Part-II

Maharashtra University of Health Sciences, Nashik

**College Information for MUHS to be published on College Website Academic Year 202.... - 202…...**

**Faculty of Medicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College/Institute** | : | B.J Govt Medical College |
| a | Name of Society/Trust | : |  |
| b | Address | : | Jayprakash narayan road ,near Pune Railway Staion |
| c | Email Address | : | deanbjgmcpune@gmail.com |
| d | Telephone No.(s) | : | 020-26108000 |
| e | Website | : |  |
| f | Date of Establishment | : |  |
| g | Status | : | Government |
| h | Letter of Permission by Medical Council of India(UG) | : |  |
| **2** | **Details of the Dean/Principals** | : |  |
| a | Name of the Dean/Principal | : | Dr.Eknath Pawar |
| b | Nature of Appointment | : | Permanent |
| c | Mobile No. | : |  |
| d | Office Landline | : | 020-26102301 |
| e | E-mail | : | deanbjgmcpune@gmail.com |

1. **Hospital Information:**
   1. **General information:**
      1. Name of the Hospital:………………………..
      2. Hospital registration number: Date of renewal of registration:

..…../……../…………

* + 1. Number of Beds registered as per BNH act:
    2. Total construction area in square meter s:
    3. MPCB clearance: Yes/No
    4. Fire audit/clearance: Yes/No
  1. **OPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Details** |
| 1 | OPD Timings |  |
| 2 | Separate Registration areas for male/female,OPD/IPD |  |
| 3 | Are the Registration counters computerized |  |
| 4 | No.of registration counters |  |
| **AssessorstoobtainandattachedprintoutoftheOPD/IPDdetailsfromcomputerisedsystemofat**  **least10randomlyselecteddatesoverpreviousoneyear.** | | |

* 1. **Casualty:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Particulars** | **Requiredasper**  **MSR** | **No.available** |
| 1 | No.of Teaching Beds(excluding ICU Beds&  Emergency Beds) |  |  |
| 2 | Separate Casualty OBGY beds |  |  |
| 3 | Central Oxygen &suction |  |  |
| 4 | Monitors |  |  |
| 5 | Ambu bag |  |  |
| 6 | Ultrasonography Machine |  |  |
| 7 | Crash Cart |  |  |
| 8 | Emergency DrugTray |  |  |
| 9 | Defibrillator |  |  |
| 10 | Ventilator |  |  |
| 11 | X-ray Unit–(Mobile)&X-ray Static |  |  |
| 12 | Minor OT |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| **1** | **General Medicine** |  |
|  | Number of OPD examination rooms |  |
|  | Separate injection rooms for male and female |  |
|  | ECG rooms |  |
| 2 | **General Surgery** |  |
|  | Number of OPD examination rooms |  |
|  | Separate dressing rooms for male and female |  |
|  | Minor OT |  |
| 3 | **Orthopedics** |  |
|  | Number of OPD examination rooms |  |
|  | Separate dressing rooms fo rmale and female |  |
|  | Minor OT |  |
|  | Plaster room |  |
|  | Plaster cutting room |  |
| 4 | **Ophthalmology** |  |
|  | Number of OPD examination rooms |  |
|  | Separate dressing rooms for male and female |  |
|  | Minor OT |  |
|  | Refraction Room |  |
| 5 | **ENT(Otorhinolaryngology)** |  |
|  | Number of OPD examination rooms | 05 |
|  | Audiometry | 02 |
|  | Minor OT | 01 |
| 6 | **Obstetrics and Gynecology** |  |
|  | Number of OPD examination rooms |  |
|  | Minor OT |  |
|  | Separate USG room with functional USG machine |  |
| 7 | **Pediatrics** |  |
|  | Number of OPD examination rooms |  |

|  |  |  |
| --- | --- | --- |
| **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-raymachines | 60mA: |
|  | 100mA: |
|  | 300mA: |
|  | 600mA: |
|  | 800mA: |
|  | Anyother: |
|  | IITVfacility: |
| 2 | NumberofUSGmachines (exclusivelyinradiodiagnosis department.)  [USGMachinesinOT,ObGyOPD,  Casualty, Cardiology department etcshouldnotbecounted] |  |
| 3 | CT(minimum16sliceistobe  considered) |  |
| 4 | MRI |  |
| 5 | Mammography |  |
| 6 | Anyotherfacility |  |

* 1. **List of Instruments in CCL:**
  2. **Operation Theatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **No.of OTs** | **Central Oxy**  **/Nitrous Oxide Y/N** | **Anaesthesia Machine Y/N** | **Multipara Monitorwith Capnograph**  **Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
| Gen.Surgery |  |  |  |  |  |  |
| ENT | 03 | Y | Y | Y | Y | Y |
| Ophthalmology |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |
| Obst.& Gynae. |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |
| AnyOther |  |  |  |  |  |  |
| TotalNo.ofOTS |  |  |  |  |  |  |

