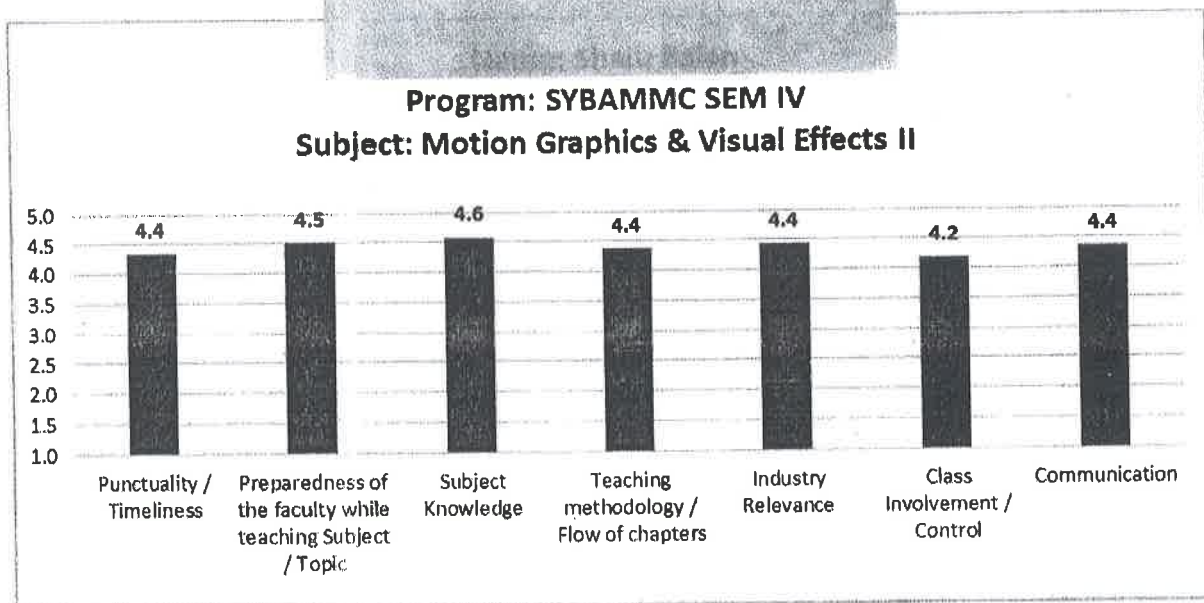
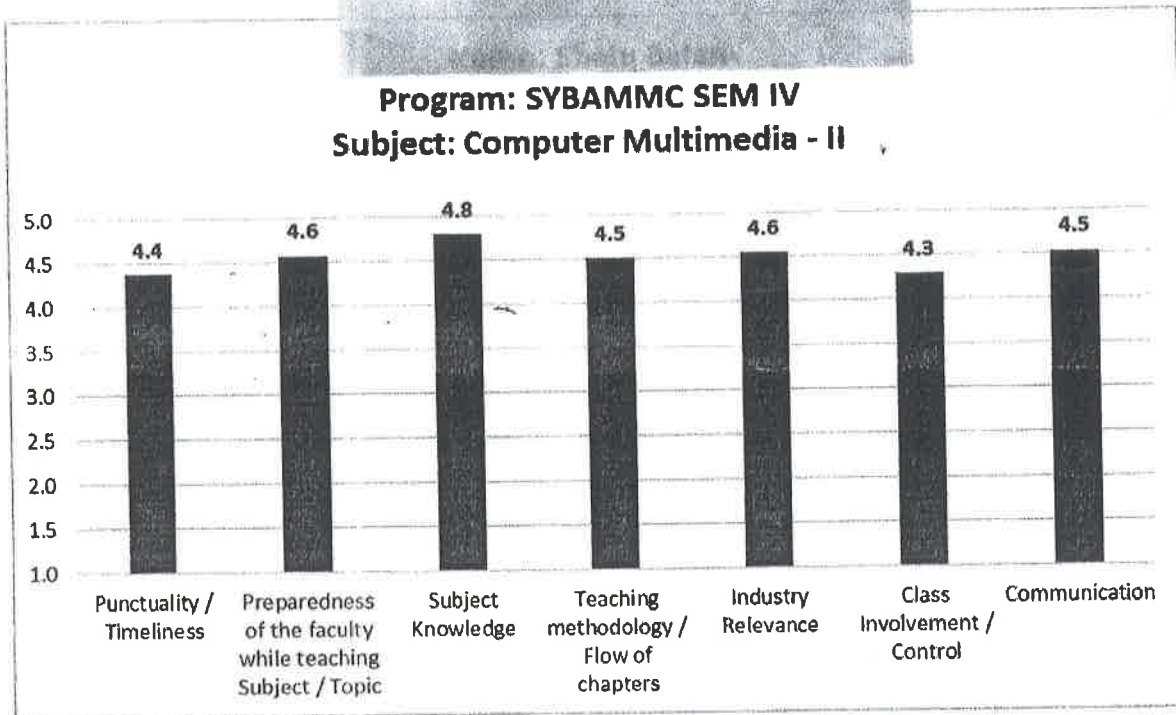
**Dr. Ameer Vora**  
Principal



CC: Mr. Yashwant Baing – DGMC Registrar  
CC: Dr. Ajay Agarwal – HR Manager, RSET  
CC: Personnel File

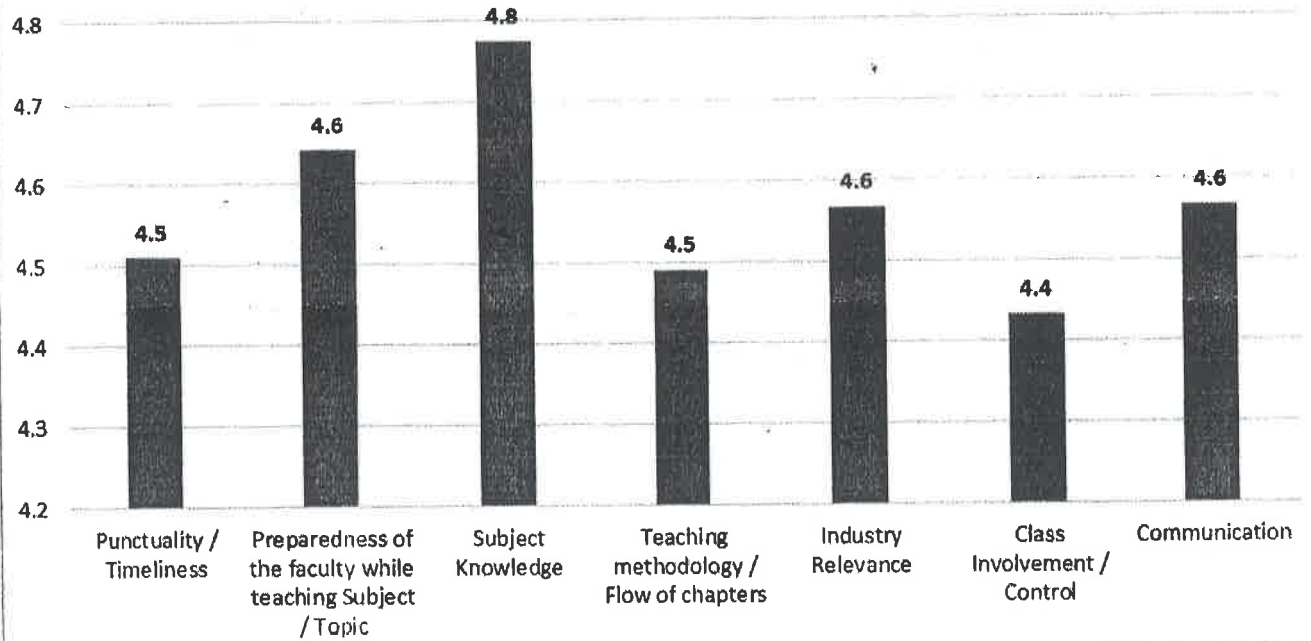


## FEEDBACK GRAPHS



*Arora*

**Program: SYBAFTNMP SEM IV**  
**Subject: Concepts of Post Production & Computer Graphics**



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13/12

13/12/19.

To, Ajay  
Th P1. STM  
Dear Ams

NOT for signature  
only for records  
and reference.

Ms. Vidula Deo (Faculty-Dame) has  
proceeded on maternity leave from 18<sup>th</sup> Dec. 2019  
till March 2020. (tentatively).

she has submitted this file  
requesting you, that she should be  
paid maternity on monthly basis.

This file is for your reference  
and records.

Regards,  
Ajay



Ams



Date – 21-11-19

To,  
Shri. Ashokji Saraf,  
Chairman, RSET / DGMC,  
Malad (W), Mumbai

**Subject – Request to release my maternity leave salary in the monthly salary**

Respected Sir,

I, Prof. Vidula Deo, am an In-house, full-time Assistant Professor with Deviprasad Management College of Media Studies. I have applied for maternity leave from 18<sup>th</sup> Dec'2019. According to the medical diagnosis of my Gynecologist, my due date would be 29<sup>th</sup> Jan' 2020.

As I inquired about the maternity rules of our institution, HR head, Mr. Ajay Agrawal informed me that the maternity leave salary is credited to the female faculty account only post resuming duty after delivery.

Sir, I would like to present my case in front of you and request you to kindly approve the release of my maternity leave salary in the monthly salary format instead of crediting it to my account post resumption of duty after delivery.

Sir, I have been working with DGMC / RSET since 2017 and would be completing 3 years of service with RSET.

