

# “SRUTHITHARANGAM”

(State Cochlear Implantation Project)

A JOINT VENTURE OF DEPARTMENT OF SOCIAL WELFARE & DEPARTMENT OF HEALTH AND FAMILY WELFARE  
IMPLEMENTED BY KERALA SOCIAL SECURITY MISSION

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## APPLICATION FOR PRIVATE INSTITUTIONS SEEKING EMPANELMENT

1. Name of the institution :
2. Name of administrator :
3. Address :

4. Post office :
5. District :
6. Pin code :
7. Phone number : landline :
8. Phone number : mobile :
9. E mail id :

### 10 Infrastructure – Surgery & anaesthesia

Do you have the following infrastructure facilities? : Yes No

(Write yes or no in the space provided)

#### 10.1 Surgical theatre

10.1.1 Surgical theatre that has all the facilities for :

Stapedectomy, Tympanoplasty, Mastoidectomy

10.1.2 Air conditioning has laminar airflow :

10.1.3 Air conditioning has High Efficiency Particulate :

Air (HEPA) filter

- 10.1.4 Positive pressure air conditioning :
- 10.2 Anaesthetic equipment
- 10.2.1 Basic anaesthesia set up :
- 10.2.2 Paediatric laryngoscope with Magill and  
Macintosh blades size 0 – 1 – 2 – 3 :
- 10.2.3 Paediatric oropharyngeal airway (size 000, 00,  
0,1, 2 and 3) :
- 10.2.4. Paediatric stylets :
- 10.2.5 Paediatric endotracheal tubes (size 2.5 to adult) :
- 10.2.6 Reinforced paediatric endotracheal tubes
- 10.2.7 Laryngeal Mask Airway (LMA) :
- 10.2.8 Paediatric Fibre optic laryngoscope :
- 10.2.9 Paediatric circuit (Jackson – Ree’s modification  
of Ayre’s T piece) :
- 10.2.10 Face masks types
- Round face mask 0 – 1 – 2
  - Anatomical face mask 0 – 1 – 2
  - Rendell-Baker-Soucek mask 0 – 1 – 2
- 10.3 Other equipment :
- 10.3.1 Good quality surgical microscopes with  
illumination and magnification fit for inner  
ear surgery (must have facility for video  
recording of surgery) :
- 10.3.2 Not less than 2 surgical drills with an assortment  
of hand- pieces and drill bits for middle ear surgeries :
- 10.3.3 Contrangular hand piece or skeeter drill :

11 Infrastructure – Audiology

Yes

No

11.1 Sound treated room made to ANSI standards :  
with facility for free field testing

11.2 Dual channel audiometers with facilities for :  
masking, speech audiometry and free field testing

11.3 Middle ear analysers with facilities for stapedial :  
reflex threshold measurements

11.4 Dedicated instruments for ABR, ASSR and OAE testing :

12. Personnel – Cochlear implant surgeon

(If you have more than one cochlear implant surgeon, please take photocopies as needed so that each surgeon fills up a separate form)

12.1 Name :

12.2 Professional qualifications – please list

| No | Qualification | Year | College | University |
|----|---------------|------|---------|------------|
|    |               |      |         |            |
|    |               |      |         |            |
|    |               |      |         |            |
|    |               |      |         |            |

MCI register number :

How many cochlear implant surgeries have you performed? :

Have you done implant surgery with Advanced : Yes No

Bionics implant?

Have you done implant surgery with Cochlear : Yes No  
Medical Devices implant

|      | Write yes or no for the following questions                          | Yes | No |
|------|--|-----|----|
| 12.3 | Do you have MS in ENT ?  |     |    |
| 12.4 | Do you have DNB ENT ?  |     |    |
| 12.5 | Do you have atleast 7 years of work experience after qualification ? |     |    |
| 12.6 | Have you done more than 200 mastoidectomies ?                        |     |    |
| 12.7 | Have you done more than 100 tympanoplasties ?                        |     |    |
| 12.8 | Have you done more than 20 stapedectomies ?                          |     |    |

Signature:

Date:

### 13 Personnel – Audiology and Speech Pathologist

(The audiology unit could be in the centre where implant is being done OR could be a centre easily accessible for patients with whom the institution conducting implants have a formal Memorandum of Understanding (MOU). If you have the latter arrangement, hospital administrator must attach a copy of MOU)

Minimum requirement for audiology unit

- At least two audiologists / speech therapists
- At least one should MASLP or equivalent MSc Speech & Hearing/ MSc Audiology with 2 year experience)
- The other person should have any of the following qualifications : MASLP/ MSc Audiology / MSc Speech/ BASLP with 5 year experience

(If you have more than two Audiology / Speech therapists, please take photocopies as needed so that each one fills up a separate form)

13.1 Name

13.2 Professional qualifications – please list

| No | Qualification | Year | College | University |
|----|---------------|------|---------|------------|
|    |               |      |         |            |
|    |               |      |         |            |
|    |               |      |         |            |
|    |               |      |         |            |

(Minimum requirement for AVT. At least one AVT therapists with adequate qualification with 2 year experience)

13.3 RCI register number :

13.4 Year of validity :

|      | Write yes or no for the following questions  | Yes | No |
|------|--|-----|----|
| 13.3 | Do you have a minimum of 2 years experience after qualification (for MASLP or MSc Audiology or MSc SLP qualified only) ? |     |    |
| 13.4 | Do you have a minimum of 5 years experience after qualification (for BASLP qualified only) ?                             |     |    |
| 13.5 | With you current workload, can you find time to provide services to post implant patients ?                              |     |    |

Signature:

Date:

14 Personnel – Hospital administrator (or equivalent post)

Form for hospital administrator

I have gone through this application for empanelling and find that all the information provided here is correct to the best of my knowledge.

I have attached the following documents to this application

14.1 Photocopies of certificates (attested by me) for qualifications of surgical and audiologist/ speech therapists professional. List of names of these professionals with their qualifications is given below

| No: | Name | Qualification |
|-----|------|---------------|
|     |      |               |
|     |      |               |
|     |      |               |
|     |      |               |

14.2 Copy of Memorandum of Understanding (MOU) with centre/s providing audiology/ speech therapy services (if you are accessing these services from outside your institution)

14.3 is your institution registered with any Government structure (e.g. Municipal corporation, panchayat) ? Please tick

Yes :

No :

14.4 If yes, please provide relevant details including copies of certificates, if any;

Name:

Designation:

Date:

Seal of institution

