

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:-

This to Certify that Dr. V. P. Antia has worked in the Department of Clinical Hematology, Breach Candy Hospital Trust Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Head of Department/ Full Time Consultant	4 th June, 1998	TIL DATE	24 years

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months
Head of Department/ Full Time Consultant	4 th June, 1998	TIL DATE	24 years
Panel Consultant- Jaslok Hospital	1991	1998	8 years
Hon. Consultant- Tata Memorial Hospital			

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

Sign & Stamp
Head of the Department
Date

(Handwritten signature)



(Handwritten signature)
Sign & Stamp
Dean/Principal/Head of Institute
Date

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**

Title of the Course applied for:-

This to Certify that Dr. Mehaboob Basade has worked in the Department of Clinical Hematology, Breach Candy Hospital Trust Training Centre as per following details

A) General Experience

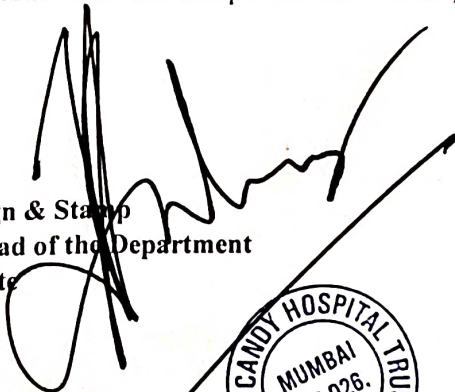

Designation	From	To	Total period Year/Months
Panel Consultant	1997	TILL DATE	25 years

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months
Consultant- BREACH CANDY HOSPITAL TRUST	1997	TIL DATE	25 years
TATA MEMORIAL HOSPITAL (Rural Cancer)	1995	1997	2 years

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

Sign & Stamp
Head of the Department
Date

Sign & Stamp
Dean/Principal/Head of Institute
Date




(INSTITUTIONAL INFORMATION)

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

Name: **Dr. Geeta Koppikar** Age: **75 years** (Date of Birth) **5th November, 1946**

PG Degree	Subject	Year	Institution	University
Recognized / Not-Recognized	Pathology & Microbiology	June, 1974	Topiwala National Medical College & BYL Nair Hospital	Mumbai

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	Topiwala National Medical College & BYL Nair Hospital	1971	2004	34 years
Asso. Professor/Reader				
Professor				
Any Other			Grand Total	34 years

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	BREACH CANDY HOSPITAL TRUST
	ii) Postal Address, with PIN:	60-A, Bhulabhai Desai Road, Mumbai- 400 026.
	iii) Contact Details:	Mob: 7506033913 Tele: 022-23667777
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: No. E- 793
		ii) Society's Registration Act.1860: 23 rd July, 1946
		iii) Year of establishment: 1953
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No- Marked as Appendix 'A'
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
04	i) Name of the Training Centre /Institute where course is to be conducted:	BREACH CANDY HOSPITAL TRUST
	ii) Postal Address, with PIN:	60-A, Bhulabhai Desai Road, Mumbai-26
	iii) Contact Details:	Mob: 7506033913 Tel: 022-23667777
	iv) E-mail ID:	gvk@breachcandyhospital.org
04	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s): Fellowship Course in Clinical Hematology Approved Intake Capacity: 2 Affiliated Since: Dec. 2016 (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) Required Required Intake Capacity.....(if necessary Attach separate List)
05	Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. Transferred through NEFT dated 22/10/2021 vide Cheque No- 3188 KKBKH21295654675/REGISTRARMU HG GE Total Amount- 50,00/-
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for 1) 2019-2020 2) 2020-2021 3) 2021-2022 *Yes/No- Mark as Appendix 'C'
07	Budgetary provision for the FC/CC/DC for the next 03 years	1) 2020-2021- Rs. 2671 (Rupees in lacs) 2) 2021-2022- Rs. 2803 (Rupees in lacs) 3) 2022-2023- Rs. 2919 (Rupees in lacs)

08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Management has no objection in seeking recognition of institute for Fellowship Courses. – Mark as Appendix 'D'
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09	Other Information:	
	a) Land:	*Yes/No. If yes, then Area: 11,810.36 sqmtrs, 1,27,079 sq.ft.
	i) Whether the land is owned by the Applicant Institute/Training Centre/ 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?	Subleased Land Mark as Appendix 'F'
	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. – Mark as Appendix 'G'
b) Building: i) Total built-up area:	1,81,920 sq. ft. Certified copy of Building Plan attached? *Yes/No – Mark as Appendix 'H'	

3. Central Library

- Total number of books in library: 1753
- Books pertaining to concerned Fellowship subject: 15 (hematology)
- Purchase of latest edition of concerned books in last 3 years:
 - Postgraduate Hematology by Hoff brand 7th ed / 2016
 - How I Treat 2015 – A practicing Hematologist 2nd ed / 2015

• Journals:

1	Journals		Total	concerned Fellowship subject
2	Indian	-	-	NIL
3	Foreign	-	11	7- Jr's available in Clinical Key flex - Jr's available in OVID Database

- Year / Month up to which latest Indian Journals available : **NIL**
- Year / Month up to which latest Foreign Journals available : **31st Dec. 2022**
- Internet / Med pub / Photocopy facility: **available**
- Library opening times: **8 am to 7 pm**
- Reading facility out of routine library hours: **available**
(Obtain list of books & journals duly signed by Dean) **List Attached**

4. Recreational facilities:

- Play grounds Gymnasium

Available

5. Hostel Accommodation:

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	-	-	20	25	-	-
No. of Students	-	-	35	45	-	-
Status of Cleanliness	-	-	Clean & Hygienic	Clean & Hygienic	-	-

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 of concerned Course) Attach details)

HOSPITAL INFORMATION

1. Name of the Hospital: BREACH CANDY HOSPITAL TRUST

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	No regular OPD working due to COVID-19	OPD	16,425 Per year
IPD (Total No. of Patients admitted)	8,924	IPD (Total No. of Patients admitted)	NA

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

In the entire hospital	
No of Beds	213
No of Beds in ICU	12
No of Beds in IRCU	-
No of Beds in SICU	10
No of Major O.T.	8
No of Minor O.T.	-

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.
• Number of patients in ward (IPD) at 10AM
• 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
•
•
•
•
•

5 Casualty:/ Emergency Department :

Space	Adequate
Number of Beds	10
No. of cases (Average daily OPD and Admissions):	40-50/day
Emergency Lab in Casualty (round the clock):	Available
Emergency OT and Dressing Room	Available
Staff (Medical/Paramedical)	CMO-4, Paramedical- Adequate Staff
Equipment available	Adequate Equipment's Available

6 Blood Bank :

(i)	Valid FDA License(copy of certificate be annexed)	Yes	
(ii)	Blood component facility available	Yes	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes	
(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 15-20/day Excluding component	On Inspection day

7. Central Laboratory:

- Controlling Department: Central Laboratory
- No of Staff : List Attached
- Equipment Available : Attach separate List
- Working Hours: 24 hours

8. Central supply of Oxygen / Suction: Available
9. Central Sterilization Department Available
10. Ambulance (Functional) Available
11. Laundry: Mechanical
12. Kitchen Available
13. Incinerator: Functional / Nonfunctional Outsourced
14. Bio-Medical waste disposal Outsourced
15. Generator facility Available
16. Medical Record Section: Computerized
 • ICD X classification Used



Sign & Stamp
 Head of the Department
 Centre Date: _____

Sign & Stamp
 Dean/ Principal/ Director of Training



Training Centre Round Seal

ANNEXURE – “D”

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: **CLINICAL HEMATOLOGY**
2. Date on which independent department of: functioning concerned specialty was created and started **December, 2016**

3. Mentor's 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. V. P. Antia	Full Time	Head of Department	MBBS, MD, Diploma in hematology	40 years
2.	Dr. Mehaboob Basade	Part Time	Panel Consultant	MBBS, MD, Europe Cert. in Clinical Hematology	28 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: **YES** Since when: **Dec., 2016**

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	Adequate	Available	-
Clinics	Adequate	Available	-
Laboratory Space	Adequate	Available	-
Seminar room	Adequate	Available	-
Department Library	Adequate	Available	-
PG common room	Adequate	Available	-
Pre-clinical lab (where ever applicable)	Adequate	Available	-
Patient waiting room	Adequate	Available	-
Total area	Adequate	Available	-

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 3years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2021-2022	Fellowship Course in Clinical Hematology	Dr. Manjiri Shewale Dr. Ankita Laddha	Dr. V. P. Antia Dr. Mehaboob Basade
2020-2021	Fellowship Course in Clinical Hematology	Dr. Saud Mohd Hayat Shaikh Dr. Akanksha Salkar	
2019-2020	Fellowship Course in Clinical Hematology	Dr. Sneha Janjal Dr. Anu Singh	

(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
	List Attached	

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	Stago-compact	As per the list	Functional	1
2	Stago-art	As per the list	Functional	1
3	Sysmex XN1000	As per the list	Functional	1
4	Syzmex XT2000i	As per the list	Functional	1
5	Multiplate Analyser	As per the list	Functional	1
6	Roche Cobas 411	As per the list	Functional	1
7	Nikon Microscopes	As per the list	Functional	1
8	Vesmatic 30	As per the list	Functional	1
9	Centrifuge (Hettich)	As per the list	Functional	1
10	Aerospray slide stainer	As per the list	Functional	1
11	Water Bath [37°C]	As per the list	Functional	1
12	Interlab Electrophoresis	As per the list	Functional	1

9. Intensive care Service provided by the Department: YES (Emergency)

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	Haematology	Daily	10 am to 5 pm	7 to 10	Dr. V. P. Antia

11. Services provided by the Department:

a) Services

- i. Clinical Assessment
 - ii. Full Haematological Investigations
 - iii. Day Care Treatment
- } for the same day

(b) Ancillary Services- YES

(f) Others: Transfusion Service Haemato-Oncology

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	Adequate Space Available
Staff (Steno /Clerk).	Yes/No	Professors	Adequate Space Available
Computer/ Typewriter	Yes/No	Associate Professors	Adequate Space Available
Storage space for files	Yes/No	Assistant Profess or	Adequate Space Available
		Residents	Adequate Space Available

14. Clinical Load of Dept.: No of Surgeries / Procedures: 2-3 Per day

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

ANNEXURE - "E"

Information of Director of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Director	: Dr. Geeta Koppikar
02.	Date of Birth	: 05/11/1946
03.	Address	: Flat No. 403/404, Neelganga Nagar, 1/D, Hanuman Gully, Lower Parel, Mumbai-400013.
04.	Tel. No./ Mob. No.	: 022-23667777 / 7506033913
05.	E-mail id	: gvk@breachcandyhospital.org
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (Pathology & Microbiology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 34 years' experience- Topiwala National Medical College & BYL Nair Hospital
09.	Present Appointment	: Medical Director, Breach Candy Hospital Trust
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 34 years
12.	Any other relevant information	:

Date: - 20/05/2022



Dr. Geeta Koppikar
Name & Sign. of Director

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

[Signature]
Sign & Stamp
Head of the Department
Date:

Dr. Geeta Koppikar
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

Training Centre Round Seal



ANNEXURE - "F"

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. VISTAP ANTIA
02.	Date of Birth	: 14/01/1957
03.	Address	: 626, Adenwala Bldg, Dadar, Parsee Colony, Mumbai- 400 014.
04.	Tel. No./ Mob. No.	: 9821083717
05.	e-mail id	: drantiavp@breachcandyhospital.org
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, MD, Diploma in Haematology (London)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Certificate Course)	: Hon. Clinical Haematology Tata Hospital- 15 years Hon. Clinical Haematology Jaslok Hospital
09.	Present Appointment	: Breach Candy Hospital Trust
10.	Publications (List & Proof)	: Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: As mentioned
12.	Any other relevant information	:

Date: - 20/05/2022

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date:



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:



Signature of Mentor

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training
Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. MEHABOOB BASADE
02.	Date of Birth	: 23/07/1967
03.	Address	: 713, Panchsheel Plaza, Off. Hughes Road, Gamdevi, Mumbai- 400 007.
04.	Tel. No./ Mob. No.	: 9821062692
05.	e-mail id	: basade@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, MD
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: DNB, Medical Oncology Student, 2012 MUHS Hematology Fellowship 2013 onwards till date
09.	Present Appointment	: Consultant Medical Oncologist
10.	Publications (List & Proof)	: Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: DNB, Medical Oncology Teacher, MUHS Hematology Fellowship Teacher
12.	Any other relevant information	:

Date: - 20/05/2022



Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp
Head of the Department
Date:



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:



ANNEXURE – “G”

Information of Co-ordinator of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: DR. SUNIL BANDEKAR
02.	Date of Birth	: 17/07/1957
03.	Address	: M/17, Ambekar Nagar, Parel Tank Road, P Arel, Mumbai- 400 012.
04.	Mob. No.	: 8879300278
05.	E-mail id	: drbandekars@breachcandyhospital.org
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, DIM, PGDMLS, PDCR, MBA, FHTA, LLM
08.	Present Appointment	: Associate Director (Medical & Compliance)- Breach Candy Hospital Trusts
09.	Any other relevant information	

Date: 20/05/2022

Sign & Stamp
Head of the Department
Date:



Sign. of Co-ordinator

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:



Training Centre Round Seal

DECLARATION

I, the Dean / Director/ Principal of the **BREACH CANDY HOSPITAL TRUST** Training Centre / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre Website along-with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure- A & F are not working in/ at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 2021-2022, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- A & F are staying in the same city / town / village where the Training Centre/ Institute is and having the valid proof of residence of the said city.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on..... Day of20..... At.....

Date: 20/05/2022

Place: MUMBAI



Geeta Koppikar

Signature of Dean/Principal/Director
Name of the Signatory
(With Seal of the Training Centre)

Dr. MRS. GEETA KOPPIKAR
M.D., D. P. B.
MMC. NO. 25736
MEDICAL DIRECTOR
BREACH CANDY HOSPITAL TRUST
60/A, BHULABHAI DESAI ROAD,
MUMBAI - 400026.