1. As a faculty I have always tried my best to do more than my share of duty as an academician and taken measures to ensure that the quality of education is raised and also created activities for all-round shaping of the students. A result of which has been that I have received the BEST FACULTY AWARD 18-19 from your esteemed self.
2. As I am in advanced maternity age, my Gynecologist has advised me extra precaution and care, surmounting to additional medical care / medicines. This requires additional money on a regular basis.
3. Also, as the current financial condition of my house is weak, due to joint-family responsibilities and a lack of job on my husband's part, my monthly salary is the only current source of income for me and my family.

Sir, due to all the above mentioned reasons, I am requesting you to kindly look into my matter and please approve the release of my maternity salary on the monthly basis instead of releasing it post resumption of duty after delivery.

Sir, this would be a great help to me under current circumstances, hence requesting you to look into the matter and oblige.

Note - As a support to my case, I am attaching all my maternity case paper documents / proofs with this letter and submitting to Mr. Ajay Agrawal.

Yours sincerely,

*Vidula Deo*

Prof. Vidula Deo



*Ajaya*



# KANTA MATERNITY HOME LLP

2022 Jaivan Vear Society, Jaivan Bima Nagar, Borivli (W), Mumbai - 400 103.  
 2893 39 12 / 2893 42 82 / 2894 10 11 • Resl. 2893 9953

(Mrs.) Neelima S. Bapat  
 M.D., D.G.O., D.N.B.  
 Gynaecologist & Obstetrician

Mon. to Sat. : Morn. 10.00 a.m. - 1.30 p.m.  
 Even. 06.30 p.m. - 8.30 p.m.  
 No Consultation on Sunday

Name: Mrs. Vidula Deo

Date: 24/06/19

Age: 42 YRS  
 G.P.A.L. Q.M.A  
 Co. nil

M.S. 4 YRS  
**HIGH RISK FACTOR**

Aadhaar Card No.		R	BF
Wife			
Husband			
Blood Group	Wife: <u>+</u>		
Husband:			
Inj. Ta	23/11/19	Inj. dTpa	23/09/19 FLU
Date	30/06/19	03/11/19	23/10/19
Hb	12.8	12.0	
FBS	91.0		
PG BS		81.0	
HbA1C			
VDRL			
HIV			
HCV	<u>neg</u>		
HBsAg			
Urine @	<u>urea</u>	<u>urea</u>	
TSH	0.27	0.76	
Dual Marker	1:176		<u>High risk</u>
Triple/Quadruple			

M.H. LMP - 12/04/19  
 EDD 19/01/2020 29/01/2020  
 Pa MC Ref. 4126-30

NIPS  
Low risk

Wks	Type	Sex & Age	Wt.	Complicat*

PH: H/O. Infertility FUI  
naturally conceived.

F.H. - Father - DM

O/E GC Dist TPR (N)  
 BP 128/86 Wt. 81.3  
 Pallor  
 Oedema  
 Breast (S)  
 RS  
 CVS (N)  
 PA  
→ sub NT

PV → OK RU/S low  
S'wt

ICT	Toxo	Sr. Creatinine
βthalassaemia	Rubella	Sr. Uric Acid
Free T3, T4	ACLA	P. T
AntiThy.Ab	LA ANA	Vit D

Date	<u>23/11/19</u>
FBS	
PLBS	
TSH	<u>0.76</u>

USG	
Date	<u>21/07/19</u> <u>04/09/19</u>
Gest Wk	<u>12 wks</u> <u>19 wks</u>
Present	<u>single</u> <u>single</u>
Placenta	<u>post</u> <u>post I</u>
Liquor	<u>adeq</u> <u>adeq</u>
AFI	<u>-</u> <u>-</u>
Cervix	<u>3.5 cm</u> <u>3.3 cm</u>
Wt/NT	<u>1 m</u> <u>26.2 m</u>
EDD	<u>29/04/2020</u> <u>29/01/2020</u>
Donor	<u>Dr. L. Vinod</u>



Ana



0000 0000 1000 0000 0000 0000 0000 0000 0000 0000

made 1. 10/18/19 10/18/19 10/18/19 10/18/19 10/18/19 10/18/19 10/18/19 10/18/19 10/18/19 10/18/19

Asst  
 - Read for D  
 - Reginal M D  
 - Telephone

20/8/19	78.7	126 86	140cm	UT 16-12cm Relaxed Reg	-	-	ADD - - PAT d AC - Assembly dain - CT manual - PU 71 made
23/09/2019	79.6	136 74	19cm	UT 22cm EB P Reg	-	-	ADD - - In B/W AX 91m - CT manual - PU 71 made
23/10/19	79.8-2kg	122 76	23cm	UT 26cm PPP Reg	-	-	ADD - - CBC 19485 (00) 1mm - CT manual - PU 715 2019
11/19	79.8/109	140 84	26cm	UT 28cm VX... Reg	-	-	ADD - - CT manual - CT manual - PU 715 2019



Adena

Before Proceeding on ML

Maternity Leave Application

This is to certify that I examined Mrs. Vidula Deo Wife /  
Daughter of Mr. Sanjay Deo  
a women employed in Devi prasad Goenka  
Management College on 8/11/2019  
Medica Studies  
and found that she is pregnant and is expected to be delivered of a child within  
29<sup>th</sup> Jan 2020 (mention month and day) from the  
above mentioned date.

Date 08/11/2019



Neelima S. Bapat  
Signature Qualification and

Designation, if any, of registered  
**DR. NEELIMA S. BAPAT**  
Medical Practitioner  
M.D., D.G.O., DNB  
REG. NO. 55447  
**MAMTA MATERNITY HOME LLP.**  
C/52, JEEVAN VEER, JEEVAN BIMA NAGAR,  
BORIVALI (W). MUMBAI-400 103.



**Section 2 - Declaration**

**DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST / PROCEDURE**

I, Vidula S. Bapat declare that by undergoing ultrasonography / image scanning etc. I do not

intend to determine the sex of my foetus.

Signature / Thumb Impression of person undergoing the Prenatal Diagnostic Test procedure

[Signature]

in Case of Thumb Impression

Identified by Name

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Residence

Address, & Contact number: \_\_\_\_\_

Signature of a person attesting thumb impression

Date: \_\_\_\_\_

**DECLARATION OF THE DOCTOR / PERSON CONDUCTING PRENATAL DIAGNOSTIC TEST / PROCEDURE**

I, Dr. Ganesh Pandit declare that while conducting ultrasonography / image scanning on Mrs. Vidula S. Bapat I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Neelima S. Bapat  
MD, DGO, DNB  
Reg. No. 55447

[Signature]  
Dr. Ganesh Pandit  
DGO, DFP  
Reg. No. 2004/11/3767

Name/In Capital Registration Number with Seal of the Gynaecologist /Radiologist  
/Registered Practitioner Conducting Diagnostic Procedures



[Handwritten Signature]

# MAMTA MATERNITY HOME LLP

Reg. No. 761417818

C-5/2, Jeevan Veer Society, Jeevan Bima Nagar, Borivli (W), Mumbai - 400 103.  
Phone : 2893 3912 / 2893 4282 Res.: 2893 9953

Consulting Hrs. Mon to Sat. : Time : 10.00 A.M. TO 1.30 P.M. · 6.30 P.M. TO 8.30 P.M.  
**Sunday Closed**

## OBSTETRIC SONOGRAPHY

Date : 20/05/19

The real time, B mode, gray scale sonography of gravid uterus was performed.

Patient's Name : Mrs - Vidula Deo

The L.M.P. is 12/04/19 The E.D.D. from L.M.P. is 19/01/2020

The uterus is bulky.

A single / twin gestational sac is noted in uterine cavity.

The yolk sac echo is well seen / not seen

The foetal Pole is seen / not seen

The foetal cardiac pulsations are present / absent

The M.S.D. 733 mm corresponding to 5 weeks 1 days.

The C.R.L. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

The B.P.D. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

H.C. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

A.C. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

The F.L. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

The chorionic frondosum — / the placenta is —

There is no evidence of subchorionic haemorrhage.

The trophoblastic reaction is regular.

The cervix is — cms in length / Adequate.

The internal os is closed.

No. Adnexal mass is seen.

### IMPRESSION

THERE IS A SINGLE/TWIN, LIVE, INTRAUTERINE GESTATION OF 5 1/2 WEEKS.  
CORRESPONDING/NOT CORRESPONDING WITH THE PERIOD OF GESTATION.

NO GROSS ABNORMALITY IS NOTED AT THIS STAGE.

Dr. Neelima S. Bapat  
M.B.B.S., DGO, DNB.  
REG. NO. 5527

Dr. Ganesh Pandit  
DGO, DNB  
REG. NO. 2004/173767



*Adara*



Section D : Declaration

**DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST / PROCEDURE**

I, Mrs. Vidula Deo declare that by undergoing ultrasonography / image scanning etc, I do not

want to know the sex of my foetus.

Date 24/02/2019

Signature / Thumb Impression of person undergoing the Prenatal Diagnostic Test/procedure

In Case of Thumb Impression

Identified by (Name): ..... Age: ..... Sex: .....

Relation (if any): ..... Address & Contact number: .....

Signature of a person attesting thumb impression ..... Date: .....

