



ANTRANG
Healthy Gut Healthy Life

**Centre of Excellence
for Gastroenterology**

ANTRANG HOSPITAL

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A Unit Of Antrang Medical Research Foundation Pvt. Ltd | CIN NO.: U8510MH1994PTCO7745



APPLICATION FOR CONTINUATION/ RENEWAL OF AFFILIATION FOR FELLOWSHIP/CERTIFICATE COURSE FOR THE ACADEMIC YEAR 2025-26

INSTRUCTIONS

- The Management/Institute/College/Training Centre/Hospital/University Department seeking
 - Continuation/Renewal of Fellowship/Certificate Course(s), shall submit the application(s) in given format (No need to attached any hospital documents as these documents shall be uploaded/available on your Training Centre website.)
 - Proposal shall be in single copy with soft copies in a Pen drive, (soft copy shall be PDF Format only).
 - Consolidated payment by online payment Gateway (Click on link to pay Online <https://muhs.unisuite.in/>)
 - Rs. 50,000/- per course for Continuation/Renewal of Fellowship Course &
 - Rs. 40,000/- per course for Continuation/Renewal of Certificate Course
- 'Continuation/Renewal of Affiliation' for Fellowship and Certificate Course(s) for every Academic Year is mandatory.
- Read the 'Rules and Regulations' carefully before filling the application.
- Strike-cut whichever not required/ OR Where ever the fields are not applicable, please Mention as – N. A. –

FOR ANTRANG MEDICAL RESEARCH
FOUNDATION PVT. LTD

DIRECTOR



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Tel: (0253) 2539206/302/197 Student Helpline: (0253) 2539111/6659111

Website: www.muhs.ac.in, E-mail: fccc@muhs.ac.in

Application for Continuation of Affiliation for Fellowship/Certificate Course(s)

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

To,

The Registrar,
Maharashtra University of Health Sciences,
Vani – Dindori Road, Mhasrul,
Nashik 422 004.

Sir,

I am/We are herewith submitting the application with a request under section 68 of the Maharashtra University of Health Sciences Act, 1998, for Continuation of my/our Institute for renewal of Fellowship/Certificate Course in, Advanced Surgical Intensive Emergency with an Intake Capacity of 03 Students, from the Academic Year 2025-26.

Following are the particulars:

- **Purpose of Present inspection:** (Tick whichever applicable and strike-out whichever not applicable)
(Renewal of Affiliation/Continuation/Compliance Verification)

- **Date of last inspection of the department:** 23.09.2022

(Write Not Applicable for first inspection)

- **Purpose of Last Inspection:** Continuation of Affiliation of Fellowship Course

- **Result of last Inspection:** To Grant Continuation of Affiliation and/or Recognition to Affiliated Training Centre for Academic Year 2024-25 To conduct the Fellowship course
(Copy of University Letter to be attached)

- **Fellowship/Certificate Course Co-ordinator Details:**

Name: Dr. Manisha Aditya Kulkarni

Mobile/Telephone no.: 9158833633

e-mail id: inteamranghospital@gmail.com

PART - I
(INSTITUTIONAL INFORMATION)

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

Name: Dr. Vikramaditya Kulkarni Age: 69 (Date of Birth) 09.02.1955

| PG Degree | Subject | Year | Institution | University |
|----------------|---------------------|-------|--------------|----------------------------------|
| Recognized / | PMB - Gene medicine | -1983 | KEM - Mumbai | NATIONAL BOARD of Examination |
| Not Recognized | FCB - medicine | -1983 | KEM - Mumbai | College of Physicians & Surgeons |

Teaching Experience- NIL

| Designation | Institution | From | To | Total Exp. |
|----------------------------|-------------|------|----|------------|
| Assistant Professor | | | | |
| Associate Professor/Reader | | | | |
| Professor | | | | |
| Any Other | | | | |
| Grand Total | | | | |

