

PART - I
(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)
Name A. Rahul J Verma Age 54 (Date of Birth) 26.5.1966

PG Degree	Subject	Year	Institution	University
Recognized	<u>PEDIATRIC</u>	<u>1992</u>	<u>SETH GS MEDICAL</u>	<u>Bombay University</u>
Not Recognized	<u>MEDICINE</u>		<u>COLLEGE, MUMBAI</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 Ray Road, Girgaon, Mumbai -04</u>
	iii) Contact Details:	<u>Mob: 9819777105</u> , <u>Tele:</u>
	iv) E-mail ID:	<u>rthacademics@rthospital.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:
		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 & Research Centre</u>
		i) Name of the Hospital
		ii) Nursing Home Registration No.
04	i) Name of the College/Institute where course is to be conducted:	<u>Sir H N Reliance Foundation Hospital & Research Centre</u>
		ii) Postal Address, with PIN:
	ii) Contact Details:	<u>Raja Ram Mohan Ray Road, Girgaon, Mumbai 40004</u>
		<u>Mob: 9819777105</u> <u>Tele:</u>
	iii) E-mail ID:	<u>rthacademics@rthospital.org</u>
		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)	<u>Name of the Course(s) ...3...</u>	
	<u>Required Intake Capacity...6...</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'
07	Budgetary provision for the FC/CC/DC for the next 03 years:	<u>i) 2021/22/23 Rs. . 5,00,000/-</u>
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. <u>04</u> dated Copy of Management Resolution attached? *Yes/ No - Mark as Appendix 'D'

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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'
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>571.23 sq. ft. mtr.</u>
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No <input checked="" type="checkbox"/> Yes/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
38 [22 physical + 16 Ebooks]
16 E-books

• Journals:

Journals	Total	concerned Fellowship subject
Indian	<u>14</u>	<u>1</u>
Foreign	<u>600</u>	<u>27</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
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	<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: Sri H N Reliance Foundation Hospital & Research Centre
2. Total number of OPD, IPD in the Institution and concerned department during the last one year: (4 20 20)

In the entire hospital		In the department of concerned Fellowship subject	
OPD	72657	OPD	1,266
IPD (Total No. of Patients admitted)	9365	IPD (Total No. of Patients admitted)	522

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
•
•

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5. Casualty:/ Emergency Department :

Space	Adequate (4.51 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, Radio 1057
- 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


Sign & Stamp

Head of the Department

Date:

Dr. Chetan Bhatt
MD (Medicine), DNB (Gastroenterology)
Head-Department of Gastroenterology
And Hepatobiliary Sciences
Sir H. N. Reliance Foundation Hospital
Med. Council No. 47472



College/Institute
Round Seal


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.

16.2.2011

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PART - III

(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : HEPATOLOGY
2. Date on which independent department of created and started : APRIL 2015 : functioning concerned specialty was

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. Shobna Bhatia	Full Time	Professor & Consultant	MD, DNB Gastro	32 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
 Yes/No: Since when: 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)
-	-	-	-

(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	NIKITA PEDNEKAR	SECRETARY
2	PRAVIN TANJAKAR	TECHNICIAN

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	FIBROSCAN	630	FUNCTIONAL	1
2	ENDOSCOPES	190-2, 180-1	FUNCTIONAL	3
3	COLONSCOPES	190-2, 180-1	FUNCTIONAL	3
4	ERCPSOPES		FUNCTIONAL	3
5.	EUS scopes	RADIAL/LINEAR	functional	3

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

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	Transplant OPD	Wed	2-5 pm	3-5 per day	Dr Chetan Kadal
2	Metabolic OPD	Mon & Fri	2-5 pm	2-5 per day	Dr Chetan Kadal

11. Services provided by the Department:

a) Services

- i Diagnostics
- ii Therapeutics
- iii Transplant (Multivisceral)