**DECLARATION OF THE DOCTOR / PERSON CONDUCTING PRENATAL DIAGNOSTIC TEST / PROCEDURE**

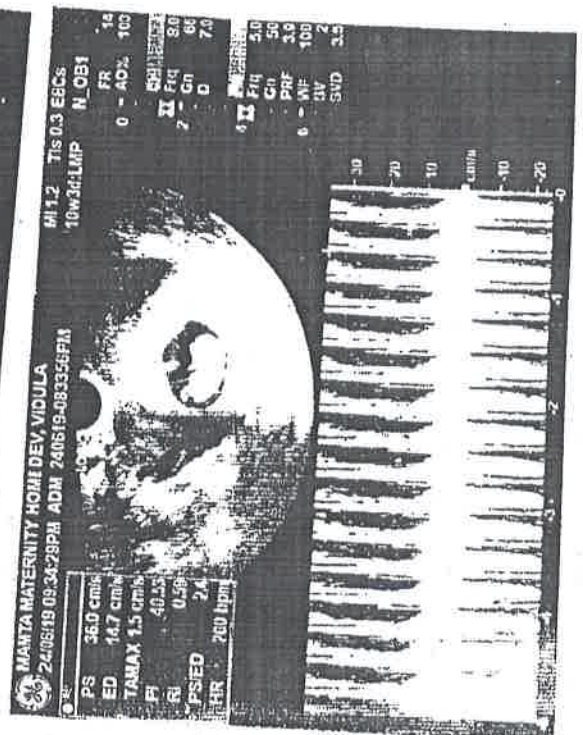
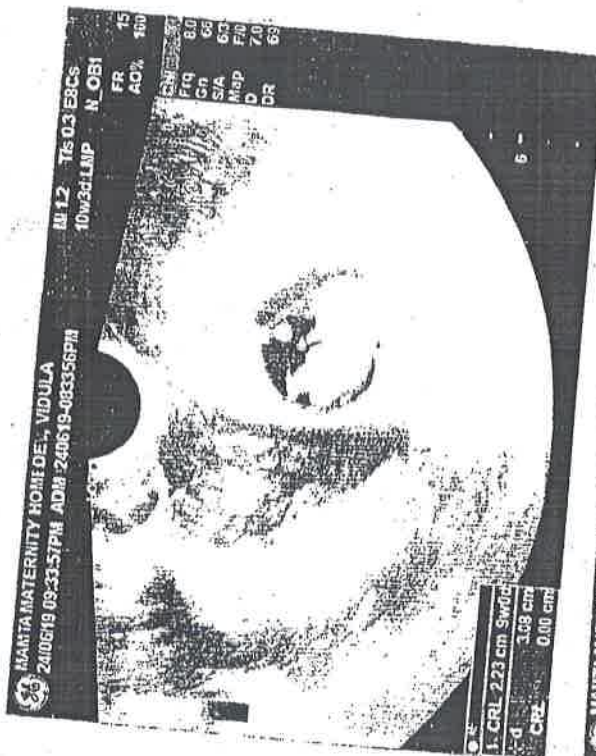
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**Dr. Neelima S. Bapat**  
MD, DGO, DNB  
Reg. No. 55447

**Dr. Ganesh Pandit**  
DGO, DPP  
Reg. No. 2004/11/3767

Name/in Capital Registration Number with Seal of the Gynaecologist /Radiologist /Registered Practitioner Conducting Diagnostic Procedures



*Handwritten signature*



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Date 24/06/19

The real time, B mode, gray scale sonography of gravid uterus was performed.

Patient's Name : Mrs - Vidula Deo

The L.M.P. is 12/04/19 The E.D.D. from L.M.P. is 19/02/2020

The uterus is bulky.

A single / twin gestational sac is noted in uterine cavity.

The yolk sac echo is well seen / not seen

The foetal Pole is seen / not seen

The foetal cardiac pulsations are present / absent 200 BPM

The M.S.D. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

The C.R.L. 2.23 mm corresponding to 9 weeks C days.

The B.P.D. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

H.C. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

A.C. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

The F.L. \_\_\_\_\_ mm corresponding to \_\_\_\_\_ weeks \_\_\_\_\_ days.

The chorionic frondosum \_\_\_\_\_ / the placenta is \_\_\_\_\_

There is no evidence of subchorionic haemorrhage.

The trophoblastic reaction is regular.

The cervix is \_\_\_\_\_ cms in length / Adequate.

The internal os is closed.

No. Adnexal mass is seen.

### IMPRESSION

THERE IS A SINGLE/TWIN, LIVE, INTRAUTERINE GESTATION OF 9.0 WEEKS.  
CORRESPONDING/NOT CORRESPONDING WITH THE PERIOD OF GESTATION.

NO GROSS ABNORMALITY IS NOTED AT THIS STAGE.

Dr. Neelima S. Bapat  
MD. (MUM), DGO, DNB.

Dr. Ganesh Pandit  
DGO, DFP.



*Handwritten signature*

PC-PNDT.regd. No. 0116A1115

**Non Invasive Prenatal test (NIPT) Report**

Reg. ID : HSP0033542	Test ID : SAN0013112	Date of report : 05/08/19
Name :- VIDULA S DEO	Maternal DOB : 42 Years	Gestational Age : 15 Weeks 4 Days
Ref. Dr : Dr.Ganesh Pandit	Ref. Institute : Mamta Maternity Home	Pregnancy Type : Singleton
Specimen Type : Blood	Fetal Fraction : 7.88%	Specimen Collected on : 27/07/19

**Clinical Indications:** Advanced Maternal Age.  
Screening test Positive for Down's Syndrome (1:176)

**Result Details:**

**Prenatal Chromosomal Aneuploidy Results for Chromosomes 13, 18, 21**

Chromosome	Risk	Aneuploidy Risk	Sensitivity
Chromosome 13	Low	< 1/100000	99.99%
Chromosome 18	Low	< 1/100000	99.99%
Chromosome 21	Low	< 1/100000	99.99%
Other Chromosomes	Low		As below

**Prenatal Chromosomal Aneuploidy for Sex Chromosomes**

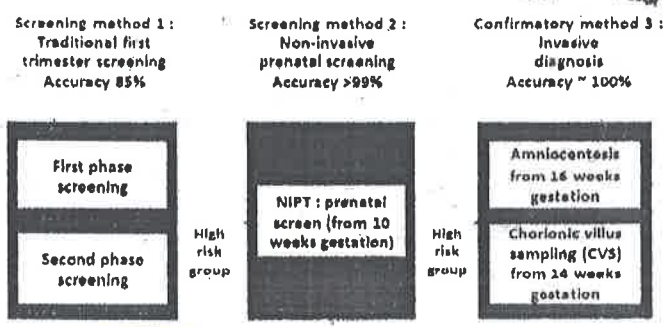
Sex Chromosome Aneuploidies	Risk	Aneuploidy Risk	Sensitivity
XO	Low	< 1/100000	90.32%
XXY	Low	< 1/100000	93.00%
XXX	Low	< 1/100000	93.00%
XYY	Low	< 1/100000	93.00%



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Prenatal Chromosomal Aneuploidy for Other Chromosomes		
Chromosome	Risk	Sensitivity
Chromosome 1	Low	98.36%
Chromosome 2	Low	98.03%
Chromosome 3	Low	97.64%
Chromosome 4	Low	96.92%
Chromosome 5	Low	97.26%
Chromosome 6	Low	96.44%
Chromosome 7	Low	96.10%
Chromosome 8	Low	95.72%
Chromosome 9	Low	94.88%
Chromosome 10	Low	94.38%
Chromosome 11	Low	93.82%
Chromosome 12	Low	93.16%
Chromosome 14	Low	92.84%
Chromosome 15	Low	92.24%
Chromosome 16	Low	91.62%
Chromosome 17	Low	90.20%
Chromosome 19	Low	90.68%
Chromosome 20	Low	91.08%
Chromosome 22	Low	90.45%

**Prenatal screening pathway**



Low risk. No further testing required



*Adara*



### Limitations of the Test:

- This test has been approved by College of American Pathologist (CAP) but not approved by NABL.
- The current test is based on Whole Genome Sequencing of maternal cell free DNA followed by streamline automated bioinformatics analysis for all chromosomes. In tests which also involve micro deletions, the relevant tested micro deletions are noted.
- Cell-free fetal DNA does not replace the accuracy and precision of prenatal diagnosis with Amniocentesis or Chorionic Villus Sampling (CVS).
- Pregnant women with a positive test result should be referred for genetic counseling and offered invasive prenatal diagnosis for confirmation of test results.
- A pregnant woman with a negative test result does not ensure an unaffected pregnancy.
- While results of this testing are highly accurate, not all chromosomal abnormalities may be detected due to placental, maternal or fetal mosaicism, or other causes (micro-deletions, chromosome re-arrangements, translocations, inversions, unbalanced translocations, uniparental disomy).
- The accuracy and quality of the test may be affected by improper blood sample collection, storage and transportation.
- Samples where the fetal fraction is around 2 percent or less then the sensitivity of the NIPT test is greatly reduced.
- The test is reportable for only certain multiple gestations.
- Please provide the ultrasound report in a case of multiple gestations and inform your liaison or contact the lab directly prior to sending the sample. Samples with gestational age less than 10 weeks are not reportable.

#### Test information:

##### Principle

The test is capable of genome-wide aneuploidy detection over the whole fetal genome (23 pairs of chromosomes) and offers an interpretation of the results for Trisomy 13, Trisomy 18, Trisomy 21 and sex chromosomes. This test confers an accuracy of up to 99% on the detection of fetal chromosome aneuploidy.

##### Methodology

1. Extraction of cell free fetal DNA from the maternal blood sample
2. High throughput sequencing of the extracted cell free fetal DNA
3. Calculation of molecular mass of fetal DNA in all chromosomes

The test employs a non-invasive and low-risk method for the acquisition of a fetal DNA sample. Circulating cell-free DNA was purified from the plasma component of anti-coagulated 10ml of maternal whole blood. It was then converted into a genomic DNA library for Next Generation Sequencing and then determination of chromosome 21, 18 and 13 and other chromosomal abnormalities.



