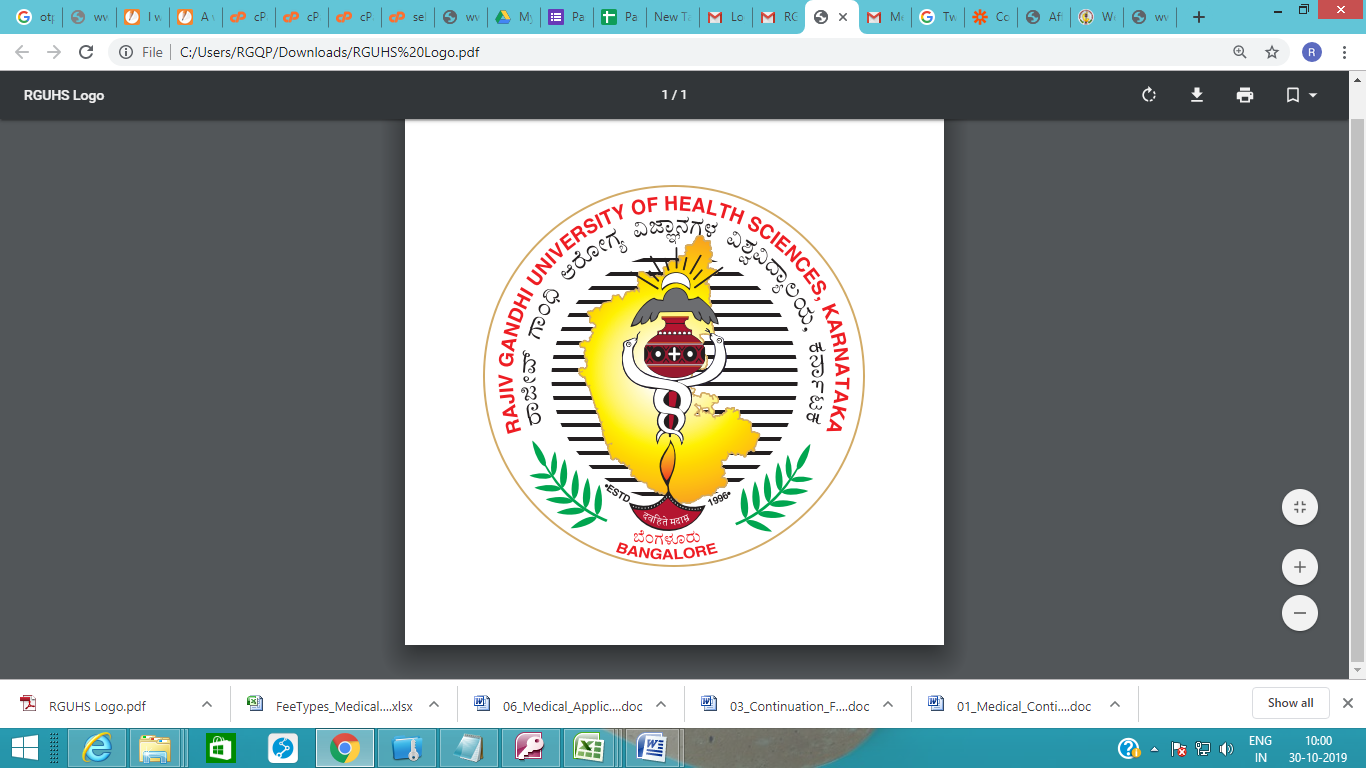
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**Application for Continuation of Affiliation**

**for the year 2023-24**

**(Fellowship/Certificate Courses)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Name of the Trust/Society** |  | |
| **2** | **Name of the College/Institute** |  | |
| **3** | **Address of College/Institute** |  | |
| **4** | **Dean/Director/Principal Name** |  | |
|  | **(1)Mobile Number** |  | |
|  | **(2)Email ID** |  | |
| **5** | **Contact Person/Nodal Officer for affiliation** |  | |
|  | **(1)Mobile Number** |  | |
|  | **(2)Email ID** |  | |
| **6** | **Name of Fellowship/Certificate Programme Applied for continuation of affiliation with intake** | **Name of the course** |  |
| **Intake** |  |
| **7** | **Enclose copy of the Syllabus followed in previous year** | **(Proforma enclosed)** | |

