



॥ Jai Sri Gurudev ॥
Adichunchanagiri University

Adichunchanagiri Hospital and Research Center

B G Nagara: 571448, Nagamangala Taluk, Mandy District, Karnataka, India



Adichunchanagiri Hospital and Research Center (A.H & R.C)

About A.H & R.C

Adichunchanagiri Hospital & Research Centre (AH & RC) was commissioned in 1990 to render healthcare services to the poor and needy. AH & RC serves as teaching hospital to the AIMS and renders medical services in preventive, curative and rehabilitative domains to the rural populace in the region. The hospital is equipped with high-tech equipment & well qualified staff, and has treatment facilities in sub-specialties like Neurosurgery, Urology, Cardiology, Oncology, Nephrology and Plastic Surgery.

It had been a long-cherished ambition of His Holiness Padmabhushana Sri Sri Sri Dr. Balagangadharanatha Maha Swamiji to establish a well-equipped high-tech hospital attached to AIMS, catering to the health needs of the rural population of the region. His dream did come true when AH & RC was started in 1990 and began rendering yeoman service to the suffering mankind. AH & RC provides teaching and training facilities both for Undergraduate and Post Graduate students besides rendering medical services in preventive, curative & rehabilitative domains to the rural population in and around this place.

A well-equipped Central Laboratory caters to all the investigation requirements of a Patient. There is a centrally air-conditioned Operation Theatre complex with 13 OTs and a 120 bedded ICU with the most advanced systems for monitoring patients and modern therapeutic centers, well equipped Newborn/Neonatal Intensive Care Unit (NICU) & Pediatric Intensive Care Unit (PICU)



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The Emergency Medicine department of the hospital works round the clock to cater to the medical and surgical emergencies. It has a team of qualified & well experienced medical and paramedical staff for emergency care. The Biochemist, Microbiology & Pathology departments work around the clock on all the days.

The Hospital has a well-equipped Blood Bank, headed by a qualified & experienced Blood Bank Officer, who monitors the blood donations, storage, and delivery systems to the needy patients.

The hospital renders medical aid free of cost, including medicines to all those needy patients. The Forensic department of the hospital has modern cold storage facility for storage of cadavers requiring post-mortem.

DISTRIBUTION OF BEDS

Disciplines		No. of beds
Medicine and Allied Subjects	General Medicine	240
	Pediatrics	120



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	TB & Chest	30
	Skin & VD	40
	Psychiatry	30
	Total	460
Surgery and Allied subjects	General Surgery	240
	Orthopedics	120
	Ophthalmology	60
	ENT	60
	Total	480
Obstetrics and Gynaecology (OBG)	OBG & ANC	100
	Gynaecology	50
	Total	150
Emergency Medicine	Emergency Medicine	30
	Grand Total	1120

A.H & R.C FACILITIES





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- * Digital X- Ray
- * Echo
- * Fundus Camera
- * B.Scan
- * Green Laser
- * Mammography
- * Phaco Emulsion Unit
- * Laparoscopy
- * Endoscopy
- * Round the clock Central Lab
- * Free food for General ward patients ...

BLOOD BANK

Aim: Collecting the blood from the voluntary donors.

- * Every month we collect 70 to 80 units of blood from camps and voluntary donors.
- * We do screening for H.I.V, Hepatitis B & C, Malaria & Syphilis.



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- * Blood Bank has a storage capacity for 600 units of blood.
- * We process whole blood.
- * Blood component separation facilities available.
- * At times of mass casualties & dire emergencies, preserve blood will be used for needy patients as a life saving measure.

Casualty & Emergency

- * These services are available for all the 24 hours on all 7 days in a week throughout the year.
- * Any patient with emergency problem can seek consultation/treatment in the casualty.
- * If Doctors decide that you need urgent medical intervention, you will be registered at the casualty registration counter, free of charge and proper medical care will be provided promptly.





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- * Casualty has a dedicated team of Doctors (Casualty Medical Officers and Consultants from major specialties i.e., Medicine, Surgery, Orthopedics & Pediatrics and Junior Residents), Nurses, Paramedics and Orderlies etc. to provide urgent medical services.
- * The doctors rendering treatment will call any specialist/super-specialist and they are available on call attending any urgent and emergency consultation as and when required. Casualty has fully equipped Emergency Operation Theatre for any urgent surgery etc.

Schemes:

Arogya Bhagya Yojane (ABY)

About ABY

Karnataka Government has introduced unique scheme called Arogya Bhagya Yojane to its Police Personnel and their families, which was launched during June 2002. This scheme is a self-financing scheme managed through monthly contribution from the Police Personnel themselves & through medical reimbursement from the Government. The scheme is administered by a Nodal Agency having expertise in medical administration.

The Nodal Agency identifies high-tech hospitals among Government recognized Hospitals for the purpose of medical reimbursement with excellent infrastructural



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facilities in districts and cities in the State. An amount of Rs.26.39 Crores up to 15-10-2005 have been spent towards medical treatment for Police personnel and their families. At present the scheme is running successfully.

