

**PART - I**  
**(INSTITUTIONAL INFORMATION)**

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

Name: Rahul J Verma Age: 54 (Date of Birth) 26.5.1966

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>PEDIATRIC MEDICINE</u>	<u>1992</u>	<u>SETH GS MEDICAL COLLEGE, Mumbai</u>	<u>Bombay University</u>

**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:	<u>Sir H N Hospital Trust</u>
	ii) Postal Address, with PIN:	<u>Raja Ram Mohan Roy Road, Girgaum, Mumbai-04</u>
	iii) Contact Details:	Mob: <u>9819777105</u> Tele:
	iv) E-mail ID:	<u>rfhacademics@rfhospital.org</u>
02	Society/Institution/College Registration Number and date:	i) Public Trust Act 1950: <u>A-1364</u>
		ii) Society's Registration Act. 1860: <u>.....</u>
		iii) Year of establishment: <u>May 1953</u>
		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 )	<u>Sir H N Reliance Foundation Hospital &amp; Research Centre</u>
		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:	<u>Sir H N Reliance Foundation Hospital &amp; Research Centre</u>
		ii) Postal Address, with PIN:
	ii) Postal Address, with PIN:	<u>Raja Ram Mohan Roy Road, Girgaum, Mumbai 400004</u>
		iii) Contact Details:
	iii) Contact Details:	Mob: <u>9819777105</u> Tele:
		iv) E-mail ID:
v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) <u>3</u> ....	
	Approved Intake Capacity <u>4</u> ... Affiliated Since <u>2017</u> (if necessary Attach separate List)	
vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) <u>3</u> ....	
	Required Intake Capacity <u>4</u> ... (if necessary Attach separate List)	
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 <u>2017-18, 18-19, 19-20</u> *Yes/No- Mark as Appendix 'C' <u>6a/6b/6c</u>
07	Budgetary provision for the FC/CC/DC for the next 03 years:	i) 2021/22/23 Rs <u>5,00,000/-</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>04</u> dated <u>.....</u> Copy of Management Resolution attached? *Yes/No- Mark as Appendix 'D'

*Handwritten initials/signature*

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>5,841.23 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  
Total 45 (18 physical + 27 Ebooks)  
27 E books

- Journals:

	Journals	Total	concerned Fellowship subject
	Indian	<u>14</u>	-
	Foreign	<u>600</u>	<u>5</u>

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

2021  
available / not available  
24x7  
available / not available

### 4. Recreational facilities:

Available / Not available

Play grounds Gymnasium
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### 5. Hostel Accommodation :

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	<u>NA</u>	<u>NA</u>	<u>7</u>	<u>4</u>	<u>NA</u>	<u>NA</u>
No. of Students	<u>NA</u>	<u>NA</u>	<u>29</u>	<u>14</u>	<u>NA</u>	<u>NA</u>
Status of Cleanliness	<u>NA</u>	<u>NA</u>	<u>Clean</u>	<u>Clean</u>	<u>NA</u>	<u>NA</u>

### 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

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**PART - II**

**(HOSPITAL INFORMATION)**

1. Name of the Hospital: Sr HN Reliance Foundation Hospital & Research Centre

2. Total number of OPD, IPD in the Institution and concerned department during the last one year: 2020 yr

In the entire hospital		In the department of concerned Fellowship subject	
OPD	72657	OPD	796
IPD (Total No. of Patients admitted)	9365	IPD (Total No. of Patients admitted)	210

**3. Hospital Beds Distribution & No of O.T. :**

In the entire hospital	
No of Beds	360
No of Beds in ICU	63
No of Beds in IRCU	] included in ICU
No of Beds in SICU	]
No of Major O.T.	14
No of Minor O.T.	03

**4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)**

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM		
• Daily admissions		
• Daily admissions in Dept. Through casualty at 10am		
• Bed occupancy in the Dept. at 10AM	NA	
• Number of patients in ward (IPD)		
• Percentage bed occupancy at 10Am		

