Part-II

MaharashtraUniversityofHealthSciences, Nashik

**College Information for MUHStobepublishedonCollegeWebsite Academic Year 2025 - 2026**

**FacultyofMedicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **NameoftheCollege/Institute** | : |  |
| a | NameofSociety/Trust | : |  |
| b | Address | : |  |
| c | EmailAddress | : |  |
| d | TelephoneNo.(s) | : |  |
| e | Website | : |  |
| f | DateofEstablishment | : |  |
| g | Status | : | Government/Corporation/Private |
| h | LetterofPermissionbyMedicalCouncilofIndia(UG) | : | LetterNo............Dated Intake: |
| **2** | **DetailsoftheDean/Principals** | : |  |
| a | NameoftheDean/Principal | : |  |
| b | NatureofAppointment | : | Approved/NotApproved |
| c | MobileNo. | : |  |
| d | OfficeLandline | : |  |
| e | E-mail | : |  |

1. **HospitalInformation:**
   1. **Generalinformation:**
      1. NameoftheHospital:………………………..
      2. Hospitalregistrationnumber: Dateofrenewalofregistration:

..…../……../…………

* + 1. NumberofBedsregistered asperBNHact:
    2. Totalconstructionareain squaremeters:
    3. MPCBclearance: Yes/No
    4. Fireaudit/clearance: Yes/No
  1. **OPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Details** |
| 1 | OPDTimings |  |
| 2 | SeparateRegistrationareasformale/female,OPD/IPD |  |
| 3 | AretheRegistrationcounterscomputerized |  |
| 4 | No.ofregistrationcounters |  |
| **AssessorstoobtainandattachedprintoutoftheOPD/IPDdetailsfromcomputerisedsystemofat**  **least10randomlyselecteddatesoverpreviousoneyear.** | | |

* 1. **Casualty:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Particulars** | **Requiredasper**  **MSR** | **No. available** |
| 1 | No.of TeachingBeds(excludingICUBeds&  EmergencyBeds) |  |  |
| 2 | SeparateCasualtyOBGYbeds |  |  |
| 3 | CentralOxygen&suction |  |  |
| 4 | Monitors |  |  |
| 5 | Ambubag |  |  |
| 6 | UltrasonographyMachine |  |  |
| 7 | CrashCart |  |  |
| 8 | EmergencyDrugTray |  |  |
| 9 | Defibrillator |  |  |
| 10 | Ventilator |  |  |
| 11 | X-rayUnit–(Mobile)&X-rayStatic |  |  |
| 12 | Minor OT |  |  |

* 1. **Department wise Facilities available in OPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| **1** | **GeneralMedicine** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separateinjectionroomsfor maleandfemale |  |
|  | ECGrooms |  |
| 2 | **GeneralSurgery** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
| 3 | **Orthopedics** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
|  | Plasterroom |  |
|  | Plastercuttingroom |  |
| 4 | **Ophthalmology** |  |
|  | Number of OPD examination rooms | 07 |
|  | Separate dressing rooms for male and female | 01 |
|  | Minor OT | 01 |
|  | Refraction Room | 06 |
| 5 | **ENT(Otorhinolaryngology)** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Audiometry |  |
|  | MinorOT |  |
| 6 | **ObstetricsandGynecology** |  |
|  | NumberofOPDexaminationrooms |  |
|  | MinorOT |  |
|  | SeparateUSGroomwith functional USG machine |  |
| 7 | **Pediatrics** |  |
|  | NumberofOPDexaminationrooms |  |

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| 8 | **RespiratoryMedicine** |  |
|  | NumberofOPDexamination rooms |  |
| 9 | **Psychiatry** |  |
|  | NumberofOPDexaminationrooms  (Ifindoorfacilitiesareavailablethen“Mental HealthAct Registration” details to be attached.) |  |
| 10 | **DVL(Skin)** |  |
|  | NumberofOPDexaminationrooms |  |

* 1. **CentralClinicalLaboratory:TotalArea sq.mtr.**

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| 1 | Hematology |  |
| 2 | Histopathology |  |
| 3 | Cytopathology |  |
| 4 | ClinicalPathology |  |
| 5 | Serology |  |
| 6 | Bacteriology |  |
| 7 | Virology |  |
| 8 | Parasitology |  |
| 9 | Biochemistry |  |
| 10 | Anyother |  |