Evolution of ABY

Announced on April 2nd '2002

Launched on 1st Aug '2002

Over 60000 Police personnel enrolled under the scheme

Over 69 quality care hospital providers (including Govt. hospitals) are empanelled across the state

Scheme operated under Karnataka Police Health Welfare Trust

Contribution under ABY

Gazetted employees shall contribute Rs.50/-

Non Gazetted employees shall contribute Rs.40/-

Most Revolutionary Features of the Scheme

Most revolutionary fact pre-existing diseases no bar to avail the benefit.

Cashless transaction across Karnataka State and complete transaction from time of admission till discharge of the member is cashless.

All ailments are covered as per Karnataka Govt. Medical Attendance Rules 1963. Implants, prosthesis, and materials are excluded under Karnataka Govt. medical Attendance Rules 1963 BUT are covered under ABY.



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Schemes:

District Blindness Control Society

AHRC is conducting eye camps under DBCS scheme twice a month in rural areas. Patients requiring surgery are transported to Hospital, investigated rendering them fit for Surgery. They are operated the next day, invariably & discharged at the discussion of the Ophthalmic consultants. Arrangements are made to send them back to the doorsteps.

What DBCS is?



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- * To assess the magnitude and spread of blindness in the district by means of active case finding village wise to be recorded and maintained in Blind Registers.
- * To organize screening camps for identifying those requiring cataract surgery and other blinding disorders, organize transportation and conduct of free medical or surgical services including cataract surgery for the poor in Government facilities or NGOs supporting the programme.
- * To plan and organize training of community level workers, teachers and ophthalmic assistants/nurses involved in eye care services.
- * To procure drugs and consumables including micro-surgical instruments required in the Government facilities.
- * To receive and monitor use of funds, equipment's and materials from the government and other agencies/donors.
- * To involve voluntary and private hospitals providing free/subsidized eye care services in the district and identify NGO facilities that can be considered for non-recurring grants under the program.
- * To organize screening of school children for detection of refractive errors and other eye problems and provide free glasses to poor children.
- * To promote eye donation through various media and monitor collection and utilization of eyes collected by eye donation centers and eye banks.

Financial Assistance: District Blindness Control Society would be empowered to use GOI grant released under NPCB to meet expenses on the following:



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- a) Eye Checkup of incumbents of blind schools including special investigations.
- b) Medical and/or surgical treatment of referred cases including medicine prescribed after treatment/surgery
- c) Low Vision Aids and/or spectacles prescribed
- d) TA/DA to members of the Board for travel relating to the scheme.

Schemes:

Ayushman Bharat – Arogya Karnataka Scheme

"Arogya Karnataka" was introduced by Government of Karnataka on 2.3.2018, with the goal of providing Universal Health Coverage to all residents of the State. The Government of India later introduced Ayushman Bharat. Since both Arogya Karnataka and Ayushman Bharat schemes have the same goal, scope, and similar modalities, both the schemes were integrated under a co-branded name called "Ayushman Bharat-Arogya Karnataka" and is being implemented in an Assurance Mode from October 30, 2018.

Eligibility

- Basic Sum Assured is Rs. 5,00,000/- per Family, per annum for "Eligible Households (BPL)" and RSBY enrolled beneficiaries.



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- For those that do not come under the "Eligible Household" as defined under the NFSA 2013 or are not enrolled RSBY beneficiaries, the sum assured is 30% of the package rate up to Rs.1.5 lakh per family per annum on co-payment basis.

Benefit packages

The integrated scheme covers Simple Secondary, Complex Secondary, Tertiary & Emergency Procedures. Primary treatments and simple secondary procedures will be limited to PHIs only. Complex Secondary procedures, Tertiary procedures and Emergency procedures will be performed in PHIs and empaneled Private hospitals. Complex secondary procedures and tertiary procedures require referral from PHIs. For emergency procedures, patients can directly go to the empaneled hospitals of their choice and avail treatment without referral.

AB-ArK Card

Under the Ayushman Bharat- Arogya Karnataka scheme the enrolment card called AB-ArK Card is provided to the patient at the PHIs on payment of a fee of Rs.10/- in A-4 size paper. AB-ArK cards will be issued at Citizen Service centers, B1 and K1 centers, at a cost of Rs.10/- in A-4 size paper and plastic card at a cost of Rs.35/- and

Fund Sharing Pattern

Government of India will provide funding of 60% of the expenditure incurred for beneficiaries that are in the SECC data 2011 and left over RSBY beneficiaries or 62 lakh families only. Government of Karnataka will also bear the 40% of the expenditure incurred for the 62 lakh families, in addition to 100% of remaining Eligible families and General Families. State will provide health care for the remaining eligible families and 19 lakh APL families. These 19 lakh APL families will be eligible for assistance of 30% of the package rates up to Rs. 1.50 lakh per family per year.

