# Information Bulletin, Governing Rules And Application Form A & D For Recognition of Centre of Excellence for Post Doctoral Fellowship Courses



### Dr. NTR University of Health Sciences

<u>Vijayawada</u>

ANDHRA PRADESH.

# <u>Draft Rules Governing Fellowship Courses Offered by</u> Dr. NTR University of Health Sciences.

In exercise of the powers conferred by Chapter VI (Statutes, Ordinances and Regulations) clause 30 sub clause XII The institution of fellowships, travelling fellowships, Scholarships, studentships, bursaries, exhibitions, medals, incentives and prizes and the conditions of the award thereof; of University Act, NTR University of Health Sciences Act 1986.

#### 1. Short title and commencement:

These regulations shall be called as "Post doctoral Fellowship Course" of the Dr. NTR University of Health Sciences, Vijayawada. The regulations framed are subject to modifications from time to time as per the statutes.

#### 2. Nomenclatures and Definitions:

- i) These statutes may be called the Dr. NTR University of Health Sciences Statutes on the general guidelines governing fellowship courses instituted by Dr. NTR University of Health Sciences.
- ii) The words and phrases used in these statutes shall, unless expressly specified otherwise, have the same meaning as they have with reference to the University of Health Sciences Act, 1986 (UHS Act 6 of 1986) herein after called "The Act".
- "Vice Chancellor" unless the context suggests otherwise, shall mean the Vice- Chancellor of the Dr. NTR University of Health Sciences, AP.
- iv) Academic Senate means the academic body of the University that is solely responsible for academic matters such as framing of academic policy, approval of course, regulation of syllabi.
- v) Admission authority means the Academic Council or its delegate charged with the responsibility for admission of students.
- vi) Board of Studies, refers to the Board of Studies of the Dr. NTR University of Health Sciences, responsible for fellowship courses.
- vii) An Institution means a recognized institution by the Dr. NTR University of Health Sciences or a Hospital means an establishment where tertiary care is provided.
- viii) Head of the institution/Hospital means the Chief Academic Officer of the institution/Hospital having appropriate administrative authority to manage and oversee academic programs of the Institution/Hospital, and includes a Principal/Director/Medical Superintendent/ Chief Medical Officer or such other designated persons as the management of the Institution/Hospital may adopt.
- ix) Program Director means a faculty of the Institution/ Hospital designated to co-ordinate an academic program.
- x) Professional Post Graduate degree/Diploma means a degree recognized by the Medical Council of India/ National Board. In case of any professional degree granted outside India, the same should have been recognized by the Medical council of India.

- xi) A sponsored candidate is one who is a permanent employee of the organization/ hospital who can be deputed to undergo the fellowship course and who can fulfill the contractual obligations.
- xii) Fellowship means an organized course that is packaged for study and training for a period of not less than 12 months and not exceeding 24 months including the conduct of the theory and practical examinations.

#### 3. Aims and Objectives:

The fellowship programme is designed to provide opportunity for advanced training to specialists to acquire high proficiency and selected skills in institutions of excellence recognized by the University.

4. Commencement of the course: As decided by Dr. NTR UHS every year.

#### 5. Fee Schedule:

- 5.1 Fee payable towards inspection fee by centers for recognition as centre of excellence for each subject is Rs.50,000/- + 18% GST. Government institutions are exempted.
- 5.2 **Refund**: In case of applications being rejected in the preliminary stage prior to inspection, the fee shall be refunded with 50% deduction. Once after inspection is conducted and the application is rejected, the fee will not be refunded under any circumstances.
- 5.3 **Withdrawal**: Withdrawal of application may be done within 4 weeks of filing application from the centers. However, a deduction of 50% of fees will be done at Dr. NTR University of Health Sciences.
- 5.4 **Payment**: The fee is to be paid by Demand Draft favouring Registrar, Dr. NTR University of Health Sciences, Vijayawada.

#### 6. Applications for Centers of Excellence:

Recognition of an institution as center of excellence for starting the fellowship course in any one or more subjects is based on the decision by Dr. NTR University of Health Sciences.

