

## Fellowship Center Enrollment Application/Preliminary Evaluation Form

### 1. General Details:

<b>1</b>	<b>Name of the institute</b>	
<b>2</b>	<b>Address</b>	
<b>3</b>	<b>Phone and Fax</b>	
<b>4</b>	<b>E mail</b>	
<b>5.</b>	<b>Registration no of Hospital</b>	
<b>6</b>	<b>Year in which Hospital Established</b>	
<b>7</b>	<b>Year in which Level III NICU Established</b>	
<b>8.</b>	<b>Is Hospital/Institute recognized by MCI</b>	
<b>9.</b>	<b>Is Hospital recognized by National Board for DNB</b>	
<b>9</b>	<b>Is Hospital recognized for any other fellowship program, if yes please mention all</b>	

**2. Faculty/Consultant Neonatologist Details:**

**Attach Highest Qualification Certificate Copy and CV for each**

<b>S. No</b>	<b>Name</b>	<b>Qualification</b>	<b>Post Qualification Experience in years</b>	<b>IAP membership No and Neochap Membership No</b>
1.				
2.				
3.				
4.				

No. of Senior Residents (Post MD/DCH):

Number of Junior Residents (Post MBBS):

Number of Staff Nurses in NICU:

### 3. Equipment Details :

S. No	Equipment	Number
1.	Radiant Warmer/ Incubator	
2.	Respiratory Support / Ventilator <ul style="list-style-type: none"> <li>- HFO</li> <li>- Conventional</li> <li>- CPAP</li> <li>- HHFNC</li> </ul>	
3.	Multipara Monitors (ECG/IBP/NIBP/Temp)	
4.	Pulse Oximeter	
5.	Phototherapy	
6.	Cooling Machine	
7.	Infusion Pumps	

### 4. NICU Admissions: Write last 5 years data in number per year

S. No	Data	Year.....	Year.....	Year.....	Year.....	Year.....
1.	NICU admissions					
2.	Ventilation					
3.	CPAP					
4.	No of Deliveries					

## 5. Facilities Available:

S. No	Facility	Yes/No
1.	Centralized Oxygen	
2.	Centralized Compressed Air	
3.	Centralized Suction	
4.	Portable X ray 24 hour	
5.	Lab Facility Including ABG 24 hour	
6.	Portable Ultrasound/ ECHO	
7.	ROP Screening and Treatment	
8.	Auditory Evaluation	
9.	High Risk Follow Up	
10.	Physiotherapy/ Occupational Therapy	
11.	Breast Feeding Training/Guidance	
12.	Kangaroo Mother Care	
13.	Ped Surgery	
14.	Lumbar Puncture	
15.	Exchange Transfusion	
16.	Intercostal Drainage	
17.	Peritoneal Dialysis	
18.	Blood Bank in the Institute	

## 6. Signatures:

Institute Head

Faculty 1

Faculty 2

Faculty 3

Faculty 4