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**Recommendations:**

\*Close TB follow-up is suggested.

**NOTE:** Doctors need maternal age they must understand a difference between screening and diagnostic test. A fetal chromosome can only be confirmed with invasive testing

**Disclaimer:**

This test has been validated on women with singleton pregnancy, and of at least 10 weeks gestation. A result will not be available if the maternal blood cells and oocytes are not of the same genetic lineage, as in the case of an egg donor, surrogate or bone marrow transplant recipient. Findings of unknown significance will not be reported. As this test is a screening test and not diagnostic, false positive and false negatives can occur. High risk test results need diagnostic confirmation by alternative testing methods. Low risk results do not fully exclude the diagnosis of any of the syndromes nor do they exclude the possibility of other chromosomal abnormalities or birth defects. This is not part of the test. Potential sources of inaccurate results include mosaicism, low fetal fractions, placental chimeras, haploblocks and sample degradation. Limitations of current diagnostic techniques, misidentified samples, or other factors may interfere with correct interpretation of the analysis. The test result should be interpreted by a clinician, in the context of clinical and familial data with the availability of genetic counseling when appropriate. This test is not intended to identify pregnancies at risk for open neural tube defects. Please note San and/or Speciality Diagnostics Pvt Ltd outsource NIPT testing to 3<sup>rd</sup> party lab.

**References:**

- Platt LD, Goldberg JD, et al. Genome-wide fetal aneuploidy detection by non-invasive DNA sequencing. *Obstet Gynecol.* 2012;119(5):890-901.
- Chiu RW, Seung B, et al. Non-invasive prenatal assessment of trisomy 21 by multiplexed maternal plasma DNA sequencing: large scale validity study. *BMJ.* 2011;343:d738.
- Chiu RW, Gilman M. Noninvasive prenatal diagnosis empowered by high-throughput sequencing. *GenatDiagn.* 2012;32(4):401-6.
- Liu Y, et al. Noninvasive prenatal diagnosis by massively parallel sequencing of maternal plasma DNA. *Nat Genet.* 2012;2(6):120086.
- Committee on Practice Bulletins - Obstetrics. Practice Bulletin No. 54S: Noninvasive prenatal testing for fetal aneuploidy. *Obstet Gynecol.* 2012;120(6):1532-4

Important: In performing this NIPT test, the undersigned hereby confirms that no sex chromosome information has been passed on in any whatsoever manner.

--- End of Report ---

Head of Genetics

Dr. Kiran Kumar Vattam  
Head of Cytogenetics



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**MATERNAL FETAL  
SCREENING**  
**NEWBORN  
SCREENING**  
**GENETIC  
TESTING**

Combined 1<sup>st</sup> Trimester Screening | Enhanced 1<sup>st</sup> Trimester Screening (eFTC)  
 2<sup>nd</sup> Trimester Quad Screening | Non-Invasive Prenatal Screening (NISScreen)  
 Pre-eclampsia Screening | FISH | Karyotyping | Prenatal BoBs™ | KaryoLite BoBs™  
 Basic Panel | Expanded Panel | Counseling  
 Whole Genome Sequencing | Whole Exome Sequencing | Focused Exome Sequencing  
 CNGnome™ | AnyPanel™ | Known Familial Mutation Analysis | Counseling



### Prenatal (First Trimester) Screening Report

<b>Patient's ID</b>	: MU-A01-AAU7921	<b>Patient's Ref. ID</b>	: -
<b>Barcode ID</b>	: FT19070198	<b>Sample Type</b>	: Serum
<b>Patient's First Name</b>	: Mrs VIDULA	<b>Patient's Last Name</b>	: SAMIR DEO
<b>Age</b>	: 42 Years	<b>Sample Collection Date &amp; Time</b>	: 17/07/2019 00:00
<b>Referring Doctor</b>	: Dr. SWATI D KSHIRSAGAR	<b>Sample Received Date &amp; Time</b>	: 19/07/2019 13:14
<b>Customer Name</b>	: Precision Diagnostic Centre	<b>Report Date &amp; Time</b>	: 20/07/2019 17:13
<b>Referral Centre</b>	: Precision Diagnostic Centre	<b>Version No.</b>	: 01

<b>Date of Birth</b>	: 27/12/1976	<b>Ethnicity</b>	: Default	<b>Smoking Status</b>	: No
<b>Weight [kg]</b>	: 81	<b>Height [cms]</b>	: -	<b>Body Mass Index</b>	: -
<b>Bleeding/Spotting</b>	: -	<b>Patient on HCG Injection</b>	: No	<b>Date of HCG Injection Taken</b>	: -

<b>Conception Method</b>	: Spontaneous / Natural	<b>MAEDD</b>	: 43.09	<b>Calculated EDD</b>	: 28/01/2020
<b>LMP Date</b>	: 12/04/2019	<b>Selected Gest. Method</b>	: CRL		
<b>No. of Fetuses</b>	: 1	<b>Chorionicity</b>	: -		
<b>Previous Down's Syndrome</b>	: No	<b>Previous Edward's Syndrome</b>	: No	<b>Previous Patau's Syndrome</b>	: No
<b>Previous NTD</b>	: No	<b>Previous Triploid</b>	: -	<b>Previous Turner Syndrome</b>	: No
<b>Gestational Diabetes</b>	: No	<b>Insulin Dependent Diabetes Mellitus</b>	: -		
<b>Prior Amniocentesis</b>	: No	<b>Prior CVS</b>	: No		

\*.\* Indicates "Not Known / Not Stated"



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MATERNAL FETAL  
SCREENING  
NEWBORN  
SCREENING  
GENETIC  
TESTING

Combined 1<sup>st</sup> Trimester Screening | Enhanced 1<sup>st</sup> Trimester Screening (eFTS)  
2<sup>nd</sup> Trimester Quad Screening | Non-Invasive Prenatal Screening (NISScreen)  
Pre-eclampsia Screening | FISH | Karyotyping | Prenatal BoBs™ | KaryoLite BoBs™  
Basic Panel | Expanded Panel | Counseling  
Whole Genome Sequencing | Whole Exome Sequencing | Focused Exome Sequencing  
CNGnome™ | AnyPanel™ | Known Familial Mutation Analysis | Counseling



Patient's ID : MU-A01-AAU7921 Barcode ID : FT19070198  
 Patient's First Name : Mrs VIDULA Patient's Last Name : SAMIR DEO  
 Referring Doctor : Dr. SWATI D KSHIRSAGAR Customer Name : Precision Diagnostic Center

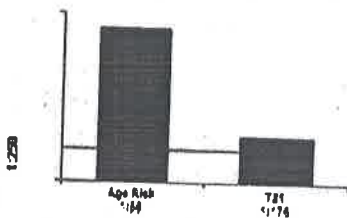
Scan Date : 17/07/2019 Gest. at Scan Date [W+D] : 12 W + 1 D  
 Sample Collection Date : 17/07/2019 Gest. at Sample Date [W+D] : 12 W + 1 D  
 CRL [mm] : 55.4 BPD [mm] :- NT [mm] : 1 NB : Present

\*- Indicates "Not Known / Not Stated"

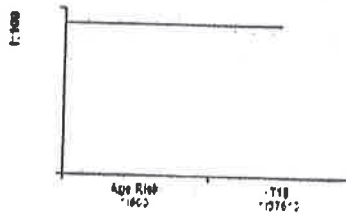
Test Name	Observed Value	Unit	Corrected MoM
hCGb	177.10	ng/mL	4.84
PAPP A	1580.00	mU/L	0.9
NT	1.00	mm	0.69
NB	Present		

Test Method: Time-resolved fluoroimmunoassay

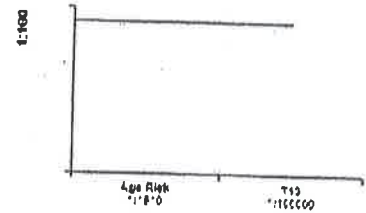
Condition	By Age	Final	Cut-Off	Interpretation
Trisomy 21	1:56	1:176	1:250	Increased
Trisomy 18	1:503	1:37613	1:100	Low
Trisomy 13	1:1510	1:100000	1:100	Low



Down's Syndrome



Edward's Syndrome



Patau's Syndrome



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MATERNAL FETAL  
SCREENING  
NEWBORN  
SCREENING  
GENETIC  
TESTING

Combined 1<sup>st</sup> Trimester Screening | 2<sup>nd</sup> Trimester Screening (I-Quadrant) | 2<sup>nd</sup> Trimester Quad Screening | Non-Invasive Prenatal Screening (NI-Screen)  
Pre-eclampsia Screening | FISH | Karyotyping | Prenatal BoBs™ | KaryoLite BoBs™  
Basic Panel | Expanded Panel | Counseling  
Whole Genome Sequencing | Whole Exome Sequencing | Focused Exome Sequencing  
CN-Gnome™ | AnyPanel™ | Known Familial Mutation Analysis | Counseling



Patient's ID : MU-A01-AAU7921

Patient's First Name : Mrs VIDULA

Referring Doctor : Dr. SWATI D KSHIRSAGAR .

Barcode ID

Patient's Last Name

Customer Name

: FT19070198

: SAMIR DEO

: Precision Diagnostic Ce

Trisomy 21

This result of the screening test has a probability is 1:176 for Down's Syndrome in this pregnancy. Screening test is Positive.

