

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

Title of the Course applied for:- *critical care*

This to Certify that Dr. *Sanjith Saseedharan* has worked in the Department of..... Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
<i>Consultant critical care</i>	<i>2008</i>	<i>2012</i>	<i>4</i>	<i>years</i>
<i>HOD Critical Care</i>	<i>2012</i>	<i>Till date</i>	<i>10</i>	<i>years</i>

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

Designation	From	To	Total period Year/Months	
<i>HCO</i>				

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

Sanjith
Sign & Stamp
Head of the Department
Date

2/06/22

Dr. Sanjith Saseedharan
Teacher & Head - Dept. of Critical Care
EDIC (Eur. Dip. in Intensive Care)
DCC (Ind. Dip. Critical Care)
N.N.C.C (Israel)
S.L. Raheja A Fortis Associate Hospital

Kunal
Sign & Stamp
Dean/Principal/Head of Institute
Date

Dr. Kunal Punamya
CEO
S.L. Raheja (A Fortis Associate) Hospital
Mahim, Mumbai - 400016

(INSTITUTIONAL INFORMATION)

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

Name: Dr. Kunal Punamiya Age: 44 (Date of Birth) 22/11/1977

PG Degree	Subject	Year	Institution	University
Recognized / Not Recognized	MHA	2004	TISS	TISS

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	—			
Asso. Professor/Reader	—			
Professor	—			
Any Other	—			
Grand Total				

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre /University Dept.:	S.L. Raheja Hospital (Diabetics Association of India)
	ii) Postal Address, with PIN:	Raheja Rugnalaya Marg, Mahim(W), Mumbai-400016
	iii) Contact Details:	Mob: 9892848525 Tele: 022 66529999
02	Society/Institution/ Training Centre Registration Number and date:	i) Public Trust Act 1950: ii) Society's Registration Act. 1860: iii) Year of establishment: 1955 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	S.L. Raheja Hospital 761416650 1955 — Mark as Appendix 'B'
04	i) Name of the Training Centre /Institute where course is to be conducted: 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 vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	S.L. Raheja Hospital Raheja, Rugnalaya Marg, Mahim(W) Mumbai-400016 Mob: 9892848525 Tele: 022 66529999 Name of the Course(s) Critical care Approved Intake Capacity... 2 ... Affiliated Since... 2016 (if necessary Attach separate List) 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. (Pending Fees, if any ;)
06	Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No— Mark as Appendix 'C' As per attachment
07	Budgetary provision for the FC/CC/DC for the next 03 years	i) 2021 - 2022s... 31.3.2023 2023-24 Rs - 33.48 Lakhs
08	Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No. Dated Copy of Management Resolution attached? *Yes/No— Mark as Appendix 'D'

Other Information:	
a) Land:	*Yes/No. If yes, then Area: <u>2 Acres</u>
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? <i>Land Belongs to Collector of Mumbai</i>	*Yes/No. If yes, Registration Number: Dated At (Place): Copy of Land Registration Certificate attached? *Yes/No.— 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:	<u>196.70</u> sq. ft.
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No — Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: 1761
- Books pertaining to concerned Fellowship subject: 8
- Purchase of latest editions of concerned books in last 3 years: - —

Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	59	
3	Foreign	69	

- Year / Month up to which latest Indian Journals available :

- Year / Month up to which latest Foreign Journals available : —

- Internet / Med pub / Photocopy facility:
available

available / not

- Library opening times:

8am - 10pm

- Reading facility out of routine library hours:
available

available / not

(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

~~Available~~ / Not available

- Play grounds Gymnasium

5. **Hostel Accommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of			10	5		
Students			—	—		
Status of Cleanliness			clean	clean		

6. **Residential accommodation for Staff / Paramedical staff :** Available / Not Available ☒ Available

7. **Ethical Committee (Constitution) :** YES / NO ☒ YES

8. **Medical Education Unit (Constitution) :** YES / NO ☒ YES
(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: S.L. Raheja Hospital

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	40090	OPD	—
IPD (Total No. of Patients admitted)	9425	IPD (Total No. of Patients admitted)	

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

In the entire hospital	
No of Beds	170
No of Beds in ICU	42
No of Beds in IRCU	—
No of Beds in SICU	12
No of Major O.T.	6
No of Minor O.T.	1

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	NA
• Daily admissions	NA
• Daily admissions in Dept.	NA
• Through casualty at 10am	NA
• Bed occupancy in the Dept.	NA
• Number of patients in ward (IPD) at 10AM	NA
• Percentage bed occupancy at 10Am	NA

- 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
•
•
•	NA
•
•

5. Casualty:/ Emergency Department :

Space	
Number of Beds	1296 Sq. Ft
No. of cases (Average daily OPD and Admissions):	6
Emergency Lab in Casualty (round the clock):	
Emergency OT and Dressing Room	available / not available
Staff (Medical/Paramedical)	Yes
Equipment available	Yes

6. Blood Bank :

(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	NA
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily 10-15
		On Inspection day

7. Central Laboratory:

- Controlling Department: Medical services
- No of Staff : 28
- Equipment Available : Attach separate List
- Working Hours: 24 Hrs

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:

- ICD X classification

Computerized / Non computerized
Used / Not used

Sign & Stamp

Head of the Department

Date: Date:

2/06/22

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Dr. Sanjith Saseedharan

Teacher & Head - Dept. of Critical Care

EDIC (Eur. Dip. in Intensive Care)

IDCC (Ind. Dip. Critical Care)

F.N.N.C.C (Israel)

S.L.Raheja A Fortis Associate Hospital

Training Centre Round Seal

Dr. Kunal Punamya
CEO

S.L.Raheja (A Fortis Associate) Hospital
Mahim, Mumbai - 400016

DEPARTMENTAL INFORMATION

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

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

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 Sanjith Saseedharan	FT	HO D	MP Anaesthesia	16

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

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	3000 Sq Ft		
Clinics	3000 Sq Ft		
Laboratory Space	4045 Sq Ft		
Seminar room	1107 Sq Ft		
Department Library	255 Sq Ft		
PG common room	NA		
Pre-clinical lab (where ever applicable)	NA		
Patient waiting room	1200 Sq Ft		
Total area			

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 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2021	Critical care	2	Dr Sanjith Saseedharan
2022	Critical care	2	Dr Sanjith Saseedharan

(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
1.	Sevarna.	
2.	Dr Vijayanti Karlam	Incharge ICU Consultant

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	Ventilator.		Functional	5
2.	Cordiac monitor	2	Functional	5.

9. Intensive care Service provided by the Department: (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
	NA				
	NA				

11. Services provided by the Department:

a) Services

- Intensive care unit
- cardiac care
- Neuro critical care

(b) Ancillary Services

(f) Others: Pathology lab, radiology, POC testing

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement		
2	Equipment's		<input checked="" type="checkbox"/>
3	Teaching Space		<input checked="" type="checkbox"/>
4	Waiting area for patients		<input checked="" type="checkbox"/>

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	<input checked="" type="checkbox"/> Yes/No	HOD	<input checked="" type="checkbox"/> Yes
Staff (Steno /Clerk).	<input checked="" type="checkbox"/> Yes/No	Professors	<input type="checkbox"/>
Computer/ Typewriter	<input checked="" type="checkbox"/> Yes/No	Associate Professors	<input type="checkbox"/>
Storage space for files	<input checked="" type="checkbox"/> Yes/No	Assistant Profess or	<input type="checkbox"/>
		Residents	<input checked="" type="checkbox"/>

14. Clinical Load of Dept.: No of Surgeries / Procedures 10 Per day

15. Submission of data to National Authorities if any : -----

For MUHS Fellowship in Critical care.

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 Kunal Punamiya
02.	Date of Birth	:	22 Nov 1977
03.	Address	:	7A-Tribute Apt, D+ S.S Road, Raj Mahal Studio compound Mumbai - 4000
04.	Tel. No./ Mob. No.	:	022-6629999
05.	E-mail id	:	ceo@rahejahospital.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS , MHA
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)	:	—
09.	Present Appointment	:	CEO. S.L. Raheja Hospital
10.	Publications (List & Proof)	:	—
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	—
12.	Any other relevant information	:	—

Date: - 3-06-22

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).

Sign & Stamp

Head of the Department

Date:

02/06/22

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: - 3-06-22

Dr. Sanjith Saseedharan Training Centre Round Seal

Teacher & Head - Dept. of Critical Care

EDIC (Eur. Dip. in Intensive Care)

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Dr. Kunal Punamiya
CEO

S.L.Raheja (A Fortis Associate) Hospital
Mahim, Mumbai - 400016

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. SANJITH SASHEEDHARAN
02.	Date of Birth	4/10/1978
03.	Address	45th New Royal hills society, Near NNP, Dindoshi, Goregaon, (East) Mum
04.	Tel. No./ Mob. No.	6919004479549
05.	e-mail id	docsanjith@rediffmail.com
06.	Nationality	INDIAN.
07.	Qualification in details : (attach documentary proof)	DALEPS, DA(univ), IDCC EDIC, (Europe), FJMSA.
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)	FNN-CC (Fellowship). 18 years Teaching exp.
09.	Present Appointment	Head critical care
10.	Publications (List & Proof)	CV Attached.
11.	Post Graduate Teaching experience (Attach documentary evidence)	- JSCM - MUHS - last 4 years.
12.	Any other relevant information	

Date: - 02-06-22

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:

Dr. Sanjith Saseedharan

Teacher & Head - Dept. of Critical Care

EDIC (Eur. Dip. in Intensive Care)

IDCC (Ind. Dip. Critical Care)

F.N.N.C.C (Israel)

S.L.Raheja A Fortis Associate Hospital

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 03-06-22

Dr. Kunal Punamiya

CEO

S.L.Raheja (A Fortis Associate) Hospital
Mahim, Mumbai - 400016

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 Dipti Ajit Tawde .
02.	Date of Birth	: 19-June-1989.
03.	Address	: A-404 Royal Galaxy CBS Road, Thane (W) 400601
04.	Mob. No.	: 9892848521
05.	E-mail id	: dipti.tawde@rahejahospital.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: BAMS, MBA
08.	Present Appointment	: Assistant Manager Medical Services -
09.	Any other relevant information	—

Date: 02-06-22

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date: 02/06/22

Dr. Sanjith Saseedharan
Teacher & Head - Dept. of Critical Care
EDIC (Eur. Dip. in Intensive Care)
IDCC (Ind. Dip. Critical Care)
F.N.C.C. (Ismael)
S.L.Raheja A Fortis Associate Hospital

Sign & Stamp 03-06-22
Dean/ Principal/ Director of Training Centre
Date:

Dr. Kunal Punamiya
EO
S.L.Raheja (A Fortis Associate) Hos
Mahim, Mumbai - 400016

S.L.Raheja (A Fortis Associate) Hos
Mahim - 400016

ANNEXURE – “H”

DECLARATION


I, the Dean / Director/ Principal of the Dr. Kunal Punamiya
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 2022-20.22 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 situated or adjacent to the
city / town / village, where the Training Centre /Institute is situated and having the valid proof of
residence of the said city / town / village. The teachers in the Annexure-A. & F. are not practicing in
Training Centre working hours or out-side the City where the Training Centre /Institute is situated.

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.....3 Day of June, 2022 At.....3 PM,

Date: 3-06-22

Place: Mumbai


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

Dr. Kunal Punamiya
CEO
S.L.Raheja (A Fortis Associate) Hospital
Mahim, Mumbai - 400016