How to avail the scheme



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- Patients should first go to the nearest Public Health Institutions (PHIs) with their Aadhaar Card and Food Card.
- They should get enrolled in the scheme and get their AB-Ark Card.
- Get diagnosis from the same PHIs
- If the PHI has capacity to treat the disease, that the patient is suffering from treatment will be provided in the same hospital.
- If the PHI has no capacity or capability to treat the disease the patient will be given a referral letter and he will be able to get treatment in any private or government empaneled hospitals of his choice.
- In case of emergency treatments patient can go directly to any government and private empaneled hospitals without referral.

Schemes:

Employees' State Insurance (ESI)

The promulgation of Employees' State Insurance Act, 1948(ESI Act), by the Parliament was the first major legislation on social Security for workers in independent India. It was a time when the industry was still in a nascent stage and the country was heavily dependent on an assortment of imported goods from the developed or fast developing countries. The deployment of manpower in manufacturing processes was limited to a few select industries such as jute, textile, chemicals etc. The legislation on creation and development of a fool proof multi-dimensional Social Security system, when the country's economy was in a very fledgling state was obviously a remarkable gesture towards the socio-economic amelioration of a workforce though limited in number and geographic distribution. India, notwithstanding, thus, took the lead in providing organized social protection to the working class through statutory provisions.

The ESI Act 1948 encompasses certain health related eventualities that the workers are generally exposed to; such as sickness, maternity, temporary or permanent disablement, Occupational disease or death due to employment injury, resulting in loss of wages or earning capacity-total or partial. Social security provision made in the Act to



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counterbalance or negate the resulting physical or financial distress in such contingencies, are thus, aimed at upholding human dignity in times of crises through protection from deprivation, destitution and social degradation while enabling the society the retention and continuity of a socially useful and productive manpower.

History

The scheme was inaugurated in Kanpur on 24th February 1952 (ESIC Day) by then Prime Minister Pandit Jawahar Lal Nehru. The venue was the Brijender Swarup Park, Kanpur and Panditji addressed a 70,000 strong gathering in Hindi in the presence of Pt.Gobind Ballabh Pant, Chief Minister Uttar Pradesh; Babu Jagjivan Ram, Union Labour Minister; Raj Kumari Amrit Kaur, Union Health Minister; Sh.Chandrabhan Gupt, Union Food Minister and Dr.C.L.Katial, the first Director General of ESIC.

The scheme was simultaneously launched at Delhi as well and the initial coverage for both the centers was 1,20,000 employees. Our first prime Minister was the first honorary insured person of the Scheme and the declaration form bearing his signature is a prized possession of the Corporation.

It is important to mention here that it blossomed as the first social security scheme in 1944, when the Govt. of the day was still British. The first document on social insurance was "Report on Health Insurance" submitted to the Tripartite Labor Conference, headed by Prof. B.P.Adarkar, an eminent scholar and visionary. The Report was acclaimed as a worthy document and forerunner of the social security scheme in India and Prof. Adarkar was acknowledged as "Chhota Beveridge" by none other than Sardar Vallabhbhai Patel. Sir, William Beveridge, as all know, was one of the high priests of social insurance. The report was accepted, and Prof. Adarkar continued to be actively associated with it till 1946. On his disassociation he strongly advocated management of the Scheme by an expert from ILO. In 1948 Dr. C.L.Katial, an eminent Indian doctor from London took over as the 1st Director General of ESIC and he steered the affairs of the fledgling Scheme till 1953.



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Since the red letter day of 24th February in the annals of social security in India, there has been no looking back. A lighted lamp which is the logo of ESIC truly symbolises the spirit of the Scheme, lighting up lives of innumerable families of workers by replacing despair with hope and providing help in times of distress, both physical and financial.

During the 70 years of its existence, ESIC has grown from strength to strength and the Corporation owes it, most of all, to the commitment, dedication, and perseverance of persons like Prof. Adarkar and Dr. Katial.

APPLICABILITY

The ESI Act is applicable to all non-seasonal factories employing 10 or more persons [Section -1(2) read with Section 2(12) and Section 2(19A)]. The State Governments have extended the coverage under Section 1(5) of the Act to Shops, Hotel, Restaurants, Cinema including preview theatres, Road-motor transport undertakings, Newspaper establishments, Private Medical Institutions, Educational Institutions and to contract and casual employees of Municipal Corporation/Municipal Bodies employing 10 or more persons in the certain States/UTs, where State Govt. is the appropriate Govt.

The Central Govt. has extended the coverage under Section 1(5) to Shops, Hotels, Restaurants, Road Motor Transport establishments, Cinema including preview theatres, Newspaper establishments, establishment engaged in Insurance Business, Non-Banking Financial Companies, Port Trust, Airport Authorities, Warehousing establishments employing 20 or more Persons, where Central Govt. is the appropriate Govt.

The existing wage limit for coverage under the Act effective from 01.01.2017 is Rs.21,000/- per month (Rs.25,000/- per month in the case of Persons with Disability).



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Ambulance Facility

Ambulance facility is given 24/7 to all the neighboring places with swift reaching.

Kindly call to the below number to get the Ambulance

Phone: +91-8234-287575, 287011

