

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

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

Name: Dr. Rahul J Verma Age: 54 (Date of Birth) 28.5.1966

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	<u>Pediatric Medicine</u>	<u>1992</u>	<u>Seth G S 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>rfh.academics@rfhospital.org</u>
02	<b>Society/Institution/College Registration Number and date:</b>	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	<b>Hospital Information :</b> (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	<b>i) Name of the College/Institute where course is to be conducted:</b>	<u>Sir H N Reliance Foundation Hospital &amp; Research Centre</u>
		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	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>6</u> ... (if necessary Attach separate List)	
05	Fee details: (Bank/DD no./ date/amount)	Valid DD Attached? <input checked="" type="checkbox"/> 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) <u>2021/22/23</u> 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 _____ Copy of Management Resolution attached? *Yes/No- Mark as Appendix 'D'

*(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? *Yes/No - Mark as Appendix 'E'
ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: ..... dated ..... at (Place): ..... Copy of LandRegistration 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.</u>
i) Total built-up area:	Certified copy of Building Plan attached? *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  
100 [48 physical + 52 E books]  
52 E books

#### Journals:

	Journals	Total	concerned Fellowship subject
	Indian	<u>14</u>	<u>1</u>
	Foreign	<u>600</u>	<u>47</u>

- 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: 24x7
- 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	<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 HN Reliance foundation Hospital & Research Centre

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

In the entire hospital		In the department of concerned Fellowship subject	
OPD	72657	OPD	704
IPD (Total No. of Patients admitted)	9365	IPD (Total No. of Patients admitted)	446

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	7 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	.....	.....
• 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
• .....	.....	.....
• .....	.....	.....
• .....	.....	.....
• .....	.....	.....
• .....	.....	.....

C/R



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 write	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:

- ICD X classification

Computerized / Non computerized

Used / Not used

*Muffazal Lakdawala*  
Sign & Stamp

Head of the Department

Date:

Dr Muffazal Lakdawala  
Director-Department of Minimal Access Surgical Sciences  
Reg No 074925



College/Institute  
Round Seal

*Tarang*  
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.

*Muffazal Lakdawala*

17.2.2018

**PART - III**

(To be filled by the Local Inquiry Committee)

**(DEPARTMENTAL INFORMATION)**

1. Fellowship Specialty Department to be inspected : Minimal Access Surgery  
 2. Date on which independent department of : functioning concerned specialty was  
 created and started ..... 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	<u>Dr Muffagal Lakdawala</u>	<u>Full time</u>	<u>Director</u>	<u>MS</u>	<u>17 years.</u>

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	<u>1343</u>	<u>Yes</u>	
Clinics	<u>2589</u>	<u>Yes</u>	
Laboratory Space	<u>222</u>	<u>Yes</u>	
Seminar room	<u>1013</u>	<u>Yes</u>	
Department Library	<u>1348</u>	<u>Yes</u>	
PG common room	<u>-</u>		
Pre clinical lab (where ever applicable)	<u>-</u>		<u>✓</u>
Patient waiting room	<u>1214</u>		<u>✓</u>
<b>Total area</b>	<u>7729</u>		

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)
	<u>- NA -</u>	<u>-</u>	<u>-</u>

(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	<u>Benajifer Bajaj</u>	<u>Dept Co-ordinator</u>
2	<u>Neha Shulla</u>	<u>Nutritionist &amp; Quality Control</u>

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	<u>C-Arm</u>	<u>GE Siemens</u>	<u>Functional</u>	<u>1</u>
2	<u>Lap Instrument Equip</u>	<u>Stuyker Karstner 2</u>	<u>Functional</u>	<u>10</u>
3	<u>DA Vinci Robotic System</u>	<u>Intuitiv</u>		<u>1</u>
4	<u>Cusa</u>	<u>Integra</u>		<u>2</u>
5	<u>Harmonic Scalpel</u>	<u>5 &amp; 5</u>		<u>4</u>
6	<u>ESU with Ligasure machine</u>	<u>metronic</u>		<u>21</u>

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

11. Services provided by the Department:

a) Services

- i. All laproscopic Facility
- ii. Bariatric Surgery
- iii. Robotic Surgery  
Videoscopic Assisted Surgeries, Endoscopy

(b) Ancillary Services Rehabilitation Services  
Speech therapy + Audiology Services

(f) Others: Counselling Services

12. Space:

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

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 3-4 Per day

15. Submission of data to National Authorities if any : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CP

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

Particular	Deficient	Satisfactory
Infrastructure	NA	
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)	:	NA
04.	Recommendation for Increase in Intake of Fellowship / Certificate Courses (If applicable)	:	

	Name of the LIC Chairman/Membe rs	Signature
01		
02		
03		NA

dr



## 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 Muffazal Lakdawala
02.	Date of Birth	: 22/11/1967
03.	Address	: RNA MIRAGE 13 <sup>th</sup> Floor, 1301, 1401 Sk Ahire Marg Worli
04.	Tel. No./ Mob. No.	: 9769162040
05.	e-mail id	: muffazal.lakdawala@rphospital.org
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MS, Training in Bariatric Sx & Advanced Laparoscopic Colorectal Sx
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	: 17 years
09.	Present Appointment	: Director - Bariatric & Minimal Access Sx
10.	Publications (List & Proof)	: attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 17 years
12.	Any other relevant information	

- 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.

Date :-

*Tarang*

*Muffazal Lakdawala*  
Sign. of Teaching Staff  
Dr Muffazal Lakdawala  
Director-Department of Minimal Access Surgical Science  
Reg No 074925

Countersigned & Stamp by Head of Institute

Date :-

*Tarang*  
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

17-2-2021



## 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. Muffazal Lakdawala..... has worked in the Department of... Minimal Access ~~Research~~ Surgery... College / Institutes as per following details.

A) General Experience:-

Designation	From	To	Total period Year / Month
<u>Director</u>	<u>2004</u>	<u>till date</u>	<u>17 years</u>

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

Designation	From	To	Total period Year / Month
<u>Director</u>	<u>2004</u>	<u>till date</u>	<u>17 years</u>

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

Muffazal Lakdawala

Sign & Stamp  
Head of the Department

Tarang

Sign & Stamp  
Dean/Principal/Head of Institute

Date:

**Dr Muffazal Lakdawala**  
Director-Department of Minimal Access Surgical Sciences  
Reg No 074925)

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

17-2-2021