* 1. **Intensive Care Units:**

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

* 1. **Labour Room:**

|  |  |
| --- | --- |
| Rooms | Details |
| Numberoflabourroomsavailableforcleancases |  |
| SeparatelabourroomforSepticCases |  |
| Eclampsiaroom |  |
| AverageNumberof dailydeliveriesincludingLSCS(Verifywith localauthorities registration,andcheckingofpastIndoor casepapersforall deliveriesinany random day etc) |  |

* 1. **BloodCentre:**

A)Licensevalidup to . (Pleaseattachacopyoflicense)

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

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

* 1. **Indoor Patient Department:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Beds and Units**  **Required (IncludingUG and PG)** | **Bed sand 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 |  |  |  |  |  |  |  |
| E.N.T. | 2 Unit 70 beds | 70 | Y | Y | Y | Y | Y |
| Obst.&Gynae. |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

* 1. **Clinical Material:**

(For verifying OPD and attendance indoor occupancy , at least five 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)** | | | | | |
| O.P.D. attendance |  |  |  |  |  |  |
| Casualty attendance |  |  |  |  |  |  |
| Number of new admissions |  |  |  |  |  |  |
| Number of discharges |  |  |  |  |  |  |
| Bed occupancy%  (Available beds\*100/Total required beds) |  |  |  |  |  |  |
| Operative Work |  |  |  |  |  |  |
| Number of major surgical operations |  |  |  |  |  |  |
| Number of minor surgical  operations |  |  |  |  |  |  |
| Number of normal deliveries |  |  |  |  |  |  |
| Number of caesarian sections |  |  |  |  |  |  |
| Radiodiagnosis Investigations |  | | |  | | |
| (Number of patients) |  | | |  | | |
| X-ray |  | | |  | | |
| Special investigations |  | | |  | | |
| Ultrasonography |  | | |  | | |
| C.T.Scan |  | | |  | | |
| MRI |  | | |  | | |
| Mammography |  | | |  | | |
| Laboratory Investigations–No. of Patients | O.P.D. | | | I.P.D. | | |
| Hematology |  | | |  | | |
| Histopathology |  | | |  | | |
| Cytopathology |  | | |  | | |
| Clinical Pathology |  | | |  | | |
| Serology |  | | |  | | |
| Bacteriology |  | | |  | | |
| Virology |  | | |  | | |
| Parasitology |  | | |  | | |
| Biochemistry |  | | |  | | |
| Any other |  | | |  | | |

* 1. **Other infrastructural facilities in Hospital:**

|  |  |  |
| --- | --- | --- |
| **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 | Number ofcomputerswithinternetfacility |  |
| 9 | TotalNumberofbooks: |  |
| 10 | Number of Journals : (Titlesonly) (Multiple volumes / issuesof one title should becountedasONE) |  |
| 11 | Numberofbooksaddedinlastyear: |  |
| 12 | NumberofJournalstitlesaddedinlastyear: |  |

* 1. **Lecture theatres:**
     1. Number of lecture theatres required at this stage of

renewal: College building: , Hospital building:\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Detailsoflecturetheaters** | **Area Available** | **AV**  **Aids** | **Gallery type** | **Whether enabledfor e-learning** | **Whetherdigitally linkedwithall teachingareas** |
| **(Yes/No)** |
| 1 | Lecturetheatre-1 |  |  |  |  |  |
| 2 | Lecturetheatre-2 |  |  |  |  |  |
| 3 | Lecturetheatre-3 |  |  |  |  |  |
| 4 | Lecturetheatre-4 |  |  |  |  |  |
| 5 | Hospital building lecture theatre(ifapplicable) |  |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Number Available** |
| 1 | Capacity of 50 students | 02 |
| 2 | Capacity of 25 students | 02 |

* 1. **Student Practical Laboratory:**

|  |  |  |
| --- | --- | --- |
| **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 facility digitally linked to all other**  **Teaching areas** |
| 1 | E.N.T | 250sqft | Y | Y |

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

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **NumberAvailable** |
| 1 | Numberofroomsavailableforexaminationof  patientsorstandardized/simulatedpatients |  |
| 2 | Roomfordemonstrationofskillstosmall groups |  |
| 3 | Areaforreviewordebriefingarea |  |
| 4 | Roomsforfacultycoordinatorandsupportstaff |  |
| 5 | Adequatespaceforstorageofmannequins and/or other equipment |  |
| 6 | stationsforpracticingskills |  |

* + 1. Facilityforvideorecordingandreviewofinteraction(feedback):
    2. Teachingareashaveinternetfacilitywithenabledfor e-learning:
    3. AV Aids:
    4. List of mannequins