2. **Management/Society/Inst. Information :**

| | | |
|----|---|---|
| 01 | i) Name of the Society/Institution/ College/University Department: | Antrang Hospital and medical Research Foundation PVT. LTD |
| | ii) Postal Address, with PIN: | 5011 Edward Near Mahaveer collage NEW PAULCE ROAD Kolhapur |
| | iii) Contact Details: | Mob: 9158833633 Tele.: 02312662234/35136 |
| | iv) E-mail ID: | info.antranghospital@gmail.com |
| 02 | Society/Institution/College Registration Number and date: REC. NO - 11-77454 DATE - 13/03/1994 | i) Public Trust Act 1950:..... |
| | | ii) Society's Registration Act. 1860:..... |
| | | iii) Year of establishment: 1994 |
| | | iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No (Required to upload said documents on Training Centre website) |
| 03 | Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms) i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year | . Antrang hospital..... . 432... Kolhapur... Municipal... Corporation ... 2017..... (Required to upload said documents on Training Centre website) |
| | | |
| | | |
| | | |
| 04 | i) Name of the College/Institute where course is to be conducted: | Antrang hospital and medical Research Foundation PVT. LTD. |
| | ii) Postal Address, with PIN: | 5011 Edward, Near Mahaveer collage, NEW PAULCE ROAD Kolhapur |
| | iii) Contact Details: | Mob: 9158833633 Tele: 0231 2662234/35136 |
| | 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) Approved Intake Capacity... .. Affiliated Since... .. (if necessary Attach separate List) (List Attached) |
| | vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only) | Name of the Course(s) Required Intake Capacity... .. (if necessary Attach separate List) |
| 05 | Fee details : Click on link to pay Online https://muhs.unisuite.in/ | Valid Online Receipt Attached? *Yes/No. REC. NO - 251943712425 |
| 06 | Financial position of the Society/ Institute in the preceding 03 years: | Audited Statements of Accounts for *Yes/No (Required to upload said documents on Training Centre website) |
| 07 | Budgetary provision for the FC/CC/DC for the next 03 years: | i) 2024-25. Rs. 18,00,000... 2025-26 - 18,00,000 2026-27 - 20,00,000 |
| 08 | Management Resolution seeking Recognition of Institute for FC/CC of MUHS, Nashik: | Resolution No. AH/2024/4... dated 20.11.2024 Copy of Management Resolution attached? *Yes/No |

| | | |
|----|---|---|
| 09 | Other Information: | |
| | a) Land: | *Yes/No. If yes, then Area: <u>623.60 sq.m</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 (Required to upload said documents on Training Centre website) |
| | ii) Whether the land is registered? | *Yes/No. If yes, Registration Number: <u>02907-4-01026-2002</u> <u>02907-4-01027-2002</u> dated at (Place): Copy of Land Registration Certificate attached? *Yes/No (Required to upload said documents on Training Centre website) |
| | iii) Any loans, mortgage, etc. shown against the title of the land: | *Yes/No. If yes, amount of loan Rs..... /mortgaged for Rs..... Copy of Loan/Mortgage Deed attached? *Yes/No. (Required to upload said documents on Training Centre website) |
| | b) Building: i) Total built-up area: | Area in. <u>1072.3</u> sq. ft. Certified copy of Building Plan attached? *Yes/No (Required to upload said documents on Training Centre website) |

3. Central Library

- Total number of Books in library: 120
- Books pertaining to concerned Fellowship subject: 120
- Purchase of latest editions of concerned books in last 3 years: - 10

Journals:

| Journals | Total | concerned Fellowship subject |
|----------|-------|------------------------------|
| Indian | 16 | 16 |
| Foreign | 11 | 11 |

- Year / Month up to which latest Indian Journals available: Dec-22
- Year / Month up to which latest Foreign Journals available: May-22
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 10 am To 10 pm
- 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: NOT Available

| Particular | UG | | PG | | Interns | |
|-----------------------|------|-------|------|-------|---------|-------|
| | Boys | Girls | Boys | Girls | Boys | Girls |
| No. of Rooms | | | | | | |
| No. of Students | | | | | | |
| Status of Cleanliness | | | | | | |

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) 8-10 meeting in the year Each meeting - 2 hours.

9. Any other faculty specific information required :(such as Herbal garden / Panchakarma Unit / Pharmacy / Dental Chairs and Units/as per the requirement) NOT APPLICABLE.

PART – II

(HOSPITAL INFORMATION)

1. Name of the Hospital: Amranga Hospital

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

| In the entire hospital <i>Jan-23 To Dec-23</i> | | In the department of concerned Fellowship subject | |
|---|-------|---|-------|
| OPD | 21361 | OPD | 21361 |
| IPD (Total No. of Patients admitted) | 2091 | IPD (Total No. of Patients admitted) | 2091 |

3. Hospital Beds Distribution & No. of O.T.:

| In the entire hospital | |
|------------------------|-------------------|
| No. of Beds | 48 |
| No. of Beds in ICU | 6 |
| No. of Beds in IRCU | — |
| No. of Beds in SICU | 4 |
| No. of Major O.T. | 2 |
| No. of Minor O.T. | 3 Endoscopy Suite |

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 |
|--|-------------------|--------------------------|
| <input type="checkbox"/> Daily OPD – 2 PM | | 80 |
| <input type="checkbox"/> Daily admissions | | 6-7 |
| • Daily admissions in Dept. Through casualty at 10am | | 5 |
| • Bed occupancy in the Dept. at 10AM | | 60% |
| • Number of patients in ward (IPD) | | 29 |
| • Percentage bed occupancy at 10Am | | 60% |

- 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 |
|--|-------------------|--------------------------|
| • <u>Gastroscopy</u> | | 15 per Day |
| <input type="checkbox"/> Colonoscopy | | 5 per Day |
| <input type="checkbox"/> Sigmoidoscopy | | 5 per Day |
| <input type="checkbox"/> Sclerotherapy | | 10 per Month |
| <input type="checkbox"/> Haemostip | | 1 per month |
| <input type="checkbox"/> Esophageal dilatation | | 4 per Month |
| ERCP | | 35 per month |
| EUS | | 2 per Day |
| ESWL | | 10 per month |
| Endoscopic Gastrocystostomy | | 3 per month |