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| --- | --- |
| **8** | **Fee paid details for continuation of affiliation** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Particulars** |  | **Amount** | **Transaction ID, Date, Bank** |
| **(1)** | **Application fee** | **1000X1** |  |  |
| **(2)** | **Affiliation Fee**  **50000 per course for fellowship and 40000 per course for certificate course** |  |  |  |

|  |  |  |
| --- | --- | --- |
| 09 | Hospital Name : |  |
| 10 | Year of Establishment of Hospital:  (Supporting documents related to year of registration of establishment of hospital to be enclosed) |  |
| 11 | Hospital – Own /MOU: |  |
| 12 | Year of establishment of Speciality Department where Fellowship is intended to start (Minimum five years)  (enclose supporting documents)  (Applicable to institutes other than medical colleges) |  |
| 13 | Whether the PG courses in the respective super speciality/broad speciality are running for a minimum period of three years in that institute  (Applicable for Medical Colleges) |  |
| 14 | Total Number of Beds in the Hospital  (KPME/DPCB/BBMP License) |  |
| 15 | Number of Beds dedicated for speciality for which Fellowship programme applied |  |
| 16 | No. of In patients  In patient turnover not less than 5 patients per day in the concerned specialty (wherever applicable ) |  |
| 17 | No. of out patients  Out patient turnover not less than 20 New patient per day in the concerned specialty (wherever applicable ) |  |
| 18 | No. of surgeries/procedures per month in the concerned speciality, wherever applicable  (Enclose details of last six months) |  |
| 19 | Fellowship programme in any speciality related to radiology, it should include the following modalities of investigations for the past six months: | |  |  |  | | --- | --- | --- | | Investigation | Per month | For last six months | | X-Ray |  |  | | Ultrasound |  |  | | CT Scan |  |  | | MRI |  |  | |
| **20** | **Teaching Staff :**  Minimum three qualified teacher or consultants of which one teacher appointed shall be full time, other two may be part – time visiting consultant and these two they should not be faculty for Fellowship Programme in any other institution.  **Experience :**  Professional experience of 10 years after PG Degree or Teaching experience of 9 year of PG Degree. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Teacher / Consultant  Designation | Mobile Number and Email ID | Qualification | | Full time/Part time? | Additional Qualifications acquired by teacher in the concerned speciality  (DM/M.Ch/Fellowship) | No. of Year of Experience after PG/Speciality |
| UG | PG |  |  |  |
| 01. |  |  |  |  |  |  |  |
| 02. |  |  |  |  |  |  |  |
| 03. |  |  |  |  |  |  |  |

**21. Documents to be enclosed along with application form**

|  |  |
| --- | --- |
| **PARTICULARS** | **Authentic Supporting documents enclosed or not**  **(Annexure No.)** |
| 1. Year of establishment of Hospital. (Supporting documents related to year of registration of establishment of hospital) |  |
| 1. Institutes other than Medical Colleges should be running the speciality department for a minimum five years |  |
| 1. Whether the PG courses in the respective super speciality/broad speciality are running for a minimum period of three years in that institute (Applicable to Medical Colleges) |  |
| 1. Total number of Beds (KPME/KPCB/BBMP License) in the hospital and beds dedicated to concerned speciality for a fellowship programme applied. |  |
| 1. Additional information on surgeries per month in the concerned speciality for the last six months, wherever applicable. |  |
| 1. Fellowship programme in any speciality related to radiology, it should include the following modalities of invstigations: X-Ray, Ultrasound, CT scan, MRI etc, and imaging procedures per month for the last six months |  |
| 1. Specific list of teachers/consultants to be provided for the concerned fellowship programme mentioning for each of them whether they are full-time or part time |  |
| 1. Whether the same teacher/consultants are shown as faculty for any other fellowship programme in the same institute or any other institute? |  |
| 1. The details regarding additional qualification acquired by the teacher/consultants in the concerned speciality to be provided (DM/M.Ch/Fellowship) |  |
| 1. Details regarding experience after obtaining PG/Fellowship/Super Speciality in the concerned speciality to be provide. |  |

22. Library Facilities :-

Availability of the material related to the Specialty.

|  |  |
| --- | --- |
| (a). Text books (enclose list) |  |
| (b). Journals subscribed per year |  |
| (c). Internet Facility |  |

23. Hospital facility available for intended fellowship programme :

a. Name of the Hospitals with address :

b. Teachers / Consultants in the department (Give details separately)

|  |  |
| --- | --- |
| i. Full Time |  |
| ii. Part Time |  |
| iii. Other |  |

]

c. Grading of work load in the department.

i. No. of cases seen per day per teacher / consultant in OPD

|  |  |
| --- | --- |
| a. Lees than 10 |  |
| b. Between 10 to 20 |  |
| c. More than 10 |  |

d. Daily average OPD (in last one year) in concerned department of fellowship programme :

e. Average Surgeries done in the concerned department of fellowship programme per week :

|  |  |
| --- | --- |
| g. Nurse Patient ratio |  |

24. Equipment List :- (if any additions in last two years)

a. Diagnostic Equipment :

i. Routine Instrument / s :

ii. Specialized Instrument / s :

b. Theraputic Equipment :

i. Routine Instrument / s :

ii. Specialized Instrument / s :

25. Specialized procedures performed in the last 6 months (Give details) :-

|  |  |
| --- | --- |
| **Name of The Procedures** | **Number** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

26. Institutional / Department academic activities (Enclose separately):-

27. Publications :- (Please give the list of publication in Peer – reviewed journals of preceding 2 years the start of fellowship programmme) :-

|  |  |
| --- | --- |
| a. National Journals |  |
| b. International Journals |  |

28. if necessary, curriculum may be freshly prepared incorporating changes / modifications to the one proposed earlier :-

29. Any suggestion for improvement of standard of fellowship programmme :-

30. Provide Notification copy of pervious years.

31. **Enclose the MSR recommendations and copy of syllabus:**

|  |  |  |
| --- | --- | --- |
| Signature of the  programmme co-coordinator | Signature of the  Head of the Department | Signature of the  Head of the Institution |

Place :

Date :

MSR - RECOMMENDATIONS

|  |  |  |
| --- | --- | --- |
| **01** | **Name of the Course** |  |
| 02 | Duration of the Course |  |
| 03 | Medium of Instruction |  |
| 04 | Maximum Intake per year per institute |  |
| 05 | Eligibility | MD/MS/DNB in the concerned subject |
| 06 | Selection Procedure |  |
| 07 | Minimum Experience of Teachers |  |
| 08 | Teaching Faculty |  |
|  | 1. Teaching Faculty requirement | Minimum of three qualified teacher or consultants of which one teacher appointed shall be full time, other two may be part – time visiting consultant and these two they should not be faculty for Fellowship Programme in any other institution |
|  | 1. Minimum number of Full-time Senior Teacher/Consultant per fellow trainee   (10 Years of Teaching/Professional Experience (after Post Graduation in concerned Subject) | One |
|  | 1. Minimum number of Part-time Senior Teacher/Consultant per fellow trainee   (10 Years of Teaching/Professional Experience (after Post Graduation in concerned Subject) | Two |
|  | 1. Minimum number of Part-time Junior Teacher/Consultant per fellow trainee   (One Year of Teaching/Professional Experience (after Post Graduation in concerned Subject) | One |
| 09 | Hospital Infrastructure |  |
|  | 1. Minimum number of Functional total Beds and Functional Beds for Fellowship Training for General Hospital. |  |
|  | 1. Minimum number of Functional total Beds and Functional Beds for Fellowship Training specialty stand alone Hospital. |  |
|  | 1. Hospital functioning for Minimum How many years. |  |
|  | 1. Single campus/ multiple. |  |
|  | 1. Minimum Number of Examination chambers Rooms. |  |
|  | 1. Minimum Number of Operating Rooms. |  |
|  | 1. Minimum Number of Minor OTs / procedure Rooms |  |
|  | 1. Minimum Number of ICU Beds Required |  |
|  | 1. Minimum Number of Post Op Recovery Beds Required |  |
|  | 1. Minimum essential Emergency Care facilities / Backup services facility (Only for stand alone facility) |  |
|  | 1. Trained Para-Medical staff necessary ( perfusionist/ Echo technician) |  |
|  | 1. Minimal number of Staff Nurses Essential. |  |
|  | 1. Availability of Simulators/ trainers for particular fellowship |  |
|  | 1. Applicable relevant / essential Statutory permissions such Fellowship training. Eg. AERB, PNDT, Pollution control board, Fire dept. |  |
|  | 1. Computerised Registration & Record Keeping essential? |  |
|  | 1. Any other requirement particularly for the above Fellowship Course |  |
| 10 | Library Facilities with Essential Journals & Books |  |
| 11 | Clinical conference / discussion room. |  |
| 12 | Trainee Fellows duty Room with facilities. |  |
| **13** | **Required Clinical work Load** |  |
|  | 1. Optimal Number of New OPD/week (Month) |  |
|  | 1. Optimal Number of IP/week (Month) |  |
|  | 1. Minimum essential Number of New OPD per week (Month)to recognize the Institute for Training |  |
|  | 1. Minimum essential Number of IP per week(Month) to recognize the Institute for Training |  |
|  | **Applicable Procedures/Surgeries** |  |
|  | 1. Optimal and Minimum essential Number of Procedures or surgeries/week to recognize the Institute for Training as applicable) |  |
| **14** | **List of Essential Equipment’s required** |  |
| **15** | **Any Other Comments suggestion relevant to particular fellowship/ Certificate course.** |  |

**CURRICULUM**

|  |  |  |
| --- | --- | --- |
| 01 | Aims and Objectives of the Course: |  |
| 02 | Number of Teaching Days (6 hours per day): |  |
| 03 | Number of Theory Hours : |  |
| 04 | Number of Practical Hours(Clinical): |  |
| 05 | Minimum Attendance: | 80% attendance in theory and practical / clinical separately |
| 06 | Number of Theory Examination (Papers) |  |
| 07 | Number of Practical Examination (Clinical) |  |
| 08 | Scheme of Examination: | Two Theory Papers of 100 marks each  One Practical Exam for 140 marks  One Viva Exam for 60 Marks (Viva is practical component) |
| **09** | **Distribution of type of question and marks** | 10 Questions carrying 10 Marks Each |
| 10 | Criteria for Pass: | 50% in theory  50% in Practical (Practical + Viva) |
| **11** | **Declaration of Class** | Pass class : 50% and above |
| **12** | **Maximum number of attempts and maximum period for completion of the course:** | **Two (Main Examination and Supplementary)**  **Double the actual duration of the course** |
| **13** | **Number of Examiners:** | One internal and one external examiner should jointly conduct practical / clinical examination for each student. |
| **14** | **Eligibility of Examiner:** |  |
| **15** | **COURSE DESCRIPTION** | **The course shall be pursued on full time basis.** |
| **16** | **Expected outcome** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit** | **Time (Hrs)** | **Learning Objectives** | **Content and Teaching learning Method** |
| **1** | T-  P- |  |  |

|  |  |  |
| --- | --- | --- |
| **16** | **RECOMMENDED BOOKS** |  |
| **17** | **RECOMMENDED JOURNALS** |  |

|  |  |  |
| --- | --- | --- |
| Signature of the  programmme co-coordinator | Signature of the  Head of the Department | Signature of the  Head of the Institution |