* 1. **Radio-Diagnosis(ifanyofthefacilityisoutsourced,pleasementionitspecifically)**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **NumberAvailable** |
| 1 | X-ray machines | 60mA: |
|  | 100mA: |
|  | 300mA: |
|  | 600mA: |
|  | 800mA: |
|  | Anyother: |
|  | IITVfacility: |
| 2 | Number of USG machines (exclusivelyinradiodiagnosis department.)  [USGMachinesinOT,ObGyOPD, Casualty, Cardiology department  etcshouldnotbecounted] |  |
| 3 | CT(minimum16sliceistobe considered) |  |
| 4 | MRI |  |
| 5 | Mammography |  |
| 6 | Anyotherfacility |  |

* 1. **ListofInstrumentsinCCL:**
  2. **OperationTheatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **No. of OTs** | **Central Oxy**  **/Nitrous Oxide Y/N** | **Anaesthesia Machine Y/N** | **Multipara Monitor with Capnograph**  **Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
| Gen.Surgery |  |  |  |  |  |  |
| ENT |  |  |  |  |  |  |
| Ophthalmology | 06 | Yes | Yes | Yes | Yes | No |
| Orthopaedics |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |
| AnyOther |  |  |  |  |  |  |
| TotalNo.ofOTS |  |  |  |  |  |  |

* 1. **IntensiveCareUnits:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Type** | **No.of Beds** |
| 1 | ICCU |  |
| 2 | ICU |  |
| 3 | SICU |  |
| 4 | NICU |  |
| 5 | PICU |  |
| 6 | Anyother |  |

* 1. **LabourRoom:**

|  |  |
| --- | --- |
| Rooms | Details |
| Numberoflabourroomsavailableforcleancases |  |
| SeparatelabourroomforSepticCases |  |
| Eclampsiaroom |  |
| Average Number of daily deliveries including LSCS (Verify with local authorities registration, and checking of past Indoor case papers for all deliveries in any random day etc) |  |

* 1. **BloodCentre:**

A)Licensevalidupto . (Pleaseattachacopyoflicense)

1. BloodSeparationFacility– Available/Notavailable
2. AverageNoofunitsdispensedperday:……………………….
3. No.ofunitsavailableonthedayofAssessment:…………………………..
   1. **CSSD:**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| NumberofVerticalandHorizontalautoclaves |  |
| ETO |  |
| Anyotherinstrument |  |
| Separatesepticanasepticarea |  |
| Separatereceivinganddistributingpoints |  |

* 1. **IndoorPatientDepartment:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Beds and Units**  **Required (Including UG and PG)** | **Beds and Units Available** | **Nursing Station Y/N** | **Exam/Treat Room Y/N** | **Store Room Y/N** | **Duty Room Y/N** | **Demo Room(25 Capacity) Y/N** |
| Gen.Medicine |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |
| Respiratory Medicine |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |
| Dermatology |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |
| Ophthalmology | 80 Beds | 02 units | Yes | Yes | Yes | Yes | Yes |
| E.N.T. |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

* 1. **Clinical Material:**

(For verifying OPD and attendance indoor occupancy , atleastfive random dates within last six months is to be selected and all indoor case papers of new admissions on those dates should be verified in MRD) Evidence to be attached with the report.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Particulars** | **Average Daily**  **(On selected dated) (Ophthalmology)** | | | | | |
| O.P.D. attendance | 150 | 155 | 145 | 167 | 158 | 140 |
| Casualty attendance | 10 | 12 | 11 | 09 | 13 | 11 |
| Number of new admissions | 25 | 23 | 17 | 21 | 24 | 22 |
| Number of discharges | 21 | 20 | 15 | 19 | 20 | 18 |
| Bed occupancy%  (Availablebeds\*100/Totalrequiredbeds) | 70% | 68% | 71% | 69% | 72% | 71% |
| Operative Work |  |  |  |  |  |  |
| Number of major surgical operations | 20 | 28 | 24 | 25 | 20 | 18 |
| Number of minor surgical  operations | 25 | 23 | 28 | 30 | 26 | 25 |
| Number of normal deliveries |  |  |  |  |  |  |
| Number of caesarian sections |  |  |  |  |  |  |
| Radio diagnosis Investigations | 05 | | |  | | |
| (Numberofpatients) |  | | |  | | |
| X-ray | 06 | | |  | | |
| Special investigations |  | | |  | | |
| Ultrasonography | 12 | | |  | | |
| C.T.Scan | 02 | | |  | | |
| MRI | 01 | | |  | | |
| Mammography |  | | |  | | |
| LaboratoryInvestigations–No.ofPatients | O.P.D. | | | I.P.D. | | |
| Hematology | 35 | | | 20 | | |
| Histopathology | 01 | | | 02 | | |
| Cytopathology |  | | |  | | |
| Clinical Pathology |  | | |  | | |
| Serology | 03 | | | 04 | | |
| Bacteriology | 03 | | | 04 | | |
| Virology | 01 | | | 02 | | |
| Parasitology | 01 | | | 01 | | |
| Biochemistry | 35 | | | 20 | | |
| Anyother |  | | |  | | |