- i) The centers should have been existent for that particular subject or specialty for at least 5 years (PG training center in Medical Colleges (OR) speaciality center in private sector)
- ii) Medical colleges / institutions that have been running PG courses for a minimum period of 5 years and satisfy the criteria fixed by the Dr. NTR University of Health Sciences for that particular fellowship programme may apply. The centre must have requisite infrastructure, clinical material and guide as mandated by the Dr. NTR UHS or designated expert panel.
- iii) The prescribed application form for starting a new fellowship programme may be obtained from the University website. An inspection fee of Rs.50,000/- + 18% GST (non refundable) has to be paid separately for each fellowship programme. Inspection fee shall be payable by the private institutions only. Government institutions are exempted from paying the inspection fee. Provisional recognition will be given by Dr. NTR University of Health Sciences after the center satisfies the prescribed norms & criteria and shall be renewed from time to time as decided in the statutes.

The applicant organization shall promptly furnish additional information and clarifications if any as required by the University.

#### 7. Processing and Evaluation of Applications:

- i) The University, based on preliminary scrutiny of the application may decide
  - a. To constitute a visiting panel for the said institution,
  - b. Advice the organization to take further steps before a visiting panel can be constituted, or
  - c. Inform the organization that the request for recognition cannot be considered, on reasonable grounds.
  - ii) The Vice-Chancellor will appoint a visiting panel consisting of three to five members, drawn from multiple disciplines: The panel will be serviced by an officer of the University registry.
  - iii) The panel will visit the institution/hospital, to inspect facilities and conduct meetings with staff and students and will familiarize itself with:
    - a. The organization structure and its associated support systems,
    - b. The practices and mechanisms for promoting and monitoring academic standards,
    - c. Availability of physical facilities, library services, teaching aids and computing resources.
    - d. Availability of faculty and support staff.
  - iv) The program for the panel's visit will be arranged by the Registrar's office in consultation with the institution/hospital.
  - v) The University after the receipt of the inspection report will make separate recommendations:
    - a. On the suitability of the institution/hospital for recognition,
    - b. On the approval of the proposed academic program, and specify any required conditions.
  - vi) The Vice-Chancellor/Rector, may personally visit the institution any time during the pendency of the application for affiliation, obtain information about the institution, and record his / her observations about the institutions.

#### 8. Decision on recognition:

- a) i. The application for recognition, remarks of the registry if any, together with the report of the visiting panel, record of Vice-Chancellor's observations, and any other information relevant to the case, shall be placed before the appropriate authority of the University, for decision. Inspection will be carried out yearly for 3 years and there after every 3 years by the University appointed panel.
  - ii. The University may either grant provisional recognition, or defer provisional recognition to allow time for the institution to develop its facilities, resources and systems, or decline to recognize on reasonable grounds.

[Provisional recognition by the University implies that the applicant institution/hospital can start functioning for a specified period. During this period, the institution is expected to demonstrate to the satisfaction of the University that it has developed and appropriately applied its resources and successfully conducted the affiliated academic program.]

b) Recognition fee: A fee of Rs.1,50,000/- + 18% GST per speciality is to be paid by way of demand draft drawn in favour of the Registrar, Dr. NTR UHS, Vijayawada towards recognition fee for the initial period of 3 years. After 3 years recognition fee of Rs.50,000/- + 18% GST for each speciality is to be paid to the University.

#### 9. Student Registration and Course Administration:

Admission process and registration of the candidate for the fellowship course shall be as per the rules/ regulations/acts/statutes governing admission and registration.

#### 10. Eligibility:

- i. Postgraduate degree (MD/MS/DNB) or PG Diploma in the concerned specialty. The PG Diploma candidates must have worked one year in a P.G Centre/ institution and have submitted a project/ dissertation. Candidates who have studied in countries outside India and passed medical PG examination are also eligible to join, provided they produce the following certificates:
  - a) Equivalent certificate issued by the MCI, New Delhi
  - b) Temporary registration certificate issued by the MCI, New Delhi
- ii. Age not exceeding 45 years of the year of admission
- iii. Fitness: The candidate should produce a medical certificate of sound health issued by a civil surgeon

#### 11. **Stipend**:

For non sponsored candidates, a stipend equivalent to that of a senior resident in a government institution prevailing at that time will be paid to the fellow by the institute where the candidate is admitted for the fellowship course. The University will not give any stipend to the candidates.