Screen Positive or Screen Negative is based on the Probability Cut-Off. The strategy of Probability Interpretation is as follows:

For Trisomy 21

>1: 250 – Increased Probability <1:251 – Low Probability

Nasal bone status was included for risk calculation. Advised : Further Investigation.

Reviewed by

*P. Bhuvaneshwari*

Ms. Bhuvaneshwari Prakash  
Senior Lab Technologist  
20/07/2019 13:09:09

Approved by

*V. Soundarya*

Dr. V Soundarya  
MD(Biochemistry)  
Laboratory Manager -  
Clinical Biochemistry  
20/07/2019 17:13:50

**IMPORTANT NOTE:**

This interpretation assumes that patient and specimen details in the test requisition form (TRF) and ultrasound details are accurate and correct. If the risk assessment was performed with LMP based gestational age, the gestational age shall be confirmed by CRL value before taking medical decision. The risk values are significantly influenced by the ultrasound markers such as CRL, BPD, NT values and NB status provided. PerkinElmer Health Science does not bear responsibility for the ultrasound marker values provided by customers. PerkinElmer accept NT values and other ultrasound markers for risk assessment only from qualified individuals currently holding Fetal Medicine Foundation FMF (UK) accreditation and assumes they have used the FMF (UK) guidelines in their measurements. It must be clearly understood that the results represent risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies. Laboratory reports are not to be interpreted in isolation, the doctors correlate with their clinical findings and other medical records.

Our prenatal screening procedures utilize state-of-the-art DELFIA® technology and kits approved by the Fetal Medicine Foundation (FMF), UK, supported by extensive quality control measures for sample processing and analysis. Patient specific risks are generated using PerkinElmer's LifeCycle™ (version 8.0) software utilizing a comprehensive aneuploidy algorithm, validated by the FMF and the ASPRE FMF pre-eclampsia algorithm, which was developed with more than 60,000 Placental Growth Factor (PIGF) results from PerkinElmer's PIGF 1-2-3™ kit.

— End of Report —



*Alina*



PRECISION

DR. SWATI KSHIRSAGAR  
MD. DMRF

DR. DILIP KSHIRSAGAR  
MD. DMRD DMRF

47, MANIK NAGAR CHS LTD MARKET ROAD OPP. A TANTA TALKIE'S DOMINIAL W/ MUMBAI 400 11, T. 2515795 4124144



*Abha*



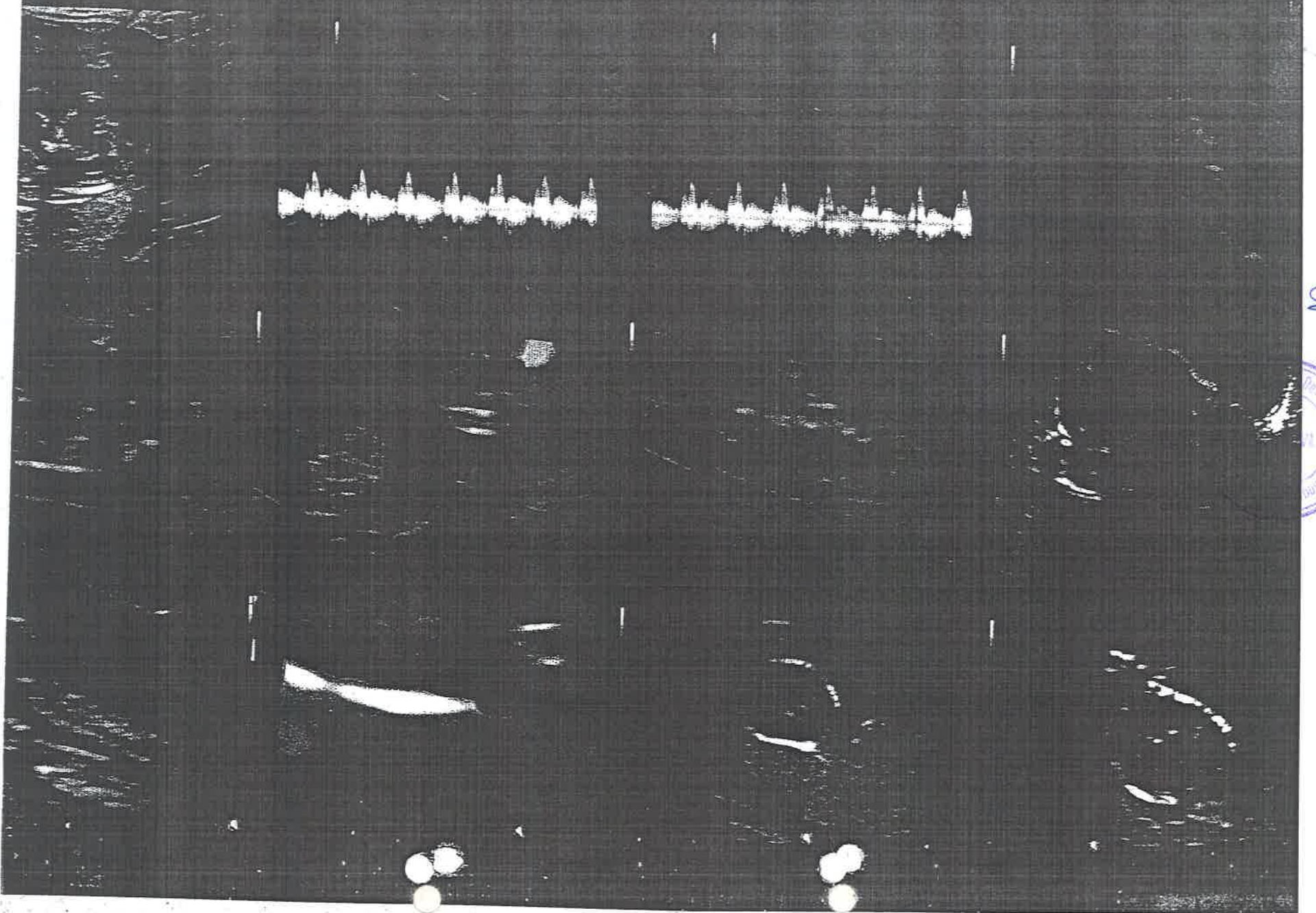


PRECISION

DR. SWATI KSHIRSAGAR  
MD, DMRE

DR. DILIP KSHIRSAGAR  
MD, DMRD, DMRE

C-42 MANER NAGAR CHS LTD MARKET ROAD OPP. AJANTA TALKIES BORIVALI (W) MUMBAI-42. Ph. 29857095. UCCN 7123



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**PRECISION**  
DIAGNOSTIC CENTRE

**Dr. Swati Kshirsagar**

(MD, DMRE)

**Dr. Dilip Kshirsagar**

(MD, DMRD, DMRE)

- 1st Genetic Clinic In Borivali (W) offering Prenatal Invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reduction etc
- The only centre in Borivali offering specialized infertility Imaging with Sono HSG.

Patient name	MRS VIDULA SAMIR DEO	Age/Sex	42 Years / Female
Patient ID	S5907	Visit No	1
Referred by	Dr. GANESH PANDIT	Visit Date	17/07/2019
LMP Date	12/04/2019 (LMP EDD: 17/01/2020) (C-EDD: 29/01/2020)		

**ULTRASOUND OF FIRST TRIMESTER SCAN REPORT**

Equipment : Wipro GE flagship Ultrasound Scanner Voluson E6 BT19 Using C2-9 Transabdominal probe.

Route: Transabdominal

Single intrauterine gestation

**Gestational Age :**

LMP : 12/04/2019

Gestational age : 13 weeks 5 days

**Maternal**

Cervix measured 3.2 cms in length.

Internal os is closed.

**Fetus**

**Survey**

Placenta - Posterior grade 0

Liquor - Adequate

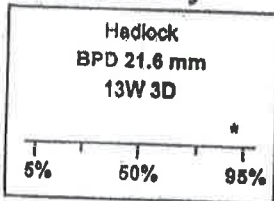
Umbilical cord - Two arteries and one vein

Fetal activity present.

Cardiac activity present

Fetal heart rate - 183 bpm

**Fetal Biometry**



CRL - 55.4 mm (12W) Hadlock

**Aneuploidy Markers**

Nasal Bone : 2 mm - Seen

Nuchal translucency : 1 mm Normal.

Ductus venosus : Normal.

Tricuspid regurgitation : Absent.

ALL TYPES OF ADVANCED IMAGING UNDER ONE ROOF

Page #1 - 17/07/19 01:47 PM

• MSK Imaging



*Arora*

• Whole body Sonography





# PRECISION

DIAGNOSTIC CENTRE

**Dr. Swati Kshirsagar**

(MD, DMRE)

**Dr. Dilip Kshirsagar**

(MD, DMRD, DMRE)

- 1st Genetic Clinic in Borivli (W) offering Prenatal Invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reduction etc.
- The only centre in Borivli offering specialized infertility imaging with Sono HSG.

**MRS VIDULA SAMIR DEO / S5907 / 17/07/2019 / Visit No 1**

**Fetal Anatomy**

Cisterna magna measured 1 mm

**Head**

Ossification : Normal  
 Cranial defect : Absent  
 Choroid plexus filled ventricles : Normal  
 Posterior fossa : Normal  
 Soft Tissue edema/ Mass : Absent  
 Cisterna Magna : Normal

**Neck**

Normal appearance/ No mass/ No jugular sac  
 Soft tissue mass : Absent

**Face**

RNT : Normal  
 Eyes with lens : Seen  
 Nasal Bone : Normal  
 Ears : Seen  
 Normal profile mandible : Normal

**Heart**

Symmetrical Lungs : Seen  
 Heart - 4 Chambers : Seen  
 3VT : Seen  
 PE : Absent

**Abdomen**

Both renal arteries : Seen  
 Omphalocele or Gastroschisis : No  
 Stomach : Seen  
 Mass : Not seen  
 Urinary bladder : Seen  
 Abcisties : Absent

**Extremities**

Upper Extremity with three segments ( Right/Left) : Seen  
 Lower Extremity with three segments (Right/Left) : Seen  
 Hands/legs orientation : Normal



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# PRECISION DIAGNOSTIC CENTRE

- 1st Genetic Clinic in Borivalli (W) offering Prenatal Invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reduction etc.
- The only centre in Borivalli offering specialized infertility Imaging with Sono HSG.

**Dr. Swati Kshirsagar**  
(MD, DMRC)  
**Dr. Dilip Kshirsagar**  
(MD, DMRD, DMRF)

**MRS VIDULA SAMIR DEO / S5907 / 17/07/2019 / Visit No 1**

**Genetic markers survey: ( First Trimester Screening)**

**1st Trimester ultrasound soft markers**

ICT : 0.7  
RNT : Normal  
Mandibular Gap : Present  
TR : No  
DV : Normal  
Umbilical Cord cyst : Absent  
Single UA : Absent

**1st Trimester major anomaly**

Holoprocencephaly : Absent  
Omphalocele : Absent  
Diaphlocele : Absent  
Fluid Filled area in abdomen : Absent  
Conjoined Twins : Absent  
Hydrops fetalis : Absent  
Fetal Tumor : Absent  
Arthrogyposis : Absent

**Impression**

There is single viable intra uterine fetus in variable presentation having sonar age of 12 weeks.

There is no evidence of fetal anomaly at this stage.

The mean uterine arterial PI (1.5) is within normal limits favours normal screening for hypotensive disease of pregnancy.

The fetal sonar age is proportionate to menstrual age favours normal fetal growth.

The EDD is 17/01/2020 by menstrual date & 29/01/2020 by sonar date.

The cervix is closed & measures 3.2 cms.

**Suggest : Anomaly scan at 18 to 20 weeks of gestation.**

*Swati Kshirsagar*

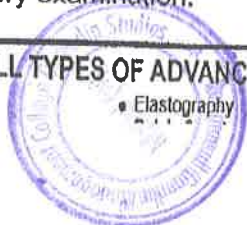
**DR.(MRS.)SWATI KSHIRSAGAR M.D.  
CONSULTANT RADIOLOGICIAN & IMAGIOLOGIST**

Certified for screening for Fetal Abnormalities by Fetal Medicine Foundation London (UK).  
Certified for NT & 1st trimester screening by Fetal Medicine Foundation London (UK).  
(It must be noted that all anomalies cannot be detected by sonography examination. Some anomalies like limb and digital anomalies may not be seen in all scans. The present study cannot completely rule out the presence of any or all anomalies in the fetus which may be detected in the postnatal period. USG markers for chromosomal anomalies may not always be evident and as such their absence may not totally rule out chromosomal anomalies. Therefore all fetal anomalies cannot be detected at every examination. Some cardiac anomalies may not be detected at every examination.)

FME ID NO. 92185  
We warrant fetal anomalies may not be detected at every examination. The absence of all congenital anomalies and chromosomal anomalies of fetal anomalies may not be detected at every examination.

ALL TYPES OF ADVANCED

UNDER ONE ROOF



*Aditya*

17/07/2019 01:47 PM



- 1st Genetic Clinic in Borivall (W) offering Prenatal Invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reducton etc.
- The only centre in Borivall offering specialized infertility Imaging with Sono HSG.

<b>Patient name</b>	MRS VIDULA SAMIR DEO	<b>Age/Sex</b>	42 Years / Female
<b>Patient ID</b>	S5907	<b>Visit No</b>	2
<b>Referred by</b>	Dr. GANESH PANDIT	<b>Visit Date</b>	04/09/2019
<b>LMP Date</b>	12/04/2019 (LMP EDD: 17/01/2020) (C-EDD: 29/01/2020)		

**FETAL ANOMALY SCAN WITH 3D & 4D IMAGING**

Equipment : Wipro GE flagship Ultrasound Scanner Voluson E6 BT19 Using C2-9 & RIC 5-9-D probes.

Route: Transabdominal and Transvaginal

Single Intrauterine gestation

**Gestational Age :**

LMP : 12/04/2019

Gestational age : 20 weeks 5 days

**Maternal**

Cervix measured 3.3 cms in length.

Internal os is closed.

**Fetus**

**Survey**

Presentation - Variable

Placenta - Fundal posterior Grade 1

Liquor - Adequate

Umbilical cord - Two arteries and one vein

PCIS - Para-central

Fetal activity present

Cardiac activity present

Fetal heart rate - 148 bpm

**Fetal Biometry**

BPD 44.2 mm 19W 2D 5% 50% 95%	HC 160 mm 18W 6D 5% 50% 95%	AC 138 mm 19W 2D 5% 50% 95%	FL 27.6 mm 18W 3D 5% 50% 95%
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Tibia 23.7 mm	Fibula 23 mm	Humerus 27.9 mm	Radius 23 mm	Ulna 25.4 mm
---------------	--------------	-----------------	--------------	--------------

Cephalic Index - 76 Range 75-85%

Foot Length : 28 mm

ALL TYPES OF ADVANCED IMAGING UNDER ONE ROOF

- Whole body Sonography
- Whole body Color Doppler Imaging



*Alina*

- MSK Imaging
- Small node Sonography



- 1st Genetic Clinic In Borivall (W) offering Prenatal Invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reduction etc
- The only centre In Borivall offering specialized infertility Imaging with Sono HSG.

**MRS VIDULA SAMIR DEO / S5907 / 04/09/2019 / Visit No 2**

**Aneuploidy Markers**

Nasal Bone : 6.3 mm - Seen

Nuchal Fold : 4.7 mm - Normal

**Estimated fetal weight according to BPD,HC,AC,FL :- 262 + / - 26.2 gms.**

**Fetal Anatomy**

**Head**

Cisterna magna measured 3.3 mm

Shape : Normal

Cavum septi pellucidum : Normal

Midline fax : Normal

Thalami : Normal

Lateral ventricle : Normal

Cerebellum : Normal

Cisterna magna : Normal

**Neck**

Neck : Normal/No mass

**Spine**

Spine long/trans/skin intact

Ossification/curvature/

Sacral tapering/extra calcification : Normal

**Face**

Upper lip/ lower lips : Normal

PMT : Normal

Median facial profile : Normal

Orbits Right / Left : Normal

Mandible / Maxilla : Normal

**Thorax**

Lungs R/L bony Cage : Normal

Shape : Normal

No Masses : No Mass

Thymus : Normal







- 1st Genetic Clinic in Borivall (W) offering Prenatal invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reduction etc
- The only centre in Borivall offering specialized infertility imaging with Sono HSG.

**MRS VIDULA SAMIR DEO / S5907 / 04/09/2019 / Visit No 2**

**Heart**

Heart activity : Present  
 Size Ao/IVC relation : Normal  
 Cardiac Axis : 46  
 Four-chamber view : Normal  
 Left Ventricular outflow : Normal  
 Right Ventricular outflow : Normal  
 3VV / 3VTV : Normal  
 Aortic arch /Ductal arch : Normal  
 Pericardial effusion : Absent  
 IVC : Seen & Enter into RA

**Abdomen**

Stomach : Seen & Normal  
 Gall Bladder : Seen  
 Bowel : Seen  
 Fetal Anus : Seen  
 Kidneys Right /Left : Normal  
 Urinary bladder : Seen

**Extremities**

Limbs RT UL/RL/LUL/LLL : Normal  
 Hands / Feet : Normal

**Major structural malformation**

Microcephaly : Absent  
 Holoprocencephaly : Absent  
 Orofacial clefting : Absent  
 Major Cardiac Anomaly : Absent  
 Diaphragmatic hernia : Absent  
 Omphalocele : Absent  
 Bilateral TEV : Absent

**Genetic markers survey**

Choroid plexus cyst : Absent  
 Borderline ventriculomegaly : Absent  
 Micro/ retrognathia : Absent

**Other Sonographic findings:**

Cystic hygroma : Absent  
 Hydrops : Absent  
 IUGR : Absent  
 Oligohydramnious : Absent  
 Polyhydramnious : Absent  
 Pleural effusion : Absent  
 DV : Normal

**Minor genetic markers (soft marker )**

Gall Bladder : Seen  
 Echogenic bowel : Absent  
 Double fluid filled area in abdomen : Absent



*Arora*

- 1st Genetic Clinic in Borivall (W) offering Prenatal invasive procedures like Amniocentesis / Chorionic Villous sampling / Fetal Reduction etc
- The only centre in Borivall offering specialized infertility imaging with Sono HSG.

**MRS VIDULA SAMIR DEO / S5907 / 04/09/2019 / Visit No 2**

ECF	: Not Seen	Renal pyelectasis	: Present
Shortened long bones	: Absent	ARSA	: No ARSA
Fetal anus	: Seen	VSD	: Not Seen
TR	: No TR	AP of Thymus	: 6 mms

**Impression**

There is single viable intra uterine fetus in variable presentation having sonar age of 19 weeks.

There is no evidence of fetal anomaly at this stage.

The mean uterine arterial PI (0.8) is within normal limits favours normal screening for hypertensive disease of pregnancy.

The fetal sonar age is proportionate to menstrual age favours normal fetal growth.

The EDD is 17/01/2020 by menstrual date & 29/01/2020 by sonar date.

The cervix is closed & measures 3.3 cms.

Mild bilateral Renal pyelectasis noted (4 mms in AP diameter on either side) in the fetus.

A loose loop of cord noted around the fetal neck.

*SDKshirsagar*

**DR.(MRS.)SWATI KSHIRSAGAR M.D.  
CONSULTANT RADIOLOGIST & IMAGIOLOGIST**

Certified for screening for Fetal Abnormalities by Fetal Medicine Foundation London (UK).

Certified for NT & 1st trimester screening by Fetal Medicine Foundation London (UK). FMF ID NO. 92185

(It must be noted that all anomalies cannot be detected by sonography examination due to known limitations fetal position, movements, amniotic fluid volume etc, and subtle defects like limbs and digit abnormalities may not be seen in all scans. The present study cannot completely confirm \* absence of any or \* presence of all congenital anomalies in the fetus which may detected in the post natal period. USG markers for screening of chromosomal anomaly may not always be evident and as such their absence may not totally rule out presence of fetal chromosomal anomalies. Therefore all fetal anomalies and subtle cardiac anomalies, isolated tiny VSD's may not necessarily be detected at every examination.

3-D and 4-D images are virtual images of the 2-D examination. All limitations applicable to 2-D examination are also applicable to 3-D, 4-D examination. Therefore all fetal structures may not necessarily be seen on 3-D examination if not well visualized and 2-D examination).

- Whole body Sonography
- Whole body Color Doppler Imaging

**ALL TYPES OF ADVANCED IMAGING UNDER ONE ROOF**

- Elastography
- Pediatric Imaging

Page #4 - 05/09/19, 11:25 AM

- MSK Imaging



*Asia*

# APPLICATION FOR PRIVILEGE LEAVE

Name: \_\_\_\_\_ Post: \_\_\_\_\_ Institute \_\_\_\_\_ Section \_\_\_\_\_

I have applied Privilege Leave Planned from \_\_\_\_\_ to \_\_\_\_\_ (Incl.) and I applying \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_ (Incl.).

Privileged Leave for the Purpose \_\_\_\_\_ I am proceeding to \_\_\_\_\_

Address/es while on Leave \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

## For Office Use

ENTITLEMENT

LEAVE SANCTIONED

_____ DAYS	With pay for _____ days from _____ to _____
------------	---

Refused \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Received leave advice

I shall resume duty on: \_\_\_\_\_. I agree that if I do not return within two days of the expiry of the sanctioned leave, and also explain to the satisfaction of the Authority regarding my inability to resume duty in time, I shall lose lien on the post.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## PREVILEGE LEAVE ADVICE

Name: \_\_\_\_\_ Post: \_\_\_\_\_ Institute \_\_\_\_\_ Section \_\_\_\_\_

Ref: Your application dt. \_\_\_\_\_ Please be informed that leave for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_ has been sanctioned /refused as \_\_\_\_\_ (with pay for \_\_\_\_\_ days) from \_\_\_\_\_ to \_\_\_\_\_. You will resume duty on: \_\_\_\_\_

Your proceeding on leave is subject to your handing over charge.

Date \_\_\_\_\_



*Handwritten signature*

Approved \_\_\_\_\_



# CASUAL/SICK LEAVE APPLICATION

Date \_\_\_\_\_

Dear Sir / Madam,

I request you to please grant me \_\_\_\_\_ day / s Casual /Sick  
Leave on \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ (incl.) for the  
following reasons : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have \_\_\_\_\_ day /s of casual/sick leave to my credit.

I could not apply in writing in advance because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* I had not made a request by letter / personally dated \_\_\_\_\_
- \* by phone / through \_\_\_\_\_ on \_\_\_\_\_  
If the request is not made in writing, but orally, or by phone or through some other person, state particulars regarding the name of the person who, phoned, and the person who received the message in the Institution; or the name of person through whom the request as made and the name of the Executive or Officer to whom the request was made  
\_\_\_\_\_  
\_\_\_\_\_

Yours faithfully,

\* Please strike out what is not applicable.

Received \_\_\_\_\_ leave advice granting / refusing Casual/sick Leave on  
\_\_\_\_\_ I shall /have resume/d duty on  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

## CASUAL/SICK LEAVE ADVICE

Name \_\_\_\_\_ Post \_\_\_\_\_

Ref. your application dated \_\_\_\_\_ please be informed that leave  
for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_ incl. has been  
sanctioned / refused as \_\_\_\_\_. You will  
resume duty on \_\_\_\_\_.

Date \_\_\_\_\_

Approved \_\_\_\_\_



*Handwritten signature*

Deviprasad Goenka Management College of Media Studies (DGMC)  
RSET Campus, S. V. Road, Malad (w), Mumbai 400 064, Maharashtra, India

Notice: 423/2021

16th June 2021

## NOTICE

### ATTENDANCE POLICY FOR TEACHING STAFF

Subsequent to the mail dated 15<sup>th</sup> June 2021 sent by the RSET Management all Teaching Staff are required to be physically present in the Institute thrice a week i.e. Monday, Wednesday and Friday for a minimum of 06 hours per day **W.E.F** 21<sup>st</sup> June 2021.

Failing which, the day that a particular faculty is absent it will be considered as Leave or Leave without pay (LWP).

**Note:** Week 14<sup>th</sup> to 19<sup>th</sup> June 2021– Faculty are required to be physically present on 16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup> June 2021.

#### **Also kindly note:**

1. Attendance for Tuesday, Thursday and Saturday, which is WFH should be updated on the Google drive (shared by Mr. Devendra Koli) on a **daily basis**. Failing which it will be considered as Leave or LWP.
2. With reference to conducting examinations; teaching staff will be required to attend the institute as and when required.



**Dr. Ameer Vora**  
Principal



IQAC DGMC &lt;iqacdgmcdgmc@dgmcmcs.org.in&gt;

## Fwd: Attendance Policy for all the Unaided Institutes WEF 16 June 2021 till 30 June 2021

2 messages

Principal DGMCMS &lt;principal@dgmcmcs.org.in&gt;

15 June 2021 at 16:15

To: DGMC Staff <dgmcmcs.staff@dgmcmcs.org.in>, DGMC Faculty <dgmcmcs.faculty@dgmcmcs.org.in>, Yashwant Baing <yashwant.baing@dgmcmcs.org.in>, Joyanto Mukherjee <joyanto.mukherjee@dgmcmcs.org.in>

Dear all,

Please check the trailing mail and the attendance policy in effect from Tom

Teaching staff is required to report on campus for 3 days

So please report to campus from Tom for 3 days for this week

Warm regards

Amees

Sent from my iPhone

Begin forwarded message:

**From:** Anant Yadnik <Anant.Yadnik@rajasthani.org.in>**Date:** 15 June 2021 at 4:10:18 PM IST**To:** InstituteHeads <instituteheads@rajasthani.org.in>, Pintu Mukherjee <pintu.mukherjee@nsma.org.in>, Dharmraj Yadav <Dharmraj.Yadav@pdsa.org.in>**Cc:** Ashok Saraf <amsrs@sarex.com>, Kailash Kejriwal <kskejriwal@gmail.com>, Archita <Archita@mbis.org.in>, Ajay Agrawal <Ajay.Agrawal@rajasthani.org.in>**Subject:** Attendance Policy for all the Unaided Institutes WEF 16 June 2021 till 30 June 2021

The below mentioned policy shall be applicable to all the Unaided Institutes of RSET as mentioned below:

### Applicable from 16 June 2021 till 30 June 2021

#### Non Teaching Staff: (Schools/Colleges/Institutes/Other Non-Teaching Institutes)

- 1) All non-teaching staff shall be required to do WFH (Work from Home) from **16 June till 30 June 2021**.
- 2) All non teaching staff shall be considered as **half day present** subject to submission of approved work from home report. Balance half day shall be considered as leave/leave without pay as the case may be.
- 3) All non teaching staff not able to submit justifiable WFH report shall be considered as full day leave/leave without pay
- 4) Incase of exigencies of work the non-teaching should be physically present in the office, in such cases the staff may come to the office.
- 5) All such staff members shall be required to work from office for a minimum of 6 hours perday or according to their normal duty hours, whichever is less.
- 6) Such staff shall be considered as present and a benefit of 110% shall be extended if conditions are met. no. 05 above is fulfilled.
- 7) Incase of BMS/Security/HK/Davidson Peons/ Outsourced IT staff attendance shall be considered on actual physical presence in the campus

**Note:**All non-teaching staff are required to submit a WFH report on a daily basis irrespective of the designation. Failing to do so, it shall be considered as leave/LWP. No weekly or monthly reports shall be considered.





**Teaching Staff: (Schools/Colleges/Institutes/Other Non-Teaching Institutes)**

- 1) All teaching staff shall be required to be physically present in the College/ institute for a minimum of 03 days per week (as decided by the Principal/Director of the respective Institute) for a minimum of 06 hours per day or as per their terms of appointment , whichever is less.
- 2) Incase if the teaching staff does not report to the office for more than 03 days for whatever reason, then such 04th or subsequent instances in that week shall be considered as leave or leave without pay.
- 3) For balance days they need to conduct online lectures as per their time table.
- 4) The same has to be updated in ERP software.
- 5) Incase if no report is submitted, it shall be considered as leave and accordingly leave or pay shall be deducted as the case may be.
- 6) For conducting exams teaching staff shall be required to be present as and when required by the principal.

Thanks & Regards,

Capt.(IN) Anant Yadnik (Retd.)  
CEO RSET

---

**Yashwant Baing** <yashwant.baing@dgmcms.org.in>

15 June 2021 at 17:22

To: Principal DGMCMS <principal@dgmcms.org.in>

Cc: DGMC Staff <dgmcmstaff@dgmcms.org.in>, DGMC Faculty <dgmcmfaculty@dgmcms.org.in>, Joyanto Mukherjee <joyanto.mukherjee@dgmcms.org.in>

Thanks for the mail.

[Quoted text hidden]



# WEBINAR ON MENTAL WELL BEING

## Meetings

Two meetings were conducted before the event

	08/01 2021 Board Meeting	11/01 2021 Board Meeting
Agenda:	<ul style="list-style-type: none"> <li>To formulate an event about mental health.</li> <li>Discussing about how this issue should be addressed in the right manner.</li> <li>Finalizing the guest speaker and selecting a date for the event along with designing an invitation.</li> </ul>	<ul style="list-style-type: none"> <li>To decide the flow of the event.</li> <li>Sending webinar link to the guest speaker, guests from rotary and rotaractors of DGMC.</li> <li>Discussing ways to deal with technical issues if any.</li> </ul>



## Invitation

Rotaract Club of Deviprasad Goenka Management College of Media Studies presents

### Webinar on Mental Wellbeing

"Anxiety does not come from thinking about the future, but from wanting to control it."

- Khalil Gibran

The Webinar will be Hosted by Mrs Hirral Merchant

She is an international practitioner in neuro linguistic programme and a peak life coach for over 8 years.

She is also an excellent angel card reader, a numerologist and an internationally certified sound healer.

Date:- 12th January 2021

Time:- 3:00-4:30 PM

Platform: Google Meet

Join this link:

<https://meet.google.com/ujk-wfr-tjk>



*Hirral*



# WEBINAR ON MENTAL WELL BEING

## Report: Webinar on Mental Well-Being

"The mind is its own place, and in itself can make a heaven of hell, a hell of heaven.", says John Milton in "Paradise Lost".

Mental Health is important at every stage of life from childhood to adolescence. Mental well-being affects the way one feels, thinks and acts. The Rotaract Club of Deviprasad Goenka Management College of Media Studies had organized a Webinar on Mental Well Being on 12th January 2021 from 3:00pm to 4:30pm.

This webinar aimed at creating a healthy environment for Students & Staffs so that they feel free to talk about their issues, as well as faculties do understand their problems more clearly. Being an initiative taken by RCDGMC in order to normalize talking about anxiety, depression and other mental health related issues, the webinar invited participants from other Rotaract Clubs as well.

The guest speaker for the evening was Mrs. Hirral Merchant who is an international practitioner in neuro linguistic programme, an excellent angel card reader, a numerologist, an internationally certified sound healer and a peak life coach for over eight years.

The webinar started with a welcome speech by the president of RCDGMC Rtr. Chaitra Parab. Introduction of the chief guest was done by Director of International Service Rtr. Sadiya Iqbal and later the principal Dr. Ameet Vora spoke a few words sharing her thoughts on the topic of the webinar. The event witnessed the graceful participation of the Youth Director Mrs. Pragna Mehta and other rotaractors of district 3141.

Mrs. Hirral Merchant spoke about various ways in which an individual can trick their mind and have control over their thoughts. She talked about vibrations of the universe and conducted a small activity which would help the students to boost their confidence.



Press Esc to exit full screen

The event came to an end with a Question and Answer session wherein a few students spoke about their issues and all the questions were addressed by the guest speaker. The event was concluded by Rtr. Chetna Shastri who presented the vote of thanks.

The interactive Mental Well – Being webinar was received well by the participants and acknowledged as a step further in our commitment to work on the education and elevation of the student community, a goal undertaken by the Rotaract club of DGMC for the year 2020-2021

Arora





# WEBINAR ON MENTAL WELL BEING



*AD*





Deviprasad Goenka  
**management college of media studies**  
INDIA'S PREMIER MEDIA SCHOOL



### GUEST SPEAKER



**MS. DEEPA PAWAR**

Founder ANUBHUTI  
Grand Prize winner of University of  
California

Ms. Deepa Pawar will be the resource person for the workshop. Ms. Deepa Pawar has a Masters In Social Work and has a wide experience of almost 20 years. She has worked with the youth, the women, NGOs, with the local and state governments. She is also the recipient of the Grand Prize winner of University of California's Tell Her Story contest for her work in gender and sexual rights. She is the Founder Director of Anubhuti, a feminist organization working to build socio-political leadership of youth towards a more just, equitable and democratic society.

## Women's Development Cell of DGMC

Organises a Workshop on

# Sexual Harassment at Workplace"

Scheduled for Wednesday 20th January 2021 from 3pm to 5pm



Virtually on Google Meet Platform

*Handwritten signature in blue ink.*



Deviprasad Goenka Management College of Media Studies (DGMC)  
RSET Campus, S. V. Road, Malad (w), Mumbai 400 064, Maharashtra, India

Notice No. 287/2021

19th Jan 2021

## NOTICE

### Workshop on Sexual Harassment at Workplace on Wednesday 20<sup>th</sup> Jan 2021

All students are hereby informed that DGMC's Women Development Cell is organizing a **Workshop on Sexual Harassment at Workplace on Wednesday 20<sup>th</sup> January 2021 from 3pm to 5pm on the Google Platform.**

Ms. Deepa Pawar will be the resource person for the workshop. Ms. Deepa Pawar has a Masters in Social Work and has a wide experience of almost 20 years. She has worked with the youth, the women, NGOs, with the local and state governments. She is also the recipient of the Grand Prize winner of University of California's Tell Her Story contest for her work in gender and sexual rights. She is the Founder Director of Anubhuti, a feminist organization working to build socio-political leadership of youth towards a more just, equitable and democratic society.

Kindly click on the below mentioned link to join the workshop:  
<https://meet.google.com/jkf-axjd-ibu?hs=224>



*Dr. Amee Vora*

**Dr. Amee Vora**  
Principal

*Dr. Amee Vora*





**Deviprasad Goenka Management College of Media Studies (DGMC)**  
RSET Campus, S. V. Road, Malad (w), Mumbai 400 064, Maharashtra, India

17<sup>th</sup> May 2021

Dear Colleagues,

Greetings from Deviprasad Goenka Management College of Media Studies (DGMC).

The Internal Quality Assurance Cell (IQAC) at DGMC is delighted to announce a six-day online Faculty Development Program (FDP) on Research Methodology and Grant Proposal Writing for the Academic Year 2020-21.

Participants of the workshop will receive an e-certificate.

**Date: 24th May to 29th May 2021**

**Platform: Google Meet**

**Fees: Rs. 500 /- (+18% GST) = Rs. 590/-**

The objective of the program is to empower teachers to undertake research projects.

**Some of the topics that the FDP will cover are as follows:**

- Social Sciences Research: Types of Research
- Paradigms of Research
- Quantitative Research Designs
- Key concepts in Quantitative research and Data presentation
- Media Research
- Introduction to Qualitative Research
- Qualitative Research Designs - Narrative Inquiry; Ethnographies; Case Study Research
- Writing and Presenting Qualitative Research
- Emotional Intelligence for Qualitative Research
- Ethics in Research & Writing Papers for Publications
- Grant Proposal Writing

To register, visit <https://www.dgmc.org.in/faculty-development-program/>

\*On submission of the registration form, you will receive the Payment link. The workshop link will be sent to you a day prior to the workshop.





**Dr. Ameet Vora**  
Principal



**IQAC**  
D G M C **DGMC**

## **Faculty Development Program (FDP)**

on Research Methodology and Grant Proposal Writing

24<sup>th</sup> - 29<sup>th</sup> May 2021 | 10.30 am - 5.00 pm

Platform - Google Meet



**Dr. Sunitha  
Chitrapu**



**Dr. Lakshmi  
Lingam**



**Dr. Shamim  
Meghani Modi**

For further details kindly contact Dr. Dilnaz Boga on [dilnaz.boga@dgmcms.org.in](mailto:dilnaz.boga@dgmcms.org.in)

**DGMC's Social Media Link: FDP**

**Instagram:** [https://www.instagram.com/p/CO40\\_kwLzZa/](https://www.instagram.com/p/CO40_kwLzZa/)

**Linkedin:** <https://www.linkedin.com/school/3542093/admin/>

**Facebook:** <https://www.facebook.com/dgmediaschool/posts/3946763925440045>

**Twitter:** <https://twitter.com/DGMediaSchool/status/1393496293868064772?s=19>

*Adarsh*

## Workshop on Sexual Harassment at Workplace by Ms Deepa Pawar

The Women Development Cell of DGMC organized a one day Workshop on "Sexual Harassment at Workplace" on 20<sup>th</sup> January, 2021 on the GOOGLE Platform. The resource person for the Workshop was Ms Deepa Pawar, a social activist and Founder of "Anubhuti", a feminist organization working to build socio-political leadership of youth towards a more just, equitable and democratic society.

The staff and students of DGMC took active participation in the workshop. The students reacted to the scenarios presented by Ms Deepa Pawar in the case studies that she discussed. These case studies helped the students in becoming aware of the various forms of sexual harassment that exist in the society. Also, it helped them to become empathetic towards the situations discussed in the workshop.

Ms Deepa Pawar also discussed the highlights of the POSH Act, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. "POSH Act" was enacted as a legislation to provide a safe, secure and enabling environment, free from sexual harassment to every woman. This Act seeks to provide protection to female working in different work scenarios.



*Adara*

