**For NBEMS Office Use Only**

File Number:

Online Application Submission Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**Application Form for SECONDARY INSTITUTE / HOSPITAL under the Joint Accreditation Scheme**

 **General Information & Contact Details**

|  |  |  |
| --- | --- | --- |
| **1.** | **GENERAL INFORMATION:** | |
| **1.1.** | Name of the SECONDARY Institution/Hospital |  |
| **1.2.** | Address of the SECONDARY Institution / Hospital |  |
| **1.3.** | Name and address of the Company under RoC / Trust / Society / Charity running the SECONDARY hospital / Institute as per Registrar of Society Act |  |
| **1.4.** | Management type of the SECONDARY Hospital / Institute |  |
| **1.5.** | Whether registered under charitable or tax exempt category with the income tax department. If yes details of PAN number, Income Tax Exemption category |  |
| **1.6.** | Phone Numbers (Applicant Hospital) |  |
| **1.7.** | Website (Applicant Hospital) |  |
|  | | |

 **Regulatory Clearances**

|  |  |  |
| --- | --- | --- |
| **2.** | **Whether all regulatory clearances *as per Statutory Requirement* are available and valid?** | **Specify Available / Not Available** |
| **2.1.** | Certificate of Registration of the applicant Hospital / Institute under applicable DME/State Registration Acts and Rules of the Concerned State/UTs \*  ***(Confirming the month & year since the applicant hospital started its clinical operations)*** |  |
| **2.2.** | Pollution Control Board Certificate issued by State Government \*  ***(Confirming total number of beds in the applicant hospital which are authorized to be commissioned for patient care)*** |  |
|  | **Other Regulatory Approvals** | **Specify Details** |
| **2.3.** | Accreditation received by the applicant hospital / institute such as NABH/JCI etc. |  |
| **2.4.** | Empanelment Status for State Government Health Scheme / CGHS  (Please specify the specialty services for which empanelment has been done) |  |

**\* Mandatory requirement:** Whenever the duly filled, signed & stamped hard copy of this Main Application form will be scanned for uploading, the copies of Clinical Establishment Certificate and Pollution Control Board Certificate of SECONDARY HOSPTIAL shall also be scanned in continuation to the Main Application form as a single PDF file.

 **Financial Statement**

|  |  |  |
| --- | --- | --- |
| **3.** | **FINANCIAL STATEMENT OF THE HOSPITAL / INSTITUTE*\**** | |
| **Financial Standing of the parent company / trust / society etc of the applicant hospital/institute for last financial year under following heads:** | | **(For FY 2022 - 2023)**  **(INR)** |
| **3.1.** | Operating Receipt |  |
| **3.2.** | Operating Income / EBITDA |  |
| **3.3.** | Net Income |  |
| **3.4.** | Assets |  |
| **3.5.** | Investment / Organization Worth |  |
| **3.6.** | Liabilities |  |
| **3.7.** | Capital / Corpus |  |
| ***\****Not Applicable for State Government Owned District/General/Civil Hospitals applying under DNB District Programme Scheme, Defence institutions, PSUs and other Government hospitals applying for DNB/FNB programme. | | |

 **Academic Programmes**

|  |  |  |
| --- | --- | --- |
| **4.** | **RECOGNITION FOR ACADEMIC PROGRAMME** | |
| **4.1.** | Please specify the Name of DNB/FNB Programmes, for which the Applicant Hospital is accredited & Validity Period of Accreditation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.2.** | Please mention disciplines, if any, in the hospital / institute which are recognized for MD/MS/DM/MCh/PhD/Diploma courses/ CPS | |  |
| **4.3.** | Is the hospital / institute recognized for Internship for MBBS Students? | |  |
| **4.4.** | Whether recognized for any allied health programme?  (Indicate programme names) | Diploma |  |
| Degree |  |
| Others |  |