#### 12. Course fee:

The annual course fee of Rs.36,000/- + 18% GST per candidate has to be paid by the candidate and Demand Draft should be drawn in favour of Registrar, Dr. NTR UHS, Vijayawada.

#### 13. Intake of fellows:

The intake of fellows for each programme shall be in accordance with the number specified for each course and to be decided by fellowship registration committee. But in any case, it should not exceed two candidates in any year for the specified course.

The intake of fellows annually in the ratio of 01: 01 (Guide: fellow)

#### 14. Attempts:

Number of attempts for passing fellowship examination should not exceed 3 attempts, including the first attempt.

#### 15. Syllabus and Curriculum:

As designed by Dr. NTR University of Health Sciences, course-wise.

The fellowship syllabus/ curriculum, minimum patient turnover, minimum turnover of surgeries / procedures in that centre and minimum no. of surgeries/procedures to be performed by the fellow under supervision and independently to be decided by the panel of subject experts appointed by Dr. NTR UHS

#### 16. Sponsorship:

Candidates may be sponsored by institutions affiliated to Dr. NTR University of Health Sciences or Government institutions.

Sponsored candidates need to obtain NOC from their institutions.

The ratio of sponsored and open seats is 50:50.

#### 17. Admission procedure:

Admission is strictly based on merit as per marks in MD/MS and interview with 50% weightage for each. The fellowship registration committee of University would have 4 members consisting of

- I. Head of the institution conducting the programme.
- II. Head of Department or coordinator of the programme.
- III. One subject specialist from another institution.
- IV. A representative from Dr. NTR University of Health Sciences nominated by the Vice-Chancellor.
- V. The chairman/convener of the committee will be nominated by Vice-Chancellor.

With the same eligibility criteria, age will be the preferential factor. If 2 candidates scored equal marks, the interviewing panel will take a decision for selection of candidate.

#### 18. Break of Study:

**Unauthorized Absence:** 

- i) A Fellowship student who absents, without leave of absence, for one academic year, shall be deemed to have forfeited admission into the course and his/her studentship shall stand cancelled without any further notice.
- ii) The faculty council, may, in case of sufficient and reasonable grounds, permit Fellowship students remaining absent up to one month; to continue his/her study subject to such conditions as may be considered appropriate. All such cases shall be reported to the University. The University may vary, add, or alter the conditions set by the Academic council.
- iii) If a fellowship student is on unauthorized absence for more than one month, the matter shall be reported to the University, along with recommendations of the Academic Council. The Vice-Chancellor may, in case of sufficient and reasonable grounds, permit the student to continue his/her study, subject to such conditions as may be considered appropriate., or otherwise.

#### 19. Good Standing Requirement:

- i) Registered Fellowship Students should be in good standing at the Institution / Hospital.
- ii) Good standing implies that the Fellowship student satisfies;
  - (a) Academic
  - (b) Administrative and financial requirement of the Institution/ Hospital and the University.
- iii) Fellowship Students not in good standing in any of these areas, may, with prior approval of the Academic Council, be withdrawn from the academic programme, provided that, an opportunity shall be given to

the student to explain his/her case, before a proposal is placed before the Academic council.

#### 20. Cancellation of Fellowship:

Under extreme conditions, the Fellowship awarded may be cancelled by the University. Provided that the university will give the candidates and the affiliated institution/Hospital, opportunity to state their respective positions with respect to any proposal for cancellation of the Fellowship.

#### 21. Monitoring Progress:

Work diary/log book – every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars etc. The work diary shall be scrutinized and certified by the head of the Department and head of the Institution and submitted to the University for review. A log book should include practical procedures performed under supervision and independently, CME credit hours, conferences attended, papers presented/published.

#### 22. Scheme of Assessment:

#### 22.1. Eligibility:

The candidate will need to furnish a letter from head of the department and head of the institution certifying satisfaction with the candidate's performances and competence.

#### 22.2. Pattern of Examination:

Examination will be conducted in individual colleges. Each examination will have one internal and one external examiner nominated by the University. The theory questions should include case based questions and recent advances. Presentation / publication of a research paper should be mandatory for award of fellowship.

#### Theory – one paper

100 marks

#### Pattern of question paper:

- 8 short note questions of 10 marks each 80 marks.
- 20 MCQ's of 1 mark each 20 marks
- Passing marks 50%.
- All theory examinations will be held on a single day for all courses of similar lengths.

#### **Practical Examination**

Each candidate will be examined by both examiners simultaneously for between 60 and 90 minutes. This will cover a viva-voce and clinical/practical discussion. Details will depend on the sub specialty. Passing marks 50%. Candidates have to pass separately in both theory and practical/ clinical examination.

The summary of the examination is shown in table

| Theory                            | 100 |
|-----------------------------------|-----|
| Practical /clinical               | 100 |
| Long case [1]                     | 40  |
| Objective structured stations [4] | 40  |
| Viva Voce                         | 20  |

#### 22.3. Announcement of results

Results will be announced on the Website and Notice board within one week of the conclusion of the examination. The result will be only "Fellowship granted/Denied and marks will not be displayed. Repeats will be at the end of no earlier than 3 -6 months depending on the length of the course.

The hospital must have adequate patient turnover/ procedure turnover. The Hospital must provide free services to 10% of patients.

#### 22.4. Award of Fellowship

Certificates will be awarded by the NTR UHS after the results will be sent to the NTR UHS. The University (with signature of the Vice Chancellor) will award the certificate.

Note: The decision of the Examination Co-ordination Committee will be binding on all matters pertaining to the examinations (Number of question papers, Number of marks to each question paper, Duration of question paper, practical examination etc.)

# 23. <u>Guidelines for Drafting and Filing the Application Form for</u> Recognition of Centres of Excellence.

- I. The application form comprises of four parts.
  - a. General information: Part A
  - b. Specialty specific information: Part B
  - c. Information about the fellowship specialty: Part C
  - d. Undertaking and Declarations: Part D
- II. The application should be serially numbered beginning from the cover page to the last page (Including Annexure(s)). The numbering should be clearly stated on top right hand corner of the documents.
- III. The above set of documents must have a covering letter duly signed by the Head of the Institution and specifying the list of documents enclosed with complete details of Demand Draft enclosed.

The application form has to be submitted in duplicate;

IV. The two sets of application should be neatly tagged in the middle of page using a two key hole punch (clearly marked as Set-1 and Set-2). This application sets with covering letter and Demand Draft must be submitted in a closed envelope with superscription "APPLICATION FOR RECOGNITION OF CENTRE OF EXCELLENCE FOR POST DOCTORAL FELLOWSHIP COURSES" under Dr. NTR University of Health Sciences.

V. An Index page to the covering letter shall also be attached clearly indicating the following:

#### Sample/Example

| Item<br>Serial<br>No | Description                    | Page No    |
|----------------------|--------------------------------|------------|
| 1.                   | Cover letter                   | 1          |
| 2.                   | Demand Draft                   | 2          |
| 3.                   | Index Page                     | 3          |
| 4.                   | Part A of the application form | 4-5        |
| 5.                   | Part B of the application form | 6-7        |
| 6.                   | Part C of the application form | 8-9        |
| 7.                   | Part D of the application form | 10-11      |
| 8.                   | Annexures                      | 12 onwards |

VI. Application that is not in accordance with the above guidelines shall be rejected.

#### 24. Minimum Criteria for Recognition:

#### 24.1 *Hospital*:

The applicant hospital / institute should be a clinical establishment having requisite infrastructure of specified number of beds for each course, providing comprehensive OPD/IPD based medical services in a single campus. Combination of multiple such places or such establishments shall not be accepted. The applicant hospital / institute should have the mandatory regulatory/licensing approval from the local authority / government for running such establishment, and all statutory requirement / clearances from local authority / government agencies such as municipal, bio hazards/ waste managements, nuclear based managements, use of isotope, Pre-natal diagnostic techniques, fire safety, building completion etc. shall be in order and a declaration to this effect shall be furnished by the Head of the Hospital / Institute at the time of submitting the application. Arrangement for field posting of candidates in primary / community health centers or urban health centers where they get exposure as first contact physician is required to be submitted along with application from. The hospital must have adequate patient turnover/ procedure turnover. The Hospital must provide free services to 10% of patients.

