

PART-I
(INSTITUTIONAL INFORMATION)

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

Name: Dr. Vivekanand Kulkarni Age: 70 yrs (Date of Birth) 09/02/1955

| PG Degree | Subject | Year | Institution | University |
|----------------|------------------|-------------|-------------------|--|
| Recognized / | <u>DNB G.Med</u> | <u>1983</u> | <u>KEM Mumbai</u> | <u>National board of examination</u> |
| Not Recognized | <u>FCPS Med</u> | <u>1983</u> | <u>KEM Mumbai</u> | <u>College of physicians & Surgery</u> |

Teaching Experience :

| 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: | <u>Antrang Hospital & medical research Foundation Pvt-Ltd.</u> |
| | ii) Postal Address, with PIN: | <u>SD/1, E Ward, Near Mahawir College, New palace road, Kop. 416 003</u> |
| | iii) Contact Details: | <u>Mob: 9158833633 Tele: 02312662034</u> |
| | iv) E-mail ID: | <u>info.antranghospital@gmail.com</u> |
| 02 | Society/Institution/College Registration Number and date: | i) Public Trust Act 1950: |
| | | ii) Society's Registration Act.1860: |
| | | iii) Year of establishment: <u>1994 - No 11-77454</u> |
| | | 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 |
| | | <u>Antrang Hospital</u> <u>432, Kolhapur Municipal Corporation</u> <u>2017</u> (Required to upload said documents on Training Centre website) |
| 04 | i) Name of the College/Institute where Course is to be conducted: | <u>Antrang Hospital & medical research Foundation Pvt. Ltd.</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>Advance gastro-intestinal Endoscopy</u> |
| | | Approved Intake Capacity <u>3</u> |
| 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 | |
| 05 | Fee details : Click on link to Online Payment (www.muhs.ac.in - Dashboard - Online Payment - Fellowship (UDC) Department - Process - University Dept. Cell (Fellowship/Certificate Dept. Fees) | Valid Online Receipt Attached? *Yes / No |
| | | <u>2553112/202526</u> <u>18.10.2025</u> |
| 06 | Financial position of the Society/ Institute in the preceding 03 years: | Audited Statements of Accounts for *Yes/No <u>List attached</u> (Required to upload said documents on Training Centre website) |
| 07 | Budgetary provision for the FC/CC/DC for the next 03 years: | i) <u>2024-25 Rs. 15,000.00</u> ii) <u>2025-26 Rs. 18,000.00</u> iii) <u>2026-27 Rs. 20,000.00</u> |
| 08 | Management Resolution seeking Recognition of Institute for FC/CC of MUHS, Nashik: | Resolution No. <u>PH/2025-15</u> , dated <u>18.01.2025</u> |
| | | Copy of Management Resolution attached? *Yes/No <u>- List attached</u> |

| 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>D.59 of 4/1026-2002</u> dated at (Place) <u>23 5th - 4-01027-2002</u> <u>3y 15-73</u> 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: | Area in <u>10723</u> sq. ft. |
| i) Total built-up area: | 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 | <u>16</u> | <u>16</u> |
| Foreign | <u>11</u> | <u>11</u> |

- Year / Month up to which latest Indian Journals available: 2024
- Year / Month up to which latest Foreign Journals available: 2024
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 10.00 Am To 6.00 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 meetings 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 available.

PART - II

(HOSPITAL INFORMATION)

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

| In the entire Hospital Jan. 2021 - Dec. 2021 | | 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 | 06 |
| No. of Beds in IRCU | - |
| No. of Beds in SICU | 04 |
| No. of Major O.T. | 02 |
| 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 |
|---|-------------------|--------------------------|
| <input type="checkbox"/> Daily OPD - 2 PM | | 80 |
| <input type="checkbox"/> Daily admissions | | 06-07 |
| • Daily admissions in Dept. Through casualty at 10am | | 05 |
| • Bed occupancy in the Dept. at 10AM | | 02 |
| • Number of patients in ward (IPD) | | 60% |
| • Percentage bed occupancy at 10Am | | 29 |
| • 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 |
| • Gastroscopy | | 15 per day |
| • Colonoscopy | | 05 per day |
| • Sigmoidoscopy | | 05 per day |
| • ERCP | | 35 per month |
| • EUS | | 02 per day |
| • Haemoclip | | 01 per month |
| • ESWL | | 10 per month |

5. Casualty: / Emergency Department:

| | |
|--|---------------------------|
| Space | 17.16 meter X 4.80 meter |
| Number of Beds | 01 |
| No. of cases (Average daily OPD and Admissions): | 02 |
| 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: - Outsourced.

- Controlling Department: _____
- No of Staff: _____
- Equipment Available: Attach separate List
- Working Hours: _____

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: 18.10.2025



College / Institute Round Seal

Sign & Stamp
Dean/Principal/Head of Institute

Date:

FOR ANTRANG MEDICAL RESEARCH
FOUNDATION PVT. LTD.

DIRECTOR

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

(DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : Gastroenterology
2. Date on which independent department of functioning concerned specialty was created and started : 2017

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. Vivekanand Kulkarni | Full Time | consultant gastroenterology | MBBS FCS DNB | 40 years |
| 2. | Dr. Aditya Kulkarni | Full Time | consultant gastroenterology | MBBS MD Med. DM Gastro | 08 years |

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

5. Specialty Department Infrastructure Details:

| Facility | Area (sft.) | Available | Not Available |
|---|-------------|-----------|---------------|
| Faculty rooms | 195 | ✓ | |
| Clinics | 572 | ✓ | |
| Laboratory Space | Outsourced | | ✓ |
| Seminar room | 495 | ✓ | |
| Department Library | 200 | ✓ | |
| PG common room | 195 | ✓ | |
| Preclinical lab (where ever applicable) | - | - | ✓ |
| Patient waiting room | 2360 | ✓ | |
| Total area | 5017 | | |

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

| Sr. No. | Name of Fellowship/ Certificate Course | Academic Year | Intake Capacity | No. of Students Admitted (In figure only) |
|---------|--|------------------|-----------------|---|
| 1 | List attached | A.Y. 2020 - 2021 | | |
| | | A.Y. 2021 - 2022 | | |
| | | A.Y. 2022 - 2023 | | |
| | | A.Y. 2023 - 2024 | | |
| | | A.Y. 2024 - 2025 | | |

(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).

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

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 - Sat | 10 am - 6 pm | 40 | Dr. Vivekanand Kulkarni |
| 2. | Gastro-Enterology | Mon - Sat | 10 am - 6 pm | 40 | Dr. Aditya Kulkarni |

11. Services provided by the Department: Diagnostic & therapeutic GI Endoscopy

- a) Services -
i. EUS iv) ESD, EMR vii) Sigmoidoscopy
ii. Capsule Endoscopy v) POEM viii) Eso. dilatation
iii. Esophageal & Anal manometry vi) ERCP ix) PH study x) Sphincterometry etc.
iv) Proctology
(b) Ancillary Services - Ambulance, Pharmacy, Comteen, Nutrition & dietetics, Digital X-ray, Echo, Insurance
(c) Others: Rooms, USG, C-ARM, OPD, OT & C.S.S.D, IPD

12. Space:

| Sr. No | Details | In OPD | In IPD |
|--------|---|-------------|--------------|
| 1 | Patient Examination/ Checking Arrangement | 572 Sq. Ft | 4266 Sq. Ft |
| 2 | Equipment's | 122 Sq. Ft | 12.58 Sq. Ft |
| 3 | Teaching Space | 495 Sq. Ft | 4266 Sq. Ft |
| 4 | Waiting area for patients | 1629 Sq. Ft | 1761 Sq. Ft |

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 | |

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

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