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No** | **Mannequin useful for** | **Available(Yes/No)** |
| 1 | Firstaid, Bandaging,splintingBasicLifeSupport(BLS) |  |
| 2 | CPR(CardioPulmonaryResuscitation) |  |
| 3 | Various types of injections- Subcutaneous, Intra-muscular,Intra-venous |  |
| 4 | UrineCatheterinsertion |  |
| 5 | Skin&Fasciasuturing |  |
| 6 | Breastexamination |  |
| 7 | GynecologicalexaminationincludingIUCD |  |
| 8 | Obstetrics mannequins including Obstetric examination, conductandmanagementofvaginaldelivery. |  |
| 9 | Neonatal&Pediatricresuscitation |  |
| 10 | Wholebodymannequins |  |
| 11 | Traumamanagement |  |

* 1. **Hostel Facility:**

|  |  |  |
| --- | --- | --- |
| **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. **Department wise Facilities:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **DepartmentwiseParticulars** | **Available** |
| 1 | **Anatomy** |  |
|  | Dissectionhall |  |
| Numberofcadaversavailable |
|  | Accommodationforstaff |  |
| 2 | **Physiology** |  |
|  | Accommodationforstaff |  |
| 3 | **Biochemistry** |  |
|  | Accommodationforstaff |  |
| 4 | **Pathology** |  |
|  | Service laboratory each for histopathology, cytopathology, HematologyandotherspecializedworkoftheHospital |  |
|  | Accommodationforstaff |  |
| 5 | **Microbiology** |  |
|  | Servicelaboratoryeachfor(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 coldstoragefor cadavers,ante-rooms,washing facilities,withan accommodationcapacityof20-25students,waitinghall,officeetc). |  |
|  | MoUwithGovernment/districthospital,ifpostmortemexamination notpermitted |  |
|  | Accommodationforstaff |  |
| 8 | **CommunityMedicine** |  |
| a | Accommodationforstaff |  |
| b | **RHTCName** |  |
|  | Government/Private |  |
|  | Distancefromcollege |  |
|  | Messandhostelfacilityat |  |
|  | Transportfacility |  |
| c | **UHTCName** |  |
|  | Distancefromcollege |  |

* 1. **Other Facilities:**

|  |  |  |
| --- | --- | --- |
| **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. **Residential quarter facility for Staff:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Number Available** |
| 1 | Teaching staff |  |
| 2 | Non-teaching staff |  |
| 3 | Nursing staff |  |

* 1. **AvailabilityvariousFunctionalCommittees:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Committee** | **Available(Yes/No)** |
| 1 | VISHAKA(SexualHarassmentRedressal)Committee |  |
| 2 | AntiRaggingCommittee |  |
| 3 | Pharmaco-vigilencecommittee |  |
| 4 | InstitutionalEthicsCommittee(Whetheritisregistered withCDCSO) |  |

* 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.** | **Name of the student** | **Event** | **Award,ifany** |
| a |  |  |  |
| b |  |  |  |
| c |  |  |  |
| d |  |  |  |
| e |  |  |  |
| f |  |  |  |
| g |  |  |  |
| h |  |  |  |

* 1. **Academic Online Teacher Database:**

|  |  |  |
| --- | --- | --- |
| 1) | Name of Co-ordinator |  |
|  | Teaching/Non-Teaching:- |  |
|  | Mobile No:- |  |
|  | Email id:- |  |
| 2) | OTD last updated on(date) |  |

* 1. **PublicationsinIndexJournalsinlastyear**:(Attachseparatelistinfollowing format)(Pleasedonot repeat publicationdetails forsamepublicationwithmultiple authors from sameinstitute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Title** | **Authorsfrom the institute** | **Departmentsof authors** | **Journaldetails** | **Journal indexed**  **withwhich indexing**  **agency** |
| 1 | Exceptionally rare site: The occurrence of pilomatricome of the ear lobule | Dr.Tapasaya Gund,Dr Rahul Telang,Dr kireet yathati,Dr Prakhar Kumar | E.N.T | pISSN 2454-5929|eISSN2454-5937 | Google scholar,crossRef Index Copernicus |

* 1. **Attendance of teachers is monitored by Biometrics**: Yes

(Please attach printouts of biometric attendance of at least 05 random dated over past 06 months)

* 1. **Teaching Staff:**

Name of the Department:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** |
| 01 | Dr. Rahul Telang | Professor & Head | Professor & Head |
| 02 | Dr. Sanjaykumar Sonawale | Associate Professor | Associate Professor |
| 03 | Dr. Rahul Thakur | Associate Professor | Associate Professor |
| 04 | Dr.Pranit Khandagale | Assistant Professor | Assistant Professor |
| 05 | Dr .Garima Singh | Senior Resident | Senior Resident |
| 06 | Dr.Abhishek Katake | Senior Resident | Senior Resident |

* 1. **Conference/Workshop/CME Activities organized in last year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Conference / Workshop/CME Activities** | **Dates** | **MMC Credit points** | **Local/State/ National /**  **International level?** | **Organizing department** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |