

## 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

<b>1</b>	<b>Name of the College/Institute</b>	:	
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:
<b>2</b>	<b>Details of the Dean/Principals</b>	:	
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:

- Name of the Hospital: .....
- Hospital registration number :.....Date of renewal of registration :  
...../...../.....
- Number of Beds registered as per BNH act: \_\_\_\_\_
- Total construction area in square meters:
- MPCB clearance: Yes /No
- 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.

Data Verified by the Committee members:

Member

Member

Member

Chairman

### 3. Casualty:

Sr. No.	Particulars	Required as per 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 Drug Tray		
9	Defibrillator		
10	Ventilator		
11	X-ray Unit – (Mobile)& X-rayStatic		
12	Minor OT		

### 4. Department wise Facilities available in OPD:

Sr.No	Particulars	Details
<b>1</b>	<b>General Medicine</b>	
	Number of OPD examination rooms	
	Separate injection rooms for male and female	
	ECG rooms	
<b>2</b>	<b>General Surgery</b>	
	Number of OPD examination rooms	
	Separate dressing rooms formale and female	
	Minor OT	
<b>3</b>	<b>Orthopedics</b>	
	Number of OPD examination rooms	
	Separate dressing rooms formale and female	
	Minor OT	
	Plaster room	
	Plaster cutting room	
<b>4</b>	<b>Ophthalmology</b>	
	Number of OPD examination rooms	
	Separate dressing rooms formale and female	
	Minor OT	
	Refraction Room	
<b>5</b>	<b>ENT (Otorhinolaryngology)</b>	
	Number of OPD examination rooms	
	Audiometry	
	Minor OT	
<b>6</b>	<b>Obstetrics and Gynecology</b>	
	Number of OPD examination rooms	
	Minor OT	
	Separate USG room with functional USG machine	
<b>7</b>	<b>Pediatrics</b>	
	Number of OPD examination rooms	

Data Verified by the Committee members:

Member

Member

Member

Chairman

Sr.No	Particulars	Details
8	<b>Respiratory Medicine</b>	
	Number of OPD examination rooms	
9	<b>Psychiatry</b>	
	Number of OPD examination rooms (If indoor facilities are available then "Mental Health Act Registration" details to be attached.)	
10	<b>DVL (Skin)</b>	
	Number of OPD examination rooms	

**5. 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	

**Data Verified by the Committee members:**

**Member**

**Member**

**Member**

**Chairman**

**7. List of Instruments in CCL:****8. 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						

**9. Intensive Care Units :**

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

**10. 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)	

**11. Blood Centre:**

- A) License valid up to\_\_\_\_\_. (Please attach a copy of license)
- b) Blood Separation Facility – Available/Not available
- c) Average No of units dispensed per day: .....
- d) No. of units available on the day of Assessment: .....

**Data Verified by the Committee members:****Member****Member****Member****Chairman**

**12. CSSD:**

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

**13. 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							

**Data Verified by the Committee members:****Member****Member****Member****Chairman**

**14. 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						

**Data Verified by the Committee members:**

**Member**

**Member**

**Member**

**Chairman**

### 15. 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:	

#### 2. 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)					

Data Verified by the Committee members:

Member

Member

Member

Chairman

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

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

**4. 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.	

**5. Museum:**

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

**6. Skills Laboratory:**

a) 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	

b) Facility for video recording and review of interaction (feedback):

c) Teaching areas have internet facility with enabled for e-learning:

d) AV Aids:

**Data Verified by the Committee members:****Member****Member****Member****Chairman**



e) 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	

**7. Hostel Facility:**

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

**Data Verified by the Committee members:**

**Member**

**Member**

**Member**

**Chairman**

## 8. Department wise Facilities:

Sr. No.	Department wise Particulars	Available
1	<b>Anatomy</b>	
	Dissection hall	
	Number of cadavers available	
	Accommodation for staff	
2	<b>Physiology</b>	
	Accommodation for staff	
3	<b>Biochemistry</b>	
	Accommodation for staff	
4	<b>Pathology</b>	
	Service laboratory each for histopathology, cytopathology, Hematology and other specialized work of the Hospital	
	Accommodation for staff	
5	<b>Microbiology</b>	
	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	<b>Pharmacology</b>	
	Animal holding area	
	Accommodation for staff	
7	<b>FMT</b>	
	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 notpermitted	
	Accommodation for staff	
8	<b>Community Medicine</b>	
a	Accommodation for staff	
b	<b>RHTC Name</b>	
	Government / Private	
	Distance from college	
	Mess and hostel facility at	
	Transport facility	
c	<b>UHTC Name</b>	
	Distance from college	

10 Data Verified by the Committee members:

Member

Member

Member

Chairman

**9. 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	

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

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

**11. Availability various Functional Committees :**

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

**12. 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	

<sup>11</sup> Data Verified by the Committee members:

Member

Member

Member

Chairman

**13. 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			

**14. Academic Online Teacher Database:**

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

**15. 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					

**16. 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)

<sup>12</sup> **Data Verified by the Committee members:**

**Member**

**Member**

**Member**

**Chairman**

**17. Teaching Staff:****Name of the Department:**

<b>Sr. No.</b>	<b>Name of the Teacher</b>	<b>Designation</b>	<b>MUHS Approved Designation</b>

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

<b>Sr. No.</b>	<b>Conference / Workshop/ CME Activities</b>	<b>Dates</b>	<b>MMC Credit points</b>	<b>Local / State / National / International level?</b>	<b>Organizing department</b>

<sup>13</sup> **Data Verified by the Committee members:****Member****Member****Member****Chairman**