

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 <input checked="" type="checkbox"/> 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
		887301265
		12-03-2007 - Mark as Appendix 'B'
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:	RAJARAM MOHAN ROY ROAD, GIRGAUM, MUMBAI-400004
	iii) Contact Details:	Mob: 9819777105, Tele:
	iv) E-mail ID:	rfh.academics@rfhospital.org
	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) 3..... Approved Intake Capacity 4..... Affiliated Since 2017 (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) 3..... Required Intake Capacity 4..... (if necessary Attach separate List)
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? *Yes/No. <input checked="" type="checkbox"/>
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'
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. 04 dated 22.09.2021 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? *Yes/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? *Yes/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? *Yes/No <u>Yes/No</u> - 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
16 [9- PHYSICAL BOOKS + 7 E-BOOKS]
7 E-BOOKS

- Journals:

	Journals	Total	concerned Fellowship subject
	Indian	14	1
	Foreign	600	2

- 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
2021
✓ available / not available
24x7
✓ available / not available

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	4	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

PART - II

(HOSPITAL INFORMATION)

1. Name of the Hospital: SIR HN RELIANCE FOUNDATION HOSPITAL & RESEARCH CENTRE

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

In the entire hospital		In the department of concerned Fellowship subject	
OPD	72657	OPD	3222
IPD (Total No. of Patients admitted)	9365	IPD (Total No. of Patients admitted)	150

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	?
No of Beds in SICU	} INCLUDED IN ICU
No of Major O.T.	19 + 2
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
•

5. Casualty:/ Emergency Department :

Space	ADEQUATE (4157 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 dr + 50 nu
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	On Inspection day units

7. Central Laboratory:

- Controlling Department: HEMATOLOGY, 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

Date:

Sign & Stamp
Dean/Principal/Head of Institute

Date:

Dr. Vaibhav Bagaria
Director - Orthopaedics
M.B.B.S., D.C.P.S., D.Ortho, Dip SICOT
Sri H.N. Reliance Foundation Hospital
Mod. Council No.2003/01/0496

College/Institute
Round Seal



PART - III

(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : SPINE SURGERY
 2. Date on which independent department of : functioning concerned specialty was
 created and started ... 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. ARJUN DHAWALE	FULL TIME	CONSULTANT	MS, DNB	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	SPINE SURGERY	1	Dr. ARJUN DHAWALE

(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.	SHYAM RANJAR Siji Chacko	ORTHO. SPECIALITY 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.	SPINE NAVIGATION SYSTEM	STRYKER NAV31	FUNCTIONAL	1
2.	BONE SCALPEL	NISSONIX BCM - SY	FUNCTIONAL	1
3.	CARM	SIEMENS, SIREMOBIL COMPACT	FUNCTIONAL	2
4.	INTRAOPERATIVE SPINAL MEDTRONIC NIM ECLIPSE		FUNCTIONAL	1
5.	CORD NEUROLOGICAL MONITORING SYSTEM			
6.	INTRAOPERATIVE HEMOSTATS	MENTRONICS AQUAMANTYS	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 **BASE OF SKULL SURGERIES, CERVICAL SPINE SURGERIES, C₁-C₂ FUSION**
- ii **SCOLIOSIS - SURGERY. LISTHESIS - FIXATION, FORAMEN MAGNUM DECOMPRESSION**
- iii **~~DISSECTOMY~~, FUSION, MIS, ENDOSCOPY, REVISION SPINE SURGERY, DISSECTOMY**

(b) Ancillary Services

(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)	<input checked="" type="checkbox"/> Yes/No	HOD	AVAILABLE
Staff (Steno /Clerk).	<input checked="" type="checkbox"/> Yes/No	Profess ors	AVAILABLE
Computer/ Typewriter	<input checked="" type="checkbox"/> Yes/No	Associate Profess ors	AVAILABLE
Storage space for files	<input checked="" type="checkbox"/> Yes/No	Assistant Profess or	AVAILABLE
		Residents	AVAILABLE

14. Clinical Load of Dept. : No of Surgeries / Procedures **2-3**. Per day

15. Submission of data to National Authorities if any : _____

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

Particular	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		NA
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 – 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. Arjun Dhawale
02.	Date of Birth	06.12.1976
03.	Address	1, Moonrachi, P. Balu Mang Pradhani
04.	Tel. No./ Mob. No.	9930581780
05.	e-mail id	arjundhawale@hotmail.com
06.	Nationality	Indian
07.	Qualification in details (attach documentary proof)	MBBS, MS, DNB - (Ortho)
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	15 years
09.	Present Appointment	Consultant
10.	Publications (List & Proof)	30
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	DNB Guide for Orthopaedic Surgeon

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. 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.
 5. 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.

Dr. ARJUN DHAWALE
 MBBS, MS Orth, DNB Orth, MRCSEd
 Consultant Spine &
 Paediatric Orthopaedic Surgeon
 Reg. No. 2000/08/3125

Arjun Dhawale
 Sign. of Teaching Staff

Date :-

Countersigned & Stamp by Head of Institute

Date :-

Tarang
 Sign. of 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

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. ARTUN DHAWALE has worked in the Department of ORTHOPEDIC at SIR H.N. RELIANCE FOUNDATION HOSPITAL College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year / Month	
ORTHOPEDIC SURGEON	2005	2021	15	

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

Designation	From	To	Total period Year / Month	
SPINE FELLOWSHIP 2012 - 2013	2012	2013	1	
CONSULTANT SPINE SURGEON	2014	2021	7	

(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

Date: **Dr. Vaibhav Bagaria**
Director - Orthopaedics
MBBS, MCh, FRCPS, D.Ortho, Dip SICOT
Sir H.N. Reliance Foundation Hospital
Med. Council No. 2000/01/0499

Sign & Stamp
Dean/Principal/Head of Institute

Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