 **Infrastructures**

**Infrastructures Beds & Departments**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5.** | **INFRASTRUCTURES** | | | | | |
| **5.1.** | Whether the hospital / institute is a Single Specialty or a Multi-Specialty set up?  *Exclusive Ophthalmology Centres, Neuroscience Centres, Cardiac Sciences Centres, Maternal and Child Health Centers, Mental Health Centres, Oncology set up, Urology-Nephrology set up, Dermatology setup, Reproductive Medicine centres etc are considered as single specialty setup* | | | |  | |
| Beds category (as per 2023 information bulletin) under which the applicant hospital falls: | | | |  | |
| **5.2.** |  | | | | | |
| Total Operational Beds in the Hospital / Institute which are authorized to be commissioned for patient care | | | |  | |
| Number of beds in Emergency Department/Casualty | | | |  | |
| **Number of beds in the ICU (MICU, SICU, ICCU, NICU, PICU etc.)** | | | | | |
|  | | | | | |
|  | ICU | Beds | Equipment | |  |
| Medical ICU (MICU) |  |  | |  |
| Surgical ICU (SICU) |  |  | |  |
| Intensive Coronary Care Unit (ICCU) |  |  | |  |
| Neonatal ICU (NICU) |  |  | |  |

Pediatric ICU (PICU)

CTS

ICU

Neuro ICU

**Total ICU Beds**

**5.3.**

**5.4.**

**Distribution/Allocation of Beds in All Department(s), supportive Department(s) including ICUs in the Institute/Hospital:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of the Department** | **Total Number of Beds Allocated:** | **Number of General# Beds Allocated from Total Beds:** | Number of Seat(s) accredited By NBEMS [if applicable]) and Accreditation Valid Upto: |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| **Total** |  |  |  |  |

**Details of department(s) including supporting departments in the hospital / institute**

Please specify the Specialty Services offered by the hospital / institute?

|  |  |  |
| --- | --- | --- |
| Name of the Department / Specialty service | Exclusive Beds allocated | Head of the Department |
|  |  |  |

**5.5.**

**Medical Record Department**

Whether the Medical Records maintained as per ICD coding?

Computerized with HIS / Non Computerized

**Infrastructures Supportive Services**

**SUPPORTIVE SERVICES**

**5.5.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Supprotive Services | Owned OR Outsourced | Available Within Campus OR outside campus | If the supportive service is outsourced, please specify the following: | |
| Name & Address of the Outsourced Institute / Agency | Validity of MoU |
| **Supportive Laboratory Services** | | | | |
| Microbiology |  |  |  |  |
| Pathology |  |  |  |  |
| Biochemistry |  |  |  |  |
| **Other Supportive Services** | | | | |
| Central Sterile Services |  |  |  |  |
| Blood Bank Services |  |  |  |  |

**Infrastructures Moadalities in Radiology Department (Status: Step Completed)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.6.** | **MODALITIES AVAILABLE IN THE RADIOLOGY DEPARTMENT WITH RESPECTIVE CASE LOAD** | | | | | | | |
|  | Supprotive Services | Equipment | | Whether Owned OR Outsourced | Whether installed Within Campus OR outside campus | Case load in year 2022 | If the Imaging modality is outsourced, please specify the following: | |
| Availability (in numbers) | Specificati ons | Name & Address of the Outsourced Institute / Agency | Validity of MoU |
| X-Ray |  |  |  |  |  |  |  |
| Ultrasound Machines |  |  |  |  |  |  |  |
| Color Doppler |  |  |  |  |  |  |  |
| Spiral / Multi Slice CT |  |  |  |  |  |  |  |
| MRI |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Cath Lab / Invasive Radiology facilities | | |  |  |  |  |  |
| Fluoroscop y |  |  |  |  |  |  |  |
| Mammogra phy |  |  |  |  |  |  |  |
|  |

**Infrastructures Surgical & Allied Specialties**

|  |  |  |
| --- | --- | --- |
| Name | PG Qualification | Years of Post PG Professional Experience(s) |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.7.** | **SURGICAL & ALLIED SPECIALTIES:** | | |
| (a) | Staffs in Anaesthesia Department | | |
|  |  | | |
| (b) | Pre-anesthesia Clinic | **Yes/No** |  |
| (c) | All Essential Equipment in Anesthesia Department Available | **Yes/No** |  |
| (d) | Number of Minor OTs | |  |
| (e) | Number of Major OTs | |  |
| (f) | How many major OTs is modular? | |  |
| (g) | All Essential Equipment in OTs available | **Yes/No** |  |
| (h) | Number of Labor Rooms | **Septic** |  |
| **Clean** |  |