* 1. **OtherinfrastructuralfacilitiesinHospital:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | Pharmacy |  |
| 2 | CentralWorkshop |  |
| 3 | CentralResearchLab |  |
| 4 | Canteen/Mess |  |
| 5 | CentralIncinerationPlant/HospitalWaste |  |
| 6 | Kitchen |  |
| 7 | IntercomNetwork |  |
| 8 | ComputerizedMRDICDXindexing |  |
| 9 | CentralLaundry |  |
| 10 | Ambulance:Owned/Hired |  |

1. **Collegeinformation**
   1. **CentralLibrary:**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **Available** |
| 1 | Area |  |
| 2 | Air-conditioned |  |
| 3 | Readingroomsforstudents(Numbersofroomswithseatingcapacityineach) |  |
| 4 | Staffreadingroom |  |
| 5 | Spaceforstockinganddisplayofbooksandjournals |  |
| 6 | RoomsforlibrarianandotherStaff; |  |
| 7 | JournalRoom |  |
| 8 | Numberofcomputerswithinternetfacility |  |
| 9 | TotalNumberofbooks: |  |
| 10 | NumberofJournals:(Titlesonly)(Multiplevolumes/issuesofonetitleshould be counted as ONE) |  |
| 11 | Numberofbooksaddedinlastyear: |  |
| 12 | NumberofJournalstitlesaddedinlastyear: |  |

* 1. **Lecturetheatres:**
     1. Numberoflecturetheatresrequiredatthisstageof

renewal:Collegebuilding: , Hospitalbuilding:\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Detailsoflecturetheaters** | **AreaAvailable** | **AV**  **Aids** | **Gallery type** | **Whether enabledfor e- learning** | **Whetherdigitally linked with all teachingareas** |
| **(Yes/No)** |
| 1 | Lecturetheatre-1 |  |  |  |  |  |
| 2 | Lecturetheatre-2 |  |  |  |  |  |
| 3 | Lecturetheatre-3 |  |  |  |  |  |
| 4 | Lecturetheatre-4 |  |  |  |  |  |
| 5 | Hospitalbuildinglecture theatre(if applicable) |  |  |  |  |  |

* 1. **Teaching Rooms(Small Group): (Ophthalmology )**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Number Available** |
| 1 | Capacity of 50 students | 01 |
| 2 | Capacity of 25 students | 01 |

* 1. **StudentPracticalLaboratory:**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No** | **Laboratory** | **Available** |
| 1 | Histology |  |
| 2 | ClinicalPhysiology |  |
| 3 | Biochemistry |  |
| 4 | Histopathology&cytopathology |  |
| 5 | Clinicalpathology&Hematology |  |
| 6 | Microbiology |  |
| 7 | ClinicalPharmacology |  |
| 8 | ComputerAssistedLearning(CAL)inPharmacology. |  |

* 1. **Museum:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Department** | **Area** | **Audio-visual aids** | **Internet facilitydigitally linked to all other**  **teachingareas** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

* 1. **SkillsLaboratory:**
     1. Rooms/Space:

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **NumberAvailable** |
| 1 | Number ofroomsavailableforexaminationof  patientsorstandardized/simulatedpatients |  |
| 2 | Roomfordemonstrationofskillstosmallgroups |  |
| 3 | Areaforreviewordebriefing area |  |
| 4 | Roomsforfacultycoordinatorandsupportstaff |  |
| 5 | Adequate space for storage ofmannequins and/or other equipment |  |
| 6 | stationsforpracticingskills |  |

* + 1. Facilityforvideorecordingandreviewofinteraction(feedback):
    2. Teachingareashaveinternetfacilitywithenabledfore-learning:
    3. AVAids:
    4. Listofmannequins