(b) Ancillary Services - Albumen day care centres

(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)	<u>Yes/No</u>	HOD	<u>Available</u>
Staff (Steno /Clerk).	<u>Yes/No</u>	Profess ors	<u>Available</u>
Computer/ Typewriter	<u>Yes/No</u>	Associate Profess ors	<u>Available</u>
Storage space for files	<u>Yes/No</u>	Assistant Profess or	<u>Available</u>
		Residents	<u>Available</u>

14. Clinical Load of Dept. : No of Surgeries / Procedures 10-15 Per day

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

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

Particular	Deficient	Satisfactory
Infrastructure	/	
Clinical Material		
Staff Assessment		
Student Assessment		N/A
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)		N/A
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		

Fellowship/Certificate course in Hepatology

at College/Institute/University Department Sir H. N. Reliance Foundation Hospital and Research Centre

(Details of each faculty (teaching staff) appointed for the conduct of the aforesaid Fellowship/Certificate course to be submitted along with (i) supporting documents and (ii) list of teaching staff, in the following format.)

01	Name of faculty/teacher:	<u>Dr. Shobna Bhatia</u>
02	Date of Birth :	<u>13.11.1957</u>
03	Address :	<u>121, Trimwadi Tower, Nambedar Wadi, Malad West</u>
04	Mobile/Telephone No.:	<u>9869072213</u>
05	e-mail ID:	<u>shobna.bhatia@gmail.com</u>
06	Nationality :	<u>Indian</u>
07	Qualification: (attach attested photocopies):	<u>MB (MED), DNB (Gastro)</u>
08	Teaching experience: (attach documentary evidence duly signed by Head of Institute)	<u>Lecturer 1988-1994 6 years Associate Professor 1994-2001 7 years Professor 2001-2019 19 years</u>
09	Present Appointment :	<u>Consultant - Gastroenterology</u>
10	National/International Medals & Awards :	<u>A</u>
11	Publications: (attach list)	<u>Attached</u>
12	PG Teaching experience: (attach documentary evidence)	<u>32 year</u>
13	Any other relevant information:	<u>DNB Guide</u>

Date:

[Signature]
Signature of teaching staff

Countersigned by Head of Institute



Date:

[Signature] 30.9.2021
Signature of Head of Institute



Professional/Teaching Experience Certificate
for Fellowship/Certificate Course Faculty/Teachers

Title of the Course applied for: FC/CC

in Hepatology


This is to certify that Dr. Shobna Bhatia has worked in the Department of Hepatology at College/Institutes: Sir H N Reliance Foundation Hospital & Research Centre as per following details.

A) General Experience:

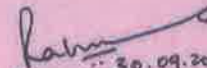
Designation	From	To	Total period Year/Month	
Lecturer	16.12.1988	3.3.1994	6 yrs	3 months
Associate Professor	4.3.1994	15.3.2001	6 yrs	
Professor	16.3.2001	30.11.2019	18 yrs	8 months
Consultant	1.12.2019	Till date	1 yr	9 months

B) Actual Experience in the Subject in which Fellowship/Certificate Course applied for:

Designation	From	To	Total period Year / Month	
Lecturer	16.12.1988	3.3.1994	6 yrs	3 months
Associate Professor	4.3.1994	15.3.2001	6 yrs	
Professor	16.3.2001	30.11.2019	18 yrs	8 months
Consultant	1.12.2019	Till date	1 yr	9 months


Signature and Rubber Stamp
Head of Department
Dr. Chetan Bhatt
Date: 30.09.2021
MD (Medicine) DNB (Gastroenterology)
Head Department of Gastroenterology
And Hepatobiliary Sciences
Sir H. N. Reliance Foundation Hospital
Med. Council No. 47472





Signature and Rubber Stamp
Head of Institute
Date: 30.09.2021

Remarks of LIC Committee

Accordingly, the aforesaid teacher is ***ELIGIBLE/NOT ELIGIBLE** to conduct the said course.

Date: 30/9/21


Signature of LIC Member
Name: Dr. AJAY H. BHANDARKAR

*Strike-out whichever not applicable.



Dr. AJAY H. BHANDARKAR
MS, FMAS, FACS
Head,
Nashik
Mumbai