**Infrastructures Physical Infrastructure & Residential Facilities for Teaching Students**

|  |  |  |  |
| --- | --- | --- | --- |
| **5.8.** | **PHYSICAL INFRASTRUCTURE FOR TEACHING STUDENTS:** | | |
|  | Number of Seminar Rooms / Conference Rooms | |  |
| Number of Doctor's Duty Room | |  |
| **IT Infrastructure for DNB teaching & training purpose** | **Details of Audio Visual Aids available in the teaching rooms:**  Computer with internet service and projector available | |
| Whether Internet facility is available (Yes / No) |  |
| Whether the IT infrastructure, internet connection etc are/shall be made accessible to all DNB / FNB trainees in the hospital / institute? | |  |
| Hands on Training provisions for DNB / FNB trainees (skill lab etc.) | In-house / Tie-up |  |
| **If not available in-house, name and address of the skill lab outside the hospital/institute with which an MoU has been signed:** | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **MoU Valid up to:** --- | |
|  | |
| **5.9.** | **RESIDENTIAL FACILITIES IN THE HOSPITAL / INSTITUTE:** | | |
|  | Accommodation for DNB / FNB | Number of Rooms available |  |
| Trainees |
| Whether Owned / Rented |  |
| *As per NBE Fee Guidelines, an accommodation fee* |
| *of Rs. 10000/- can only be charged as one of the* |
|  |  |
| *component of DNB / FNB training charges if*  *accommodation is provided by the hospital / institute* | Facilities included in the |  |
| *to trainees.* | accommodation provided |  |

 **Academic Facilities & Infrastructure**

**Academic Facilities & Infrastructure Consultants & Staff**

|  |  |  |
| --- | --- | --- |
| **6.1.** | **DETAILS OF CONSULTANTS & STAFF WORKING IN HOSPITAL / INSTITUTE:** | |
|  | Number of Consultants on full time basis |  |
| Number of Consultants on part time / visiting / adjunct basis |  |
| Total number of Non Academic Sr. Residents in hospital / institute |  |
| Total Number of Medical Officers/Jr. Residents in hospital / institute |  |

**Academic Facilities & Infrastructure Training in Basic Sciences**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.2.** | **DETAILS OF ARRANGEMENT FOR TRAINING IN BASIC SCIENCES:**  **Kindly provide the details for In-house arrangement AND/OR a MoU with a nearby Medical or Dental college / University / Institute as per prescribed NBE norms.** | | | | | | | | | |
| a. | In-House Arrangement | | | | | | | | | |
|  | | | | | | | | | |
|  | Basic Sciences | Name of Teaching faculty | Relevant PG  Qualificati on(s) | Area of specializati on of given PG  qualificatio n | Status of faculty | In case of visiting faculty being employed elsewhere, provide the following details: | | |  |
| Name & Address of Employer (Medical College / Institutio n / other organizat ion) | Is permissi on accorded by Employi ng Authorit y? | Date of permissi on letter issued |  |
| Anatomy |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Pharmacol ogy |  |  |  | |  |  |  |  |  |
| Pathology |  |  |  | |  |  |  |  |  |
| Bio- Chemistry |  |  |  | |  |  |  |  |  |
| Microbiolo gy |  |  |  | |  |  |  |  |  |
|  |  | | | | | | | | | | |
| ***'AND / OR'*** | | | | | | | | | | | |
| b. | Memorandum of Understanding (MoU) with other institution (e.g. Medical College / University / Institute) | | | | | | | | | | |
| Name & Address of the Medical College / Institute with which MoU has been signed | | | | | MoU Validity Upto  (Month & Year Only example Dec-2019) | | | | | |
| FATHER COLOMBO INSTITUTE OF MEDICAL SCIENCES | | | | | APRIL-2028 | | | | | |

**Academic Facilities & Infrastructure Library Facilities**

|  |  |  |
| --- | --- | --- |
| **6.3.** | **LIBRARY** | |
| a. | Is there a Library in the hospital / institute for which accreditation is under consideration? |  |
| b. | Number of Reading Rooms in the Library |  |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| c. | Number of Staff in the Library | | |  |
| d. | Please indicate the number of hours per day for which the library facilities will be available for the DNB/FNB trainees.  (NBE norms require library to be opened for at least 12 hours a day including holidays, except National holidays, for DNB/FNB trainees) | | |  |
| e. | Printer / Photocopy Facility / Internet / Computer(s) | | |  |
| f. | Number of Journals subscribed by the Library | Indian | Physical |  |
| Electronic |  |
| International | Physical |  |
| Electronic |  |
| g. | Total Number of Books in the Library | | Physical |  |
| Electronic |  |
| h. | Whether e-journals/books subscription to DNB/FNB trainees is accessible? | | |  |
| i. | Whether the documents confirming to the subscription of journals and purchase of books are available? | | |  |
| j. | Whether the subscription of journals is in the name of the applicant hospital / institute? | | |  |