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No** | **Mannequinusefulfor** | **Available(Yes/No)** |
| 1 | Firstaid,Bandaging,splintingBasicLifeSupport(BLS) |  |
| 2 | CPR(CardioPulmonary Resuscitation) |  |
| 3 | Varioustypesofinjections-Subcutaneous, Intra-muscular, Intra-venous |  |
| 4 | UrineCatheter insertion |  |
| 5 | Skin&Fasciasuturing |  |
| 6 | Breastexamination |  |
| 7 | GynecologicalexaminationincludingIUCD |  |
| 8 | ObstetricsmannequinsincludingObstetricexamination, conduct and management of vaginal delivery. |  |
| 9 | Neonatal&Pediatricresuscitation |  |
| 10 | Wholebodymannequins |  |
| 11 | Traumamanagement |  |

* 1. **HostelFacility:**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Hostel** | **Details** |
| 1 | **UGstudentBoys** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |
| c | NameofWarden/Rector |  |
| 2 | **UGStudentGirls** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |
| c | NameofWarden/Rector |  |
| **3** | **InternHostel** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |
| 4 | **ResidentHostel** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |

* 1. **DepartmentwiseFacilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **DepartmentwiseParticulars** | **Available** |
| 1 | **Anatomy** |  |
|  | Dissectionhall |  |
| Numberofcadaversavailable |
|  | Accommodationforstaff |  |
| 2 | **Physiology** |  |
|  | Accommodationforstaff |  |
| 3 | **Biochemistry** |  |
|  | Accommodationforstaff |  |
| 4 | **Pathology** |  |
|  | Service laboratory each for histopathology, cytopathology, Hematology and other specialized work of the Hospital |  |
|  | Accommodationforstaff |  |
| 5 | **Microbiology** |  |
|  | Service laboratory each for (a)Bacteriologyincludinganaerobic bacteria;(b)Serology; (c)Virology;(d)Parasitology;(e)Mycology;(f) Tuberculosis; and (g)Immunology. |  |
|  | Mediapreparationandstorage |  |
|  | BSL-2virologylab |  |
| (aspere-gazetteNo.MCI-34(41)/2020-Med./103234notifiedon  3.6.2020) |
|  | Accommodationforstaff |  |
| 6 | **Pharmacology** |  |
|  | Animalholdingarea |  |
|  | Accommodationforstaff |  |
| 7 | **FMT** |  |
|  | Postmortem/Autopsy Block (approx.400 sq. M. area)with facilities for cold storage for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 20-25 students, waiting hall, office etc). |  |
|  | MoU withGovernment/district hospital, ifpostmortem examination notpermitted |  |
|  | Accommodationforstaff |  |
| 8 | **CommunityMedicine** |  |
| a | Accommodationforstaff |  |
| b | **RHTCName** |  |
|  | Government/Private |  |
|  | Distancefromcollege |  |
|  | Messandhostelfacilityat |  |
|  | Transportfacility |  |
| c | **UHTCName** |  |
|  | Distancefromcollege |  |

* 1. **OtherFacilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | CentralPhotographicSection |  |
| 2 | CentralWorkshop |  |
| 3 | Cafeteria |  |
| 4 | WasteManagement |  |
| 5 | MedicalEducationUnit |  |
| 6 | ResearchCell/Society |  |
| 7 | IntercomNetwork |  |
| 8 | PlaygroundP.T.TeacherorInstructor |  |
| 9 | Commonroomsforboys |  |
| 10 | Commonroomforgirls |  |
| 11 | CentralIncinerationPlant/Hospital |  |
| 12 | Facilityforindoorgames |  |
| 13 | Gymnasium |  |
| 14 | IsthereanyLMSavailable |  |
| 15 | StrongRoomforExamination |  |
| 16 | Guesthousefacility |  |

* 1. **ResidentialquarterfacilityforStaff:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **NumberAvailable** |
| 1 | Teachingstaff |  |
| 2 | Non-teachingstaff |  |
| 3 | Nursingstaff |  |

* 1. **AvailabilityvariousFunctionalCommittees:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Committee** | **Available(Yes/No)** |
| 1 | VISHAKA(SexualHarassmentRedressal)Committee |  |
| 2 | AntiRaggingCommittee |  |
| 3 | Pharmaco-vigilencecommittee |  |
| 4 | Institutional Ethics Committee(Whether itisregistered with CDCSO) |  |