5. Casualty: / Emergency Department:

| | |
|--|-----------------------------|
| Space | 7.16 m X 4.80 m |
| Number of Beds | 5 |
| No. of cases (Average daily OPD and Admissions): | 2 |
| Emergency Lab in Casualty (round the clock): | Available / Not Available ✓ |
| Emergency OT and Dressing Room | Available ✓ |
| Staff (Medical/Paramedical) | Available ✓ |
| Equipment available | Available ✓ |

6. Blood Bank: outsourced

| | | | |
|-------|--|---------------|-------------------|
| (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 | On Inspection day |

7. Central Laboratory: yes

- Controlling Department: Dr. R.S. Patil
- No of Staff: 5
- 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:/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: 30.10.2024



Sign & Stamp
Dean/Principal/Head of Institute

Date: 30.10.2024

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PART – III
(To be filled by the Local Inquiry Committee)

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : Case to enter 1.0.22.
2. Date on which independent department of functioning concerned specialty was created and started : 18/05/2017

3. Faculty details (From start of department till date): List Attached

| Sr. No. | Name | Full Time/ Part Time | Designation | Qualification | Experience in Yrs. (after acquiring PG Qualification in concerned Subject) |
|---------|------|----------------------|-------------|---------------|--|
| | | | | | |
| | | | | | |

4. Whether Independent Department of concerned Fellowship/Certificate subject exists in the Institution: Yes/No: YES Since when: 18/05/2017

5. Specialty Department Infrastructure Details:

| Facility | Area (sft.) | Available | Not Available |
|---|-------------|-----------|---------------|
| Faculty rooms | 195 | ✓ | |
| Clinics | 572 | ✓ | |
| Laboratory Space | outsourced | X | ✓ |
| Seminar room | 495 | ✓ | |
| Department Library | 200 | ✓ | |
| PG common room | 195 | ✓ | |
| Preclinical lab (where ever applicable) | — | — | ✓ |
| Patient waiting room | 3360 | ✓ | |
| Total area | 5016 | ✓ | |

6. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years: List Attached

| Sr. No. | Name of Fellowship/ Certificate Course | Academic Year | Intake Capacity | No. of Students Admitted (In figure only) |
|---------|--|------------------|-----------------|---|
| 1 | | A.Y. 2019 - 2020 | | |
| | | A.Y. 2020 - 2021 | | |
| | | A.Y. 2021 - 2022 | | |
| | | A.Y. 2022 - 2023 | | |
| | | A.Y. 2023 - 2024 | | |

(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: List Attached

| Sr. No. | Name | Designation |
|---------|------|-------------|
| | | |
| | | |

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). *LIST ATTACHED*

| Sr. No. | Name of the Equipment | Specification | Functional / Not Functional | Qty. |
|---------|-----------------------|---------------|-----------------------------|------|
| | | | | |
| | | | | |

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 | Gastroenterology | mon To Saturday | 10 To 6 | 40 | Dr. Vivekanand Kulkarni |
| 2 | Gastroenterology | mon to Saturday | 10 To 6 | 40 | Dr. Aditya Kulkarni |

11. Services provided by the Department:

- a) Services *Diagnostic & Therapeutic* - Upper GI Endoscopy - Proctology
 i. _____ - EUS - Sigmoidoscopy
 - Capsule Endoscopy - Esophageal dilatation
 ii. _____ - Esophageal & Antral manometry - pH study
 iii. _____ - ESD - Stroboscopy
 - ERG
 - POEM
- (b) Ancillary Services -
Ambulance, Pharmacy, Canteen, Nutrition & Dietetics, Digital X-ray, echo, Insurance
- (c) Others: *Rooms, USG, C-arm, Dialysis, OPD, IPD, Outcare, OT, CSSD.*

12. Space:

| Sr. No | Details | In OPD | In IPD |
|--------|---|-------------|--------|
| 1 | Patient Examination/ Checking Arrangement | 572 sq.ft | 4266 |
| 2 | Equipment's | 122 sq.ft | 1259 |
| 3 | Teaching Space | 495 sq.ft | 4266 |
| 4 | Waiting area for patients | 1629. sq.ft | 1731 |

13. Office space:

| Department Office | | Office Space for Teaching Faculty | |
|-------------------------|--------|-----------------------------------|-----|
| Space (Adequate) | Yes/No | HOD | 195 |
| Staff (Steno /Clerk). | Yes/No | Professors | 195 |
| Computer/ Typewriter | Yes/No | Associate Professors | 195 |
| Storage space for files | Yes/No | Assistant Professor | 195 |
| | | Residents | 195 |

14. Clinical Load of Dept. : No of Surgeries / Procedures *30.....* Per day *Surgical - 1-2 Per day*

15. Submission of data to National Authorities if any: *YES, NABH*