#### 24.2 **Teaching Experience**:

It is preferable that one of the consultants in the department should have teaching experience of 5 years, as a post graduate teacher. For the purpose of teaching experience the services rendered as a PG teacher in a recognized university or NBE accredited hospital shall be acceptable, provided the consultant has acted as a guide / co-guide for a PG student or a PG student trained in the recognized department has qualified DNB /MD / MS qualifications.

(or)

A clinical Doctor with a minimum of 10 years of clinical experience after acquiring the Degree/D.SC/Ph.D in the particular speciality.

#### 25. Criteria for Faculty:

For the purpose of teaching experience, the faculty member should have supervised thesis work as lead or co-faculty, at least two post graduates in three years and at least 3 theses should be submitted and are accepted by the NBE/ recognized University.

#### 25.1 Research Experience:

The consultants / faculty in the department should have a total of 5 research publications in indexed journals as a lead author, and / or three theses completed / accepted by NBE .At least one publication should have been published within the last 2 years

#### 25.2 **Senior Resident:**

At least 2 senior residents/qualified persons in that speciality are absolutely essential as part of the criteria. Must possess valid Degree/Diploma qualification, the degree should not have been awarded not more than 42 months from the date of filing the application and should have a minimum of 2 publications in indexed journal as lead author.

#### 25.3 Comprehensive Training Support:

The hospital should have the following facilities to support research and for patient care.

- Central research lab
- Library
- Museum
- Laboratory/supporting services which include pathology, microbiology, biochemistry and Radiodiagnosis.
- Central sterilization
- Biosafety & biohazard management
- Fire safety
- Emergency services
- Blood bank (where appropriate)
- Central oxygen
- Laundry
- Kitchen
- Medical record section
- Hostels for resident doctors with individual rooms for each resident.

#### 25.4 Incharge authorities for fellowship programme: -

- Head of the Institute (Administrative) as: Nodal Compliance officer for rules and regulations governing the programme as prescribed by Dr. NTR UHS. Course Director will be the fellowship Guide and HOD will be the Programme Director.
- Assistant Programme Coordinator: As the resource person for Fellowship trainees either from the management or academic staff, to maintain establishment and related functions related to the Fellowship courses and trainees.

#### 26. **Beds**:-

30% of the total number of beds should be reserved for fellowship training. For training of two candidates the minimum number of beds for fellowship training should be 1.5 times the number required for intake of one candidate.

| Institution/<br>Hospital                  | Total<br>beds | Outpatient (*) Attendance per year | Inpatient<br>occupancy<br>per year | Beds<br>reserved<br>for the<br>course per<br>candidate | Beds for<br>every<br>additional<br>candidate |
|---|---------------|------------------------------------|------------------------------------|--|--|
| Related to<br>the<br>fellowship<br>course | 100           | 10, 000                            | 2000                               | 20   | 10   |

(\*) – For institutions / Hospitals rendering services for one exclusive specialty

eg. Ophthalmology, ENT, Radiotherapy, Psychiatry, Gastroenterology, etc. Minimum number of required beds is 50.

#### 27. Staff:

| SI.<br>No | Particulars   | For one candidate | For two candidates |
|-----------|---|-------------------|--------------------|
| 1.        | Senior Consultant with 8 Years experience after MD/MS/DNB/DM/M.Ch in the concerned fellowship specialty (on whole time basis) | 1                 | 2                  |
| 2.        | Junior Consultant with 5 Years experience after MD/MS/DNB/DM/M.Ch in the specialty applied for (on whole time basis)          | 1                 | 2                  |
| 3.        | Whole time Senior Residents with<br>Postgraduate/PG Diploma qualification in the<br>related broad specialty applied for       | 2                 | 2                  |
| 4.        | Resident with or without postgraduate qualification   |                   | 1                  |

The consultant should have no other institutional attachments/affiliation with other hospitals. Part time and visiting consultant shall not be considered as a faculty. At least one full time consultant should act as a supervisor/guide of the trainee. A declaration to the effect of the principal place of practice and such other clinics/affiliations shall be furnished at the time of submitting the application.

At least one of the consultants in the department should have teaching experience of 5 years, as a post graduate teacher (PG from a recognized University or DNB). The consultant should have clinical experience in the concerned fellowship specialty for at least 5 years.

The consultants/faculty in the department should have a total of 5 research publications in indexed journals as a lead author (first/second). At least three thesis should have been produced in the DNB/MD/MS programme under supervision of the consultants and accepted over a three years period.

The fellowship guide must have a standing of at least 07-08 years in that field and demonstrate such scholarship.

#### 28. Emergency Medical / Critical care:

The hospital/institution should have 24 hours emergency services having adequate number of beds with supportive facilities for resuscitation and good medical cover, including Surgery O.T.

#### 28.1. For surgical specialties

- Adequate number of operation theatres
- Adequate equipments as required for the concerned specialty
- Anesthesiologists both for the hospital service and training of candidates
- Other Para Medical staff to help in the operation theatre
- Intensive care unit for surgical emergencies
- Post operative ward.

#### 28.2 Supportive services

- Radiology and other essential contrast studies
- Clinical Hematology
- Clinical Microbiology
- Clinical Pathology/Histopathology and Cytology
- Any special investigative procedures required for the concerned specialty.
- Department of Dietetics with trained dietician

#### 28.3 Physical facilities

#### 28.4 Outpatient department

The hospital should possess adequate space for

- Registration of patients along with facilities for record keeping.
- Adequate number of rooms for examining the patients in privacy.
- Case conference room (OPD) teaching room.
- One or more side rooms for OPD procedures such as pleural aspirations dressings plaster application, minor operation rooms etc.
- Site laboratory to provide immediate facilities, for routine investigative procedures.

#### 28.5 Inpatient department:

The hospital should possess adequate space for doctor's duty room with adequate toilet, adequate space for each bed and in between for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching).

#### 29. Teaching and training Facility:

#### 29.1 Training in Basics:

The facilities for training/teaching in Basic Sciences concerning the specialties are to be fulfilled. The hospital should arrange appropriate number of lectures /demonstrations /group discussions / seminars in basic sciences related to the specialty concerned. Please annex proposed schedule with the application.

#### 29.2 Laboratory posting:

A mandatory One month rotation in posting the laboratory is compulsory to enable the candidate gain knowledge in Laboratory procedures in subjects like Pathology, Histopathology, Biochemistry, Microbiology, Genetics etc.

#### 29.3 Guest lectures:

Guest lectures should be arranged by the hospital / institute for topics which require specific attention / focus and cannot be routinely covered.

#### 29.4 Rotational Training:

The trainee should be posted by rotation in departments related to his/her course for the period prescribed.

#### 30. Infrastructural Facilities:

#### 30.1 Equipment:

The list of equipment available in the hospital for training in the fellowship course concerned should be annexed with the application.

#### 30.2 Teaching aids:

List to be provided as annexure.

# PART- A PART - A (i) CONTACT DETAILS

#### Name of the course applied:

- 1. Name and address of the Institution: Fax, Phone, E-mail Address
- 2. Head of the Institute: (Medical Superintendent /Director)
- 3. Name of the Contact Person / Compliance Officer for the purpose of Accreditation:
- 4. Year in which established:
- 5. Status of the Hospital

Defense services Railways Public Sector Med. College Hosp. Voluntary Organization General/Specialty Hospital Any other (Name)

6. Is the hospital recognized for

Internship

PG/Post doctoral courses in the discipline/(s) of specialty in which the recognition(s) is/are required.