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty : (For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
•		
•	NA	
•		
•		
•		

*Handwritten signature/initials*

5. Casualty:/ Emergency Department :

Space	Adequate (4151 sq ft)
Number of Beds	14
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
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: Hematology, Biochemistry, Pathology, Microbiology
- No of Staff : Adequate
- Equipment Available : Attach separate List
- Working Hours: 24x7

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: N.A./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

Prabha Yadav  
Sign & Stamp

Head of the Department

Date:

Dr Prabha Yadav  
MS (Plastic Surgery)  
Head - Plastic & Reconstructive Surgery  
Sir H N Reliance Foundation Hospital  
MMC Regn No. 38906



College/Institute  
Round Seal

Tarang  
Sign & Stamp

Dean/Principal/Head of Institute

Date:

Dr. Tarang Gianchandani  
Chief Executive Officer  
Sir. H. N. Reliance Foundation  
Hospital and Research Centre,  
Raja Ram Mohan Roy Road,  
Prarthana Samaj, Girgaum,  
Mumbai - 400004.

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16.2.2024

PART - III

(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : Microsurgery  
 2. Date on which independent department of : functioning concerned specialty was  
 created and started : 1<sup>st</sup> Aug. 2018

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. Prabha Yadav	full time	HOD	MS Plastic S	38
2.	Dr. Tushar Thorat	full time	Consultant	MCh Plastic S	6

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :

Yes/No: ..... Since when: .....

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)
-	NA	-	-

( 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.	Bibi Mayekar	Secretary

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.	Carl Zeiss Microscope	(Pentax)	Functional	2
2.	Saw + Drill System	(Stryker)	Functional	2

3. Laser Machine Luminis + ALMA Functional 2  
 4. Dermatology Machine Functional 2

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9. Intensive care Service provided by the Department:

(Emergency)

Trauma, Replantation  
Reconstructive  
Microsurgery)

10. Specialty clinics being run by the department and number of patients in each:

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1.	Breast Clinic	Tue, Thurs, Sat	11.30 to 1 Pm	3 per day	Dr Vijay Harbhakti

11. Services provided by the Department:

a) Services

- i Reconstructive Microsurgery
- ii Trauma/ Hand
- iii Congenital Deformity.

(b) Ancillary Services

Aesthetic Surgery  
Hair transplant

(f) Others:

Post-burn Deformities.

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 ..... Per day

2-3

15. Submission of data to National Authorities if any :

\_\_\_\_\_

\_\_\_\_\_

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

Particular	Deficient	Satisfactory
Infrastructure	↑ N/A ↓	
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)	↑ N/A ↓
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		

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## Annexure – I

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff.

Sr. No.	Particular	Information to be filled
01.	Name of Faculty/Teacher	Dr Prabha Yadav
02.	Date of Birth	10-01-1955
03.	Address	R.No. 314, Tower Building Sir H N Reliance Foundation Hospital, Girgaum, Mumbai
04.	Tel. No./ Mob. No.	- 9920285836
05.	e-mail id	Prabha.Yadav@rhhospital.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	M.S. (Plastic surgery) MBBS
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	38 yrs.
09.	Present Appointment	01-08-2018 As Prof & HOD.
10.	Publications (List & Proof)	List attached.
11.	Post Graduate Teaching experience (Attach documentary evidence)	38 yrs.
12.	Any other relevant information	① Was M. Ch Teacher for Mumbai Unversity for Plastic surgery & MBBS university ② Past President of APSI 2015

- Note:**
- Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
  - Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
  - Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
  - In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
  - Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given the faculty table above.

Date :-

Sign. of Teaching staff

**Prabha Yadav**  
MS (Plastic Surgery)  
Head - Plastic & Reconstructive Surgery  
Sir H N Reliance Foundation Hospital  
MMC Regn No. 38906

Countersigned & Stamp by Head of Institute

**Dr. Tarang Ganesh**  
Chief Executive Officer  
Sir. H. N. Reliance Foundation  
Hospital and Research Centre.  
Raja Ram Mohan Roy Road,  
Prarthana Samaj, Girgaum,  
Mumbai - 400004.

Date :-

Sign. of Head of Institute

16.2.2021



## 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. Prabha Yadav has worked in the Department of Plastic and Reconstructive Surg College / Institutes as per following details.

**A) General Experience:-**

Designation	From	To	Total period Year / Month
Lecher	Dec 1980	June 1987	7 y.
Associate Prof	July 1987	March 2005	18 y.

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

Designation	From	To	Total period Year / Month
Associate Prof.	July 1987	March 2005	18 y.
Prof & HOD.	April 2005	July 2018	13 y. 6 mth.

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

*Prabha Yadav*

Sign & Stamp

Head of the Department  
**Dr Prabha Yadav**

MS (Plastic Surgery)

Head - Plastic & Reconstructive Surgery

Sir H N Reliance Foundation Hospital

MMC Regn No. 38906

Date:

*Tarang*

Sign & Stamp

Dean/Principal/Head of Institute

Date:

**Dr. Tarang Gianchandani**

Chief Executive Officer  
Sir. H. N. Reliance Foundation  
Hospital and Research Centre,  
Raja Ram Mohan Roy Road,  
Barthana Samaj, Girgaum,  
Mumbai - 400004.

**Recommended/Not Recommended**

Signature with date of LIC Chairman/Member

*16-2-2022*

## Annexure – I

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff.

Sr. No.	Particular	Information to be filled
01.	Name of Faculty/Teacher	Dr Tushar Thorat
02.	Date of Birth	04/06/1984
03.	Address	313, Tower, Sir HN Reliance Hospital, Mumbai
04.	Tel. No./ Mob. No.	9833281190
05.	e-mail id	Tushar.thorat@rnhospital.org
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MCh (Plastic Surgery)
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	SR-2 years Smo - 1 year of experience consultant - 5 years of experience
09.	Present Appointment	Consultant Plastic Surgeon
10.	Publications (List & Proof)	attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	3
12.	Any other relevant information	-

- Note:**
- Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
  - Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
  - Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
  - In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
  - Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given in the faculty table above.

Date :-

*Tarang*

*Thorat*

Sign. of Teaching Staff

**Dr Tushar Thorat**  
MBBS, MS, MCh, DNB (Plastic and reconstructive Surgery)  
Consultant, Department Of Plastic and Reconstructive Surgery  
Sir HN Reliance Foundation Hospital, Mumbai  
Reg No: 2007/05/1282

Countersigned & Stamp by Head of Institute

**Dr. Tarang Gianchandani**  
Chief Executive Officer  
Sir. H. N. Reliance Foundation  
Hospital and Research Centre,  
Raja Ram Mohan Roy Road,  
Prarthana Samaj, Girgaum,  
Mumbai - 400004.

Sign. of Head of Institute

Date :-

16.2.2021

## 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. Tushar Thorat has worked in the Department of Plastic & Reconstructive Surgery College / Institutes as per following details.

**A) General Experience:-**

Designation	From	To	Total period Year / Month
SR	2012	2014	2 yrs
Smo	2014	2015	1 year

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

Designation	From	To	Total period Year / Month
Smo	2014	2015	1 year
Consultant Plastic Surgeon	2016	till Date	5 years.

(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 Prabha Yadav**

MS (Plastic Surgery)

Head - Plastic & Reconstructive Surgery

Sir H N Reliance Foundation Hospital

MMC Regn No. 38906

Date:

  
Sign & Stamp

Dean/Principal/Head of Institute

**Dr. Tarang Gianchandani**

Chief Executive Officer

Sir. H. N. Reliance Foundation

Hospital and Research Centre.

Raja Ram Mohan Roy Road,

Prarthana Samaj, Girgaum,

Mumbai - 400004.

Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

16-2-2021