Part-II

Maharashtra University of Health Sciences, Nashik

College Information for MUHS to be publish on College Website Academic Year 2024....-2025…...

**Faculty of Medicine**

**Department of Microbiology, B.J.Govt.Medical College, Pune**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College/Institute** | : |  |
| a | Name of Society/Trust | : |  |
| b | Address | : |  |
| c | Emai l 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 | MobileNo. | : |  |
| d | Office Landline | : |  |
| e | E-mail | : |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Details** |
| 1 | OPDTimings | 8:30am to 1 pm |
| 2 | SeparateRegistrationareasformale/female,OPD/IPD | yes |
| 3 | AretheRegistrationcounterscomputerized |  |
| 4 | No.ofregistrationcounters |  |

* 1. **Casualty:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **No.available** |
| 1 | No.ofBeds |  |
| 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 | MinorOT |  |

* 1. **DepartmentwiseFacilitiesavailableinOPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| **1** | **GeneralMedicine** |  |
|  | Numberof OPDexaminationrooms |  |
|  | Separateinjectionroomsformaleandfemale |  |
|  | ECGrooms |  |
| 2 | **GeneralSurgery** |  |
|  | Numberof OPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
| 3 | **Orthopedics** |  |
|  | Numberof OPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
|  | Plasterroom |  |
|  | Plastercuttingroom |  |
| 4 | **Ophthalmology** |  |
|  | Numberof OPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
|  | RefractionRoom |  |
| 5 | **ENT(Otorhinolaryngology)** |  |
|  | Numberof OPDexaminationrooms |  |
|  | Audiometry |  |
|  | MinorOT |  |
| 6 | **ObstetricsandGynecology** |  |
|  | Numberof OPDexaminationrooms |  |
|  | MinorOT |  |
|  | Separate USG room withfunctionalUSGmachine |  |
| 7 | **Pediatrics** |  |
|  | Numberof OPDexaminationrooms |  |
| 8 | **RespiratoryMedicine** |  |
|  | NumberofOPDexaminationrooms |  |
| 9 | **Psychiatry** |  |
|  | Numberof OPDexaminationrooms |  |
| 10 | **DVL(Skin)** |  |
|  | Numberof OPDexaminationrooms |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| 1 | Hematology |  |
| 2 | Histopathology |  |
| 3 | Cytopathology |  |
| 4 | ClinicalPathology |  |
| 5 | Serology | **45 Sq.m.** |
| 6 | Bacteriology |  **73.6 Sq.m.** |
| 7 | Virology |  **40 Sq.m.** |
| 8 | Parasitology |   **40 Sq.m.** |
| 9 | Biochemistry |  |
| 10 | Anyother |  |

* 1. **Radio-Diagnosis (if anyofthefacilityisoutsourced,pleasementionit specifically)**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **No.Available** |
| 1 | X-raymachines | 60mA: |
|  | 100mA: |
|  | 300mA: |
|  | 600mA: |
|  | 800mA: |
|  | Anyother: |
|  | IITVfacility: |
| 2 | No of USG machines(exclusively inradiodiagnosis department.USG Machinesin OT, ObGyOPD, Casualty, Cardiologydepartmentetcshouldnotbecounted) |  |
| 3 | CT(minimum 16sliceistobeconsidered) |  |
| 4 | MRI |  |
| 5 | Mammography |  |
| 6 | Anyotherfacility |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **No. ofOTs** | **CentralOxy****/NitrousOxideY/N** | **AnaesthesiaMachineY/N** | **MultiparaMonitor withCapnograph****Y/N** | **DefibrillatorsY/N** | **InfusionPumpsY/N** |
| Gen.Surgery |  |  |  |  |  |  |
| ENT |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |
| AnyOther |  |  |  |  |  |  |
| TotalNo.ofOTS |  |  |  |  |  |  |

* 1. **IntensiveCareUnits:**

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

* 1. **LabourRoom:**

|  |  |
| --- | --- |
| Rooms | Details |
| Nooflabourroomsavailableforcleancases |  |
| SeparatelabourroomforSepticCases |  |
| Eclampsiaroom |  |
| AverageNumberofdailydeliveriesincludingLSCS(Verifywithlocalauthoritiesregistration, and checking of past Indoor case papers for all deliveries in anyrandomdayetc) |  |

* 1. **BloodBank:**

A) Licensevalidupto . (Pleaseattachacopyoflicense)

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

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| No. of Vertical and Horizontal autoclaves | 3 |
| ETO | Not Available |
| Any other instrument | List attached |
| Separate septic and aseptic area | Available |