7. Please mention other disciplines Which are recognized for MD/MS/DNB or DM/M.Ch courses

#### PART – A (ii) GENERAL INFORMATION

| No. of General beds: No. of Paying beds: No. of Subsidized beds:  |                    |   |
|---|--------------------|---|
| 9. Annual Budget for preceding three year   | ars                |   |
| 10. Balance Sheet, Fixed Assets List (Please enclose copy of ITR/ bala  | ance sheet fo      | r last 3 years)   |
| 11. Assets (Value in Rupees) Movable /  | Immovable          | please attach list  |
| <ul> <li>12. Physical Infrastructure for teaching st</li> <li>Seminar Rooms /Conference Room</li> <li>Teaching Room in the ward/Patient<br/>Accommodation area</li> </ul> | ns <b>Yes /No</b>  | Number:<br>Number:  |
| <ul> <li>Teaching room in the OPD</li> <li>Facility for hands-on-experience<br/>(Eg. Clinical Skills Lab, Penta Head<br/>Microscope etc.)</li> </ul>                      | Yes /No<br>Yes /No | Number: Details (please add description)                                |
| 13. Please specify the audiovisual aids a   | vailable in the    | e teaching rooms  |
| <ul><li>14. Residential Facilities in the hospital:</li><li>Number of Accommodation</li></ul>   |                    | For PG Student<br>For Residents<br>For Consultants<br>For Nursing Staff |
| <ul> <li>Sharing Basis</li> <li>Single Rooms</li> <li>Whether facilities for attached T<br/>Yes / No</li> </ul>   | oilets/Commo       | on toilets available:   |
| 15. Details of Consultants &Staff working i. Consultants on whole time basis  |                    |   |
|   | 2                  |   |

| ii. Consultants on part time basis: | 1         |
|-------------------------------------|-----------|
|                                     | 2         |
|                                     | 3         |
| iii. Nursing services- number of nu | rses      |
| iv. Whether recognized for training | of nurses |

Diploma

Degree

Post Graduation

Yes /No

Yes /No

Yes /No

- v. Total number of Para-medical staff in hospital
- vi. Total number of Sr. Residents in hospital:
- vii. Total number of Jr. Residents in hospital:
- 16. Total number of Departments in the hospital (Pls. enclose list indicating the designated Departments with their HODs)
- 17. Please give details of other accreditations received by the applicant hospital/institute
  - MCI
  - NBE
  - NABL
  - NABH
  - JCI
  - ISO etc.

Please provide details namely accreditation awarded and date of award.

- 18. Financial standing for last there years (profit loss statements) and Audited balance sheet.
- 19. Whether registered as a charitable or tax exempt with the income tax department. If yes, details of PAN number, Income Tax Exemption category.
- 20. Whether all regulatory clearance available:

| Approval for clinical / teaching establishment | Yes /No |
|--|---------|
| 2. Fire Safety                                 | Yes /No |
| 3. Building Complex / Occupancy                | Yes /No |
| 4. Local Authority / municipal clearance etc.  | Yes /No |
| 5. Certificate of incorporation                | Yes /No |

#### PART-B

#### **Specialty specific information**

(Available subject wise separately in the website)

# Part- C Information about the fellowship specialty

(Available subject wise separately in the website)

#### <u>PART – D</u> <u>Undertaking, Declarations & Annexures</u>

#### **Undertaking:**

| To be submitted by hea<br>behalf of the hospital manager   |               | e hospital  | / sup      | erinte  | endent     | on    |
|--|---------------|-------------|------------|---------|------------|-------|
| , Dr   |               | aged        |            | years   | , resider  | ıt of |
|  |               | acting      | in my o    | fficial | capacity   | as    |
|  |               | havi        | ng its re  | egistei | red office | e at  |
|  |               |             |            |         | _ do her   | eby   |
| state and affirm, as under that:   |               |             |            |         |            |       |
| 1. That I am duly authori  | zed to        | act for     | and        | on      | behalf     | of    |
| M/s  | in the        | matter of s | ubmittir   | ng this | applica    | tion  |
| before the Dr. NTR Universit   | of Health     | Sciences,   | Vijayav    | wada.   |            |       |
| 2. I am duly authorized and compe  | tent to ma    | ake this su | bmissio    | n befo  | ore Dr. N  | 1TR   |
| University of Health Sciences  | s, Vijayawa   | ada         |            |         |            |       |
| 3. I am making this submission in n  | ny official o | capacity an | d the fa   | acts st | ated in tl | nis   |
| application are correct and base   | d on officia  | al records. |            |         |            |       |
| 4. That this hospital /institution has   | got necess    | sary approv | /al for ru | unning  | the        |       |
| hospital / institute.  | •             |             |            |         |            |       |
| 5. That this hospital / institution has  | got neces     | sary appro  | val for b  | oio-me  | edical     |       |
| waste, use of x-rays equipment,  |               |             |            |         |            |       |
| the fire safety rules in this regard   |               |             |            |         |            |       |
| and the second s |               |             |            |         |            |       |
|  |               |             |            |         |            |       |