**Academic Facilities & Infrastructure Research Methodology & Support**

|  |  |  |  |
| --- | --- | --- | --- |
| **6.4.** | **RESEARCH METHODOLOGY & SUPPORT** | | |
| a. | In-House OR Locally Available Statistician | |  |
| Name of the Statistician | Qualification in area of Bio-Statistics | |
|  |  | |
| Protected time of statistician to support DNB/FNB training in this hospital / institute | |  |

**Academic Facilities & Infrastructure ** **Institutional Ethics Committee & Scientific Research Committee**

|  |  |  |
| --- | --- | --- |
| **6.5.** | **INSTITUTIONAL ETHICS COMMITTEE & SCIENTIFIC RESEARCH COMMITTEE** | |
| **Institutional Ethics Committee** | | |
| a. | Whether the applicant hospital / institute has its own (in-house) Institutional Ethics Committee OR a shared registered Institutional ethics committee for a cluster of institutes OR an MoU undertaken with registered Institutional Ethics Committee of other Hospital \* |  |
| b. | Whether MoU in case of a shared ethics committee for a cluster of institutes OR MoU undertaken with Institutional Ethics Committee of other Hospital is available? |  |
| c. | Registration Number of Institutional Ethics Committee of Applicant Hospital / Institute (IEC) \*  'OR'  Registration Number for IEC of other Institute with which an MoU has been undertaken |  |
| \* Institutions Ethics Committee (IEC) must be registered with Department of Health Research, Ministry of Health & Family Welfare, Government of India whether it is available in-house in applicant hospital or it is an IEC of other institute/hospital with which applicant hospital has MoU | | |

|  |  |  |
| --- | --- | --- |
| **Scientific Research Committee** | | |
| d. | Whether office order/approval towards constitution of Scientific Research Committee as per NBE norms confirming the composition of committee members is available? |  |

**Academic Facilities & Infrastructure Stipend**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.6.** | **MONTHLY AMOUNT OF STIPEND PROPOSED TO BE PAID / PAID TO DNB/FNB RESIDENTS IN THE HOSPITAL / INSTITUTE PER MONTH (IN INR)** | | | | |
|  | Courses | | Year of Training | Proposed Amount of Stipend | Stipend paid in Last Cycle of Accreditation  (Applicable only for renewal cases) |
|  | |  |  |  |
| Post | MBBS - DNB |  |  |  |
| (Broad Specialty) | |
|  | |  |  |  |
| Post | Diploma - DNB |  |  |  |
| (Broad Specialty) | |  |  |  |

 **Uploaded Documents**

|  |  |  |
| --- | --- | --- |
| **7.** | **SUPPORTIVE DOCUMENTS** | |
| Document/File(s) uploaded | | Uploaded / Not Uploaded |
| **a.** | Certificate of Registration of the applicant Hospital / Institute under applicable DME/State Registration Acts and Rules of the Concerned State/UTs. |  |
| **b.** | Pollution Control Board Certificate issued by State Government  This document must confirm to the number of operational beds claimed by the hospital. |  |
| Please affix your official stamp here    **Signature with official stamp of Administrative Head**  (Authorized signatory on behalf **of SECONDARY hospital**)  Name:  Designation:  Please affix your official stamp here  **Signature with official stamp of Administrative Head**  (Authorized signatory on behalf **of PRIMARY hospital**)  Name:  Designation:  Date:  Place: | | |

Annexure ‘JAC’

<<To be submitted on Official Letter Head / Stationary of Primary Institute/Hospital>>

NBEMS Joint Accreditation Programme

The composition of Joint Academic Committee for Monitoring the training of the candidates in a department accredited by NBEMS under Joint Accreditation programme is as under:

|  |  |  |  |
| --- | --- | --- | --- |
| **Composition of the Committee** | **Name & Designation** | **Mobile No. & Email ID** | **Signature** |
| Head of the Primary Institute |  |  |  |
| Head of the Secondary Institute |  |  |  |
| Single Point of Contact of Primary Institute |  |  |  |
| Single Point of Contact of Secondary Institute |  |  |  |
| Nodal Officer/DNB Coordinator for the DNB Course |  |  |  |

|  |  |
| --- | --- |
| **Head of Primary Hospital / Institute**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Head of Secondary Hospital / Institute**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |