**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**  | :  |   |
| a  | Name of Society / Trust  | :  |   |
| b  | Address  | :  |   |
| c  | Email Address  | :  |   |
| d  | Telephone No.(s)  | :  |   |
| e  | Website  | :  |   |
| f  | Date of Establishment  | :  |   |
| g  | Status  | :  | Government / Corporation / Private  |
| h  |  Letter of Permission by Medical Council of India (UG)  | :  | Letter No............Dated……………Intake: |
| **2**  | **Details of the Dean/Principals**  | :  |   |
| a  | Name of the Dean/ Principal  | :  |   |
| b  | Nature of Appointment  | :  | Approved / Not Approved  |
| c  | Mobile No.  | :  |   |
| d  | Office Landline  | :  |   |
| e  | E-mail  | :  |   |

**A. 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 meters:
3. MPCB clearance: Yes /No
4. Fire audit /clearance: Yes /No

 **2. 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  |   |
| **Assessors to obtain and attached printout of the OPD/IPD details from computerised system of at least 10 randomly selected dates over previous one year.**  |

1. **Casualty:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.**  | **Particulars**  | **Required as per MSR**  | **No. available**  |
| 1  | No. of Teaching Beds (excluding ICU Beds & Emergency Beds)  |  **30** |  **30** |
| 2  | Separate Casualty OBGY beds  |  **01 Labour cot** |  **01 Labour cot** |
| 3  | Central Oxygen & suction  |  **YES** | **AVAILABLE** |
| 4  | Monitors  |  **30** | **30** |
| 5  | Ambu bag  |  **06** | **06** |
| 6  | Ultrasonography Machine  |  **02** |  **02** |
| 7  | Crash Cart  |  **02** |  **02** |
| 8  | Emergency Drug Tray  |  **02** | **02** |
| 9  | Defibrillator  |  **02** |  **02** |
| 10  | Ventilator  |  **10** | **10** |
| 11  | X-ray Unit – (Mobile)& X-ray Static  |  **01** | **01** |
| 12  | Minor OT  |  **01** | **01** |

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 for male 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  |   |
|   | Audiometry  |   |
|   | Minor OT  |   |
| 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  | **Respiratory Medicine**  |   |
|   | Number of OPD examination rooms  |   |
| 9  | **Psychiatry**  |   |
|   | Number of OPD examination rooms (If indoor facilities are available then “Mental Health Act Registration” details to be attached.)  |   |
| 10  | **DVL (Skin)**  |   |
|   | Number of OPD examination rooms |   |

1. **Central Clinical Laboratory: Total Area \_\_\_\_\_\_ sq.mtr.**

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

 **6. Radio-Diagnosis (if any of the facility is outsourced, please mention it specifically)**

|  |  |  |
| --- | --- | --- |
| **Sr.** **No.**  | **Particulars**  | **Number Available**  |
| 1  | X-ray machines  | 60mA:  |
|   | 100mA:  |
|   | 300mA:  |
|   | 600mA:  |
|   | 800mA:  |
|   | Any other:  |
|   | IITV facility:  |
| 2  | Number of USG machines (exclusively in radiodiagnosis department.)  [USG Machines in OT, ObGy OPD, Casualty, Cardiology department etc should not be counted]  |   |
| 3  | CT (minimum 16 slice is to be considered)  |   |
| 4  | MRI  |   |
| 5  | Mammography  |   |
| 6  | Any other facility  |   |

* + 1. **List of Instruments in CCL:**

* + 1. **Operation Theatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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  |  |  |  |  |  |  |
| Orthopaedics  |  |  |  |  |  |  |
| Obst. & Gynae.  |  |  |  |  |  |  |
| Emergency  |  |  |  |  |  |  |
| Septic  |  |  |  |  |  |  |
| Any Other  |  |  |  |  |  |  |
| Total No. of OTS  |  |  |  |  |  |  |

* + 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  |
| Number of labour rooms available for clean cases  |   |
| Separate labour room for Septic Cases  |   |
| Eclampsia room  |   |
| 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. **Blood Centre:**

 A) License valid up to . (Please attach a copy of license)

* + - 1. Blood Separation Facility – Available/Not available
			2. Average No of units dispensed per day: ……………………….
			3. No. of units available on the day of Assessment: …………………………..

* 1. **CSSD:**

|  |  |
| --- | --- |
| **Particulars**  | **Details**  |
| Number of Vertical and Horizontal autoclaves  |   |
| ETO  |   |
| Any other instrument  |   |
| Separate septic an aseptic area  |   |
| Separate receiving and distributing points  |   |

* 1. **Indoor Patient Department:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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  |   |   |   |   |   |   |   |
| E.N.T.  |   |   |   |   |   |   |   |
| 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  |  190/DAYJAN 25 |  144/DAYDEC 24 | 176/DAYNOV 24 |  200/DAYOCT 24 |  181/DAYSEPT 24 |   |
| 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  | Central Workshop  |   |
| 3  | Central Research Lab  |   |
| 4  | Canteen / Mess  |   |
| 5  | Central Incineration Plant / Hospital Waste  |   |
| 6  | Kitchen  |   |
| 7  | Intercom Network  |   |
| 8  | Computerized MRD ICD X indexing  |   |
| 9  | Central Laundry  |   |
| 10  | Ambulance: Owned/Hired  |   |

 **B. College information**

* + 1. **Central Library:**

|  |  |  |
| --- | --- | --- |
| **Sr.** **No.**  | **Particulars**  | **Available**  |
| 1  | Area  |   |
| 2  | Air-conditioned  |   |
| 3  | Reading rooms for students (Numbers of rooms with seating capacity in each)  |   |
| 4  | Staff reading room  |   |
| 5  | Space for stocking and display of books and journals  |   |
| 6  | Rooms for librarian and other Staff;  |   |
| 7  | Journal Room  |   |
| 8  | Number of computers with internet facility  |   |
| 9  | Total Number of books:  |   |
| 10  | Number of Journals : (Titles only) (Multiple volumes / issues of one title should be counted as ONE)  |   |
| 11  | Number of books added in last year:  |   |
| 12  | Number of Journals titles added in last year:  |   |

* + 1. **Lecture theatres:**

a) Number of lecture theatres required at this stage of

 renewal: College building: , Hospital building:\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.** **No.**  | **Details of lecture theaters**  | **Area Available**  | **AV Aids**  | **Gallery type**  | **Whether enabled for e- learning**  | **Whether digitally linked with all teaching areas**  |
| **(Yes/No)**  |
| 1  | Lecture theatre -1  |   |   |   |   |   |
| 2  | Lecture theatre -2  |   |   |   |   |   |
| 3  | Lecture theatre -3  |   |   |   |   |   |
| 4  | Lecture theatre -4  |   |   |   |   |   |
| 5  | Hospital building lecture theatre(if applicable)  |   |   |   |   |   |

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

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

* + 1. **Student Practical Laboratory:**

|  |  |  |
| --- | --- | --- |
| **Sr.** **No**  | **Laboratory**  | **Available**  |
| 1  | Histology  |   |
| 2  | Clinical Physiology  |   |
| 3  | Biochemistry  |   |
| 4  | Histopathology & cytopathology  |   |
| 5  | Clinical pathology & Hematology  |   |
| 6  | Microbiology  |   |
| 7  | Clinical Pharmacology  |   |
| 8  | Computer Assisted Learning (CAL) in Pharmacology.  |   |

* + 1. **Museum:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.** **No.**  | **Department**  | **Area**  | **Audio-visual aids**  | **Internet facility digitally linked to all other teaching areas**  |
| 1  |   |   |   |   |
| 2  |   |   |   |   |
| 3  |   |   |   |   |
| 4  |   |   |   |   |

1. **Skills Laboratory:**
	* 1. Rooms /Space:

|  |  |  |
| --- | --- | --- |
| **Sr.** **No.**  | **Particulars**  | **Number Available**  |
| 1  | Number of rooms available for examination of patients or standardized/ simulated patients  |   |
| 2  | Room for demonstration of skills to small groups  |   |
| 3  | Area for review or debriefing area  |   |
| 4  | Rooms for faculty coordinator and support staff  |   |
| 5  | Adequate space for storage of mannequins and/or other equipment  |   |
| 6  | stations for practicing skills  |   |

* + 1. Facility for video recording and review of interaction (feedback):
		2. Teaching areas have internet facility with enabled for e-learning:
		3. AV Aids:

* + 1. List of mannequins

|  |  |  |
| --- | --- | --- |
| **Sr.** **No**  | **Mannequin useful for**  | **Available (Yes / No)**  |
| 1  | First aid, Bandaging, splinting Basic Life Support (BLS)  |   |
| 2  | CPR (Cardio Pulmonary Resuscitation)  |   |
| 3  | Various types of injections- Subcutaneous, Intra- muscular, Intra-venous  |   |
| 4  | Urine Catheter insertion  |   |
| 5  | Skin & Fascia suturing  |   |
| 6  | Breast examination  |   |
| 7  | Gynecological examination including IUCD  |   |
| 8  | Obstetrics mannequins including Obstetric examination, conduct and management of vaginal delivery.  |   |
| 9  | Neonatal & Pediatric resuscitation  |   |
| 10  | Whole body mannequins  |   |
| 11  | Trauma management  |   |

1. **Hostel Facility:**

|  |  |  |
| --- | --- | --- |
| **Sr. No**  | **Hostel**  | **Details**  |
| 1  | **UG student Boys**  |   |
| a  | Number of Rooms with Number of occupants per Room  |   |
| b  | Total capacity  |   |
| c  | Name of Warden / Rector  |   |
| 2  | **UG Student Girls**  |   |
| a  | Number of Rooms with Number of occupants per Room  |   |
| b  | Total capacity  |   |
| c  | Name of Warden / Rector  |   |
| **3**  | **Intern Hostel**  |   |
| a  | Number of Rooms with Number of occupants per Room  |   |
| b  | Total capacity  |   |
| 4  | **Resident Hostel**  |   |
| a  | Number of Rooms with Number of occupants per Room  |   |
| b  | Total capacity  |   |

1. **Department wise Facilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.**  | **Department wise Particulars**  | **Available**  |
| 1  | **Anatomy**  |   |
|   | Dissection hall  |   |
| Number of cadavers available  |
|   | Accommodation for staff  |   |
| 2  | **Physiology**  |   |
|   | Accommodation for staff  |   |
| 3  | **Biochemistry**  |   |
|   | Accommodation for staff  |   |
| 4  | **Pathology**  |   |
|   | Service laboratory each for histopathology, cytopathology, Hematology and other specialized work of the Hospital  |   |
|   | Accommodation for staff  |   |
| 5  | **Microbiology**  |   |
|   | Service laboratory each for (a)Bacteriology including anaerobic bacteria; (b) Serology; (c) Virology; (d) Parasitology; (e) Mycology; (f) Tuberculosis; and (g)Immunology.  |   |
|   | Media preparation and storage  |   |
|   | BSL-2 virology lab  |   |
| (as per e-gazette No. MCI-34(41)/2020- Med./103234 notified on 3.6.2020)  |
|   | Accommodation for staff  |   |
| 6  | **Pharmacology**  |   |
|   | Animal holding area  |   |
|   | Accommodation for staff  |   |
| 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 with Government/district hospital, if postmortem examination not permitted  |   |
|   | Accommodation for staff  |   |
| 8  | **Community Medicine**  |   |
| a  | Accommodation for staff  |   |
| b  | **RHTC Name**  |   |
|   | Government / Private  |   |
|   | Distance from college  |   |
|   | Mess and hostel facility at  |   |
|   | Transport facility  |   |
| c  | **UHTC Name**  |   |
|   | Distance from college  |   |

1. **Other Facilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.**  | **Particulars**  | **Available**  |
| 1  | Central Photographic Section  |   |
| 2  | Central Workshop  |   |
| 3  | Cafeteria  |   |
| 4  | Waste Management  |   |
| 5  | Medical Education Unit  |   |
| 6  | Research Cell/Society  |   |
| 7  | Intercom Network  |   |
| 8  | Playground P.T. Teacher or Instructor  |   |
| 9  | Common rooms for boys  |   |
| 10  | Common room for girls  |   |
| 11  | Central Incineration Plant / Hospital  |   |
| 12  | Facility for indoor games  |   |
| 13  | Gymnasium  |   |
| 14  | Is there any LMS available  |   |
| 15  | Strong Room for Examination  |   |
| 16  | Guest house facility  |   |

1. **Residential quarter facility for Staff :**

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

1. **Availability various Functional Committees :**

|  |  |  |
| --- | --- | --- |
| **Sr. No.**  | **Committee**  | **Available (Yes / No)**  |
| 1  | VISHAKA (Sexual Harassment Redressal) Committee  |   |
| 2  | Anti Ragging Committee  |   |
| 3  | Pharmaco-vigilence committee  |   |
| 4  | Institutional Ethics Committee (Whether it is registered with CDCSO)  |   |

1. **Utilization of Student Welfare Schemes:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.**  | **Scheme**  | **Number of beneficiaries in last year**  |
| a  | Earn and Learn Scheme  |   |
| b  | Dhanwantri Vidyadhan Scheme  |   |
| c  | Sanjivani Student Safety Scheme  |   |
| d  | Student Safety Scheme  |   |
| e  | Book Bank Scheme  |   |
| f  | Savitribai Phule Vidyadhan Scheme  |   |
| g  | Bahishal Shikshan Mandal Scheme  |   |
| h  | If, any other Scheme  |   |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.** **No.**  | **Name of the student**  | **Event**  | **Award, if any**  |
| 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. **Publications in Index Journals in last year**: (Attach separate list in following format) (Please do not repeat publication details for same publication with multiple authors from same institute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.** **No.**  | **Title**  | **Authors from the institute**  | **Departments of authors**  | **Journal details**  | **Journal indexed** **with which** **indexing agency**  |
| 1  |   |   |   |   |   |
| 2  |   |   |   |   |   |
| 3  |   |   |   |   |   |
| 4  |   |   |   |   |   |
| 5  |   |   |   |   |   |
| 6  |   |   |   |   |   |
| 7  |   |   |   |   |   |
| 8  |   |   |   |   |   |
| 9  |   |   |   |   |   |

1. **Attendance of teachers is monitored by Biometrics**: Yes / No

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

1. **Teaching Staff:**

**Name of the Department: EMERGENCY MEDICINE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.** **No.**  | **Name of the Teacher**  | **Designation**  | **MUHS Approved Designation**  |
|  1. | DR RAJESHWARI SANJAY VHORA |  PROFESSOR AND HOD | PROFESSOR |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

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**  |
|  1. | CME ACTIVITY: SHOCK TALK | 28/03/2024 |  02 |  LOCAL |  EMERGENCY MEDICINE |
|  2. | BECC WORKSHOP |  ONCE IN EVERY MONTH WEF SEP 2022 |  -- |  LOCAL |  EMERGENCY MEDICINE |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |