

PART - I
(INSTITUTIONAL INFORMATION)

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

Name: **Dr. RAHUL J VERMA** Age: **55** (Date of Birth) **26.5.1966**

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	PEDIATRIC MEDICINE	1992	SETH GS MEDICAL COLLEGE, MUMBAI	BOMBAY UNIVERSITY

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	-	-	-	-
Asso. Professor/Reader	-	-	-	-
Professor	-	-	-	-
Any Other			Grand Total	

2. **Management/Society/Inst. Information :**

01	i) Name of the Society/Institution/College/University Department:	SIR HN HOSPITAL TRUST
	ii) Postal Address, with PIN:	RAJARAM MOHAN ROY ROAD, GIRGAUM, MUMBAI-04
	iii) Contact Details:	Mob: 9819777105 , Tele:
	iv) E-mail ID:	rfh.academics@rfhospital.org
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950: ... A- 1364
		ii) Society's Registration Act. 1860:
		iii) Year of establishment: MAY 1953
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Mark as Appendix 'A'
03	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	SIR HN RELIANCE FOUNDATION HOSPITAL & RESEARCH CENTRE
		i) Name of the Hospital
		ii) Nursing Home Registration No.
		iii) Establishment Year
04	i) Name of the College/Institute where course is to be conducted:	SIR HN RELIANCE FOUNDATION HOSPITAL & RESEARCH CENTRE
		ii) Postal Address, with PIN:
		iii) Contact Details:
		iv) E-mail ID:
		v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity
		vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes/No.
06	Financial position of the Society/Institute in the preceding 03 years:	Audited Statements of Accounts for 2018-19, 2019-20, 2020-21 *Yes/No- Mark as Appendix 'C' 6a/6b/6c
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 2022/23/24 Rs. 5,00,000/-
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. ... 01 dated 22/9/2021 Copy of Management Resolution attached? *Yes/No- - Mark as Appendix 'D' <input checked="" type="checkbox"/>

Other Information:	
a) Land:	*Yes/No. If yes, then Area: . <u>6,827.74 sq. mtr.</u>
i) Whether the land is owned by the Applicant Institute/College/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? * <u>Yes</u> /No - Mark as Appendix 'E'
ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: dated at (Place): Copy of Land Registration Certificate attached? * <u>Yes</u> /No. - Mark as Appendix 'F'
09 iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs /mortgaged for Rs . <u>NA</u> Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G'
b) Building:	<u>5871.23 sq. ft. m.</u>
i) Total built-up area:	Certified copy of Building Plan attached? * <u>Yes</u> /No - Mark as Appendix 'H'

3. Central Library

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

3119
72 [46-PHYSICAL BOOKS + 26 E-BOOKS
26 E-BOOKS

- Journals:

	Journals	Total	concerned Fellowship subject
	Indian	14	1
	Foreign	600	26

- Year / Month up to which latest Indian Journals available: 2021
 - Year / Month up to which latest Foreign Journals available: 2021
 - Internet / Med pub / Photocopy facility: available / not available
 - Library opening times: 24 x 7
 - Reading facility out of routine library hours: available / not available
- (Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

Available / Not available

Play grounds Gymnasium

5. Hostel Accommodation :

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	NA	NA	7	4	NA	NA
No. of Students	NA	NA	29	14	NA	NA
Status of Cleanliness	NA	NA	CLEAN	CLEAN	NA	NA

6. Residential accommodation for Staff / Paramedical staff : Available / Not Available

7. Ethical Committee (Constitution) : YES/NO

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

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

5. Casualty:/ Emergency Department :

Space	ADEQUATE (4151 sq. ft)
Number of Beds	16
No. of cases (Average daily OPD and Admissions):	OPD - 45 IPD - 25
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	AVAILABLE
Staff (Medical/Paramedical)	20 Drs + 50 NRS.
Equipment available	YES

6. Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day	-	
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily 40-50 UNITS	On Inspection day

7. Central Laboratory:

- Controlling Department: HENATOLOGY, BIOCHEMISTRY, PATHOLOGY, MICROBIOLOGY
- No of Staff : ADEQUATE
- Equipment Available : Attach separate List
- Working Hours: 24 X 7

8. Central supply of Oxygen / Suction: Available / Not available
9. Central Sterilization Department Available / Not available
10. Ambulance (Functional) Available / Not available
11. Laundry: Manual/Mechanical/Outsourced:
12. Kitchen Available / Outsourced/ Not Available
13. Incinerator: Functional / Non functional Capacity: NA / Outsourced
14. Bio-Medical waste disposal Outsourced / any other method
15. Generator facility Available / Not available
16. Medical Record Section: Computerized / Non computerized
 • ICD X classification Used / Not used

Sign & Stamp
Head of the Department

Dr. Mahesh Bagaria
Director - Orthopaedics
MBBS, MS, FCPS, D.Ortho, Dip SICOT
Sir H.N. Reliance Foundation Hospital
Med. Council No.2000/01/0498

Sign & Stamp
Dean/Principal/Head of Institute

Date:

College/Institute
Round Seal



PART - III

(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : JOINT REPLACEMENT SURGERY
 2. Date on which independent department of : functioning concerned specialty was
 created and started : 1st AUG 2018 April, 2015

3. Faculty details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1.	Dr. VAIBHAV BAGARIA	FULLTIME	DIRECTOR	MBBS, MS- ORTHO.	15 YEARS

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
 Yes/No: Yes Since when: ... April, 2015

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	1343	YES	
Clinics	2589	YES	
Laboratory Space	222	YES	
Seminar room	1013	YES	
Department Library	1348	YES	
PG common room	-		✓
Pre clinical lab (where ever applicable)	-		✓
Patient waiting room	1214	YES	
Total area	7729		

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3 years:

Year	Name of the Course	No. of students admitted	No. of Mentors available in the dept. (give names)
2021	JOINT REPLACEMENT SURGERY	1	Dr. VAIBHAV BAGARIA

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department:

Sr.No.	Name	Designation
1.	SONAL PATEL	SECRETARY
2.	NAYAN BANAR Siji Chacko	ORTHO SPECIALTY NURSE

8. List of Equipment(s) in the department of concerned Fellowship subject:
 Equipment's: List of Important equipment's available and their functional status
 (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1.	SPACE SUIT	STRYKER TS	FUNCTIONAL	50
2.	ORTHO SAW & DRILL SET	STRYKER SMART SYSTEM	FUNCTIONAL	6
3.	ORTHO NAVIGATION SYSTEM	STRYKER NAV 3i	FUNCTIONAL	1
4.	TOURNIQUET	STRYKER SMART PUMP	FUNCTIONAL	4
5.	RF ABLATOR SHAVER	STRYKER CROSSFICE	FUNCTIONAL	1

9. Intensive care Service provided by the Department: (Emergency) **YES**

10. Specialty clinics being run by the department and number of patients in each : **NO**

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

11. Services provided by the Department:

a) Services

i **PRIMARY HIP & KNEE REPLACEMENT SURGERIES**

ii **REVISION HIP & KNEE REPLACEMENT SURGERIES**

iii **PERIPROSTHETIC FRACTURES & PERIPROSTHETIC JOINT INFECTIONS**

(b) Ancillary Services **REHABILITATION SERVICES, GAIT LAB, AQUA THERAPY**

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	ADEQUATE	ADEQUATE
2	Equipment's	ADEQUATE	ADEQUATE
3	Teaching Space	ADEQUATE	ADEQUATE
4	Waiting area for patients	ADEQUATE	ADEQUATE

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	AVAILABLE
Staff (Steno /Clerk).	Yes/No	Profess ors	AVAILABLE
Computer/ Typewriter	Yes/No	Associate Profess ors	AVAILABLE
Storage space for files	Yes/No	Assistant Profess or	AVAILABLE
		Residents	AVAILABLE

14. Clinical Load of Dept. : No of Surgeries / Procedures **3-4** Per day

15. Submission of data to National Authorities if any : **NA**

16. Overall Impression: (To be filled by the Local Inquiry Committee)

Particular	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		—
Library facilities		
Equipment		
Overall Department Assessment		

17. Any Other Observations & Overall Remarks of The Local Inquiry Committee (Not More Than 3 Lines): (To be filled by the Local Inquiry Committee)

Sr. No.	Particular	-
01.	Recommendation for Recognition of the Institute (If applicable)	:
02.	Recommendation for Starting New Fellowship / Certificate Courses (If applicable)	:
03.	Recommendation for Existing Fellowship/ Certificate Courses For Continuation of Recognition/ Affiliation (If applicable)	:
04.	Recommendation for Increase in Intake of Fellowship / Certificate Courses (If applicable)	:

	Name of the LIC Chairman/Members	Signature
01		
02		
03		

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate
Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for :-

This is to Certify that Dr. Vaibhav Bagaria..... has worked in the Department of..... Orthopedics, Sir H.N. Reliance..... College / Institutes as per following details. Foundation Hospital, Mumbai -

A) General Experience:-

Designation	From	To	Total period Year / Month
<u>Consultant</u>	<u>2006</u>	<u>2021</u>	<u>15 year</u>

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month
<u>Fellowship</u>	<u>2004</u>	<u>2005</u>	<u>1Y</u>
<u>Consultant</u>	<u>2005</u>	<u>2009</u>	<u>4Y</u>
<u>Fellowship</u>	<u>2009</u>	<u>2011</u>	<u>2Y</u>
<u>Consultant</u>	<u>2012</u>	<u>2021</u>	<u>9Y</u>

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

JB


Sign & Stamp
Head of the Department

Date: **Dr. Vaibhav Bagaria**
Director - Orthopaedics
MBBS, MS, FCPS, D.Ortho, Dip SICOT.
Sir H.N Reliance Foundation Hospital,
Med. Council No.2000/01/0498


Sign & Stamp
Dean/Principal/Head of Institute

Date: **Dr. Tarang Gianchandani**
Chief Executive Officer
Sir. H. N. Reliance Foundation
Hospital and Research Centre,
Prarthana Samaj, Girgaum,
Mumbai - 400004.

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Annexure - II

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Title of the Course applied for :-

This is to Certify that Dr. **VAIBHAV BAGARIA** has worked in the Department of **ORTHOPEDEIC**, **SIR H.N. RELIANCE** College / Institutes as per following details. **FOUNDATION HOSPITAL & RESEARCH CENTRE, MUMBAI**

A) General Experience:-

Designation	From	To	Total period Year / Month
CONSULTANT	2006	2021	15 YEARS

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month
FELLOWSHIP	2004	2005	1Y
CONSULTANT	2005	2009	4Y
FELLOWSHIP	2009	2011	2Y
CONSULTANT	2012	2021	9Y

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Dr. Vaibhav Bagaria

Date: Director - Orthopaedics
MBBS, MS, FCPS, D.Ortho, Dip SICOT
Sir H.N Reliance Foundation Hospital
Med. Council No.2000/01/0496

Sign & Stamp

Dean/Principal/Head of Institute

Date:

Recommended/Not Recommended



Signature with date of LIC Chairman/Member