* 1. **UtilizationofStudentWelfareSchemes:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Scheme** | **Numberofbeneficiariesinlastyear** |
| a | EarnandLearnScheme |  |
| b | DhanwantriVidyadhanScheme |  |
| c | SanjivaniStudentSafetyScheme |  |
| d | StudentSafetyScheme |  |
| e | BookBankScheme |  |
| f | SavitribaiPhuleVidyadhanScheme |  |
| g | BahishalShikshanMandalScheme |  |
| h | If,anyotherScheme |  |

* 1. **Participation of students in various MUHS State level Sports, Cultural and Research Activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Nameofthestudent** | **Event** | **Award,ifany** |
| a |  |  |  |
| b |  |  |  |
| c |  |  |  |
| d |  |  |  |
| e |  |  |  |
| f |  |  |  |
| g |  |  |  |
| h |  |  |  |

* 1. **Academic OnlineTeacher Database:**

|  |  |  |
| --- | --- | --- |
| 1) | NameofCo-ordinator |  |
|  | Teaching/Non-Teaching:- |  |
|  | MobileNo:- |  |
|  | Emailid:- |  |
| 2) | OTDlastupdatedon(date) |  |

* 1. **Publications in Index Journals in lastyear**:(Attachseparatelistinfollowing format) (Pleasedo not repeat publication details forsamepublicationwithmultiple authors from same institute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Title** | **Authors from the institute** | **Departments of authors** | **Journal details** | **Journal indexed**  **With which indexing agency** |
| 1 | To Study The Findings Of Spectral Domain Optical Coherence Tomography In Healthy And Glaucoma Patients | Dr. Sanjeevani Ambekar ,  Dr. Kehkashan Siddiqui | Ophthalmology | Global Journal of research analysis | Pubmed |
| 2 | Randomised Study Of Macular Edema After Cataract Surgery In  Patients Treated With And Without Topical Non Steroidal Anti  Inflammatory Drug 0.1% Nepafenac | Dr. Smita Mohod | Ophthalmology | Global Journal of research analysis | Pubmed |
| 3 | New Horizons In Eye Care: 2023"s Fda-Approved Ophthalmology Breakthroughs | Dr. Smita Mohod,  Dr. Ashwini Sonkamble,  Dr. Riya Kedia | Ophthalmology | Global Journal of research analysis | Pubmed |
| 4 | Assessing Knowledge , attitude, and practice regarding conjunctivitis among patiens | Dr. Bhailume Prajakta,  Dr. Maxwell Silva | Ophthalmology | Journal of Clinical Ophthalmology and Research | Scopus |
| 5 | Assessing knowledge, attitude, and practice regarding conjunctivitis among healthcare Professional | Dr. Bhailume Prajakta,  Dr. Maxwell Silva | Ophthalmology | Hariyana Journal of Ophthalmology | Scopus |

* 1. **AttendanceofteachersismonitoredbyBiometrics**: Yes/No

(Pleaseattachprintoutsofbiometricattendance ofatleast05random datedoverpast06 months)

* 1. **Teaching Staff:**

Name of the Department:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **NameoftheTeacher** | **Designation** | **MUHSApproved Designation** |
| 1 | Dr. Sanjeevani Vishnupant Ambekar | Professor and Head | Professor and Head |
| 2 | Dr. Shailendra Savleram Deshmukh | Associate Professor | Associate Professor |
| 3 | Dr. Smita Sachin Mohod | Associate Professor | Associate Professor |
| 4 | Dr. Satish chandrakant shitole | Associate Professor | Associate Professor |
| 5 | Dr. Prajakta Vijay Bhailume | Assistant Professor | Assistant Professor |
| 6 | Dr. Mrunal Borse | Assistant Professor | Assistant Professor |
| 7 | Dr. Ashwini Sonkamble | Assistant Professor  (DSB) | Assistant Professor |

* 1. **Conference/Workshop/CMEActivitiesorganizedinlastyear:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Conference / Workshop/CME Activities** | **Dates** | **MMC Credit points** | **Local/State/ National /**  **International level?** | **Organizing department** |
| 1 | Guest Lecture on Applications of Artificial Intelligence in Ophthalmology Mr. Pratyush Dhakal and Mr. Georgin Jacob | July 2024 |  | Local | Dept. Ophthalmology |
| 2 | eye donation forte night  1. Intra-college essay writing competition in nursing students.  2. ⁠Inter-college Group presentation on keratoplasty in association with Puna ophthalmology society | Sept 2024 |  | Local | Dept. Ophthalmology |