- 6. That this hospital /institution undertakes to comply with the guidelines of Dr. NTR University of Health Sciences, Vijayawada regarding levy of fee on fellowship candidate / payment of stipend.
- 7. That this hospital /institution undertakes to report any change in the ownership of this hospital/ institute as and when it takes place within an outer limit of 6 weeks from the same.
- 8. That nothing in the accompanying application has been concealed or misrepresented.
- 9. That this hospital /institution would prefer / would not prefer privilege on the information contained in the accompanying application or any part there of

- and should not reveal to any third party except with prior permission of the applicant hospital / institute.
- 10. That this hospital / institute has understood the terms, conditions, instructions etc in the information bulletin for recognition of the fellowship course and agrees to abide by the same.
- 11. That this hospital / institute knows and declares that the jurisdiction for any dispute shall be at Vijayawada / Hyderabad only.
- 12. I / we are aware that canvassing and / or use of any agent / agency to represent the application hospital / institute shall lead to disqualification.

Name and Signature of the Head of the Hospital (Administrative head)

#### **Declaration:**

ii.

iii.

| Declarations | are to be | submitted | individually | by the t | eaching | faculty id | dentified for |
|--------------|-----------|-----------|--------------|----------|---------|------------|---------------|
| the course   |           |           |              |          |         |            |               |

| Declarations are to be submitted individually by the teaching faculty identified for |                |                          |                     |
|--|----------------|--------------------------|---------------------|
| the course   |                |                          |                     |
| 1. Name:   |                |                          |                     |
| 2. Age/Date of Birth:  |                |                          |                     |
| 3. Present Address:  |                |                          |                     |
| 4. Professional Qualif   | fications:     |                          |                     |
| Qualification  | Year of        | Name of University       | Registration No.    |
|  | Passing        |                          |                     |
| MBBS   |                |                          |                     |
| PG   |                |                          |                     |
| Any other  |                |                          |                     |
| qualification  |                |                          |                     |
|  |                |                          |                     |
| 5. Experience after P  | ost-graduation | Duration Hospital/Instit | tution Professional |
| (Teaching Exp  | erience)       |                          |                     |

| 5. Experience after Po   | ost-graduation  | Duration    | Hospital/Instit | ution Profession:  |
|--------------------------|-----------------|-------------|-----------------|--------------------|
| (Teaching Exp            |                 | Baration    | Troopha#inout   |                    |
| 6. No. of Publications   | : Indexed       | other recog | nized Journals  | (Enclose list with |
| Xerox copies o           | of articles)    |             |                 |                    |
| (i)                      |                 |             |                 |                    |
| (ii)                     |                 |             |                 |                    |
| (iii)                    |                 |             |                 |                    |
| (iv)                     |                 |             |                 |                    |
| (v)                      |                 |             |                 |                    |
| 7. Particulars of thesis | s completed / a | ccepted:    |                 |                    |
| i.                       |                 |             |                 |                    |
|                          |                 |             |                 |                    |

8. Status in the Hospital: Full-Time Part-Time (Please encircle one) If part time please indicate the number of hours being spent in the Hospital per day

| 9. Post presently held in the Hospital and from which date.                        |
|--|
| 10. Details of examinership in other universities                                  |
|  |
|  |
|  |
|  |
|  |
| 11. Please attach proof of working in the hospital in the form of salary slips and |
| Income tax F-16 form for the last one year.  |
|  |
| I here by declare that the particulars furnished above are true to the best of     |
| my knowledge.  |
| I further submit that I will not leave the hospital in the next three years.       |
| I will spend atleast 8 to 10 hours per week for the training of fellowship         |
| candidates.  |
| candidates.  |
|  |
| Signature:   |
| Date:  |
| Annexures:   |
| Proof in support of total no of beds in the hospital.                              |
| Copy of ITR/ balance sheet for last 3 years.                                       |
| Copy of payslips of faculty  |
| <ul> <li>List of designated departments and HOD(s)</li> </ul>                      |
| Documents in support of IPD  |
| OPD schedule   |
| <ul> <li>Declaration of all consultants as per the sample form</li> </ul>          |

• Copy of Form 16 in respect of each Consultant