Part-II

Maharashtra University of Health Sciences, Nashik

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

**Faculty of Forensic Medicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College/Institute** | : |  |
| a | Name of Society / Trust | : |  |
| b | Address | : |  |
| c | Email Address | : |  |
| d | Telephone No.(s) | : |  |
| e | Website | : |  |
| f | Year of Establishment | : |  |
| g | Status | : | Government / Corporation / Private |
| h | Letter of Permission by MedicalCouncil of India (UG) | : | Letter No.Dated Intake: |
| **2** | **Details of the Dean/Principal** | : |  |
| a | Name of the Dean/ Principal | : |  |
| b | Nature of Appointment | : | Approved / Not Approved |
| c | Mobile No. | : |  |
| d | Office Landline | : |  |
| e | E-mail | : |  |

1. **Hospital Information:**
	1. **General information:**
		1. Name of the Hospital: ………………………..
		2. Number of Beds registered as per BNH act:
		3. Total construction area in square meters:
		4. MPCB clearance: Yes /No
		5. Fire audit /clearance: Yes /No
	2. **OPD :**

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

* 1. **Casualty:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **No. available** |
| 1 | No. of Beds |  NA |
| 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 |

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

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| **1** | **General Medicine** |  |
|  | Number of OPD examination rooms |  |
|  | Separate injection rooms formale and female |  |
|  | ECG rooms |  |
| 2 | **General Surgery** |  |
|  | Number of OPD examination rooms |  |
|  | Separate dressing rooms formale and female |  |
|  | Minor OT |  |
| 3 | **Orthopedics** |  |
|  | Number of OPD examination rooms |  |
|  | Separate dressing rooms formale and female |  |
|  | Minor OT |  |
|  | Plaster room |  |
|  | Plaster cutting room |  |
| 4 | **Ophthalmology** |  |
|  | Number of OPD examination rooms |  |
|  | Separate dressing rooms formale 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 |  |
| 8 | **Respiratory Medicine** |  |
|  | Number of OPD examinationrooms |  |
| 9 | **Psychiatry** |  |
|  | Number of OPD examination rooms |  |
| 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 |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **No. Available** |
| 1 | X-ray machines | 60mA: |
|  | 100mA: |
|  | 300mA: |
|  | 600mA: |
|  | 800mA: |
|  | Any other: |
|  | IITV facility: |
| 2 | No of USG machines (exclusively in radiodiagnosis department. USG Machinesin OT, ObGy OPD, Casualty, Cardiology department etc should notbe counted) |  |
| 3 | CT (minimum 16 slice is to be considered) |  |
| 4 | MRI |  |
| 5 | Mammography |  |
| 6 | Any other facility |  |

* 1. **List of Instruments in CCL:**
	2. **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 |
| No 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 Bank:**

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** |
| No. 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 indoor occupancy, one random date within last three months is to be selected and ALL indoor case papers of new admissions on that date should be verified in MRD)

|  |  |
| --- | --- |
| **Particulars** | **Average Daily****(last month)** |
| O.P.D. attendance |  |
| Casualty attendance |  |
| No. of new admissions |  |
| No. of discharges |  |
| Bed occupancy% |  |
| Operative Work |  |
| No. of major surgical operations |  |
| No. of minor surgical operations |  |
| No. of normal deliveries |  |
| No. of caesarian sections |  |
| Radiodiagnosis Investigations |  |  |
| ( No. 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 facility 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 |  |

1. **College information**
2. **Central Library:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Particulars** | **Available** |
| 1 | Area |  |
| 2 | Air-conditioned |  |
| 3 | Reading rooms for students (No. 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 No. 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:**
	1. 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 |
| 2 | Capacity of 25 students |  2 |

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 ofpatients 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 andsupport 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:
	4. 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 | No. of Rooms with No. ofoccupants per Room |  |
| b | Total capacity |  |
| c | Name of Warden / Rector |  |
| 2 | **UG Student Girls** |  |
| a | No. of Rooms with No. of occupants per Room |  |
| b | Total capacity |  |
| c | Name of Warden / Rector |  |
| **3** | **Intern Hostel** |  |
| a | No. of Rooms with No. of occupants per Room |  |
| b | Total capacity |  |
| 4 | **Resident Hostel** |  |
| a | No. of Rooms with No. of occupants per Room |  |
| b | Total capacity |  |

1. **Department wise Facilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Department wise Particulars** | **Available** |
| 1 | **Anatomy** |  |
|  | Dissection hall |  |
| No 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 on3.6.2020) |
|  | 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). | Yes |
|  | MoU with Government/district hospital, if PM examination not permitted | NA |
|  | Accommodation for staff | Yes |
| 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 |  |

9 **Signature of Dean**

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** | **No. 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** |
| Not any |

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 | Subperiosteal Hemorrhage–An Artifact Produced Due To Autopsy Procedure In A Series Of Cases. 2024 May 30;41(1):119-21. | Dr Nikam JJDr. Tatiya HS, Dr. Vaidya HV. | Forensic Medicine and Toxicology | Journal Of Forensic Medicine And Toxicology. | SCOPUS, Google Scholar, CNKI Scholar, EBSCO |
| 2 | Unusual Case Report of Unplanned Complex Suicide | Dr Jefrrey A.Dr. Vaidya HV | Forensic Medicine and Toxicology | IJFMT | Google Scholar, Scilit, CINAHL, EBSCOhost |

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

Name of the Department: Forensic Medicine and Toxicology

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** |
| 1 |  Dr V. T. Jadhav | Prof.& HOD | PG Teacher |
| 2 | Dr. H. S. Tatiya | Associate Professor | PG Teacher  |
| 3 | Dr. A.L. Bandgar | Assistant Professor  | PG Teacher |
| 4 | Dr. H. V. Vaidya | Assistant Professor | UG Teacher |
| 5.  | Dr. R. V. Metkari | Assistant Professor | UG Teacher |

 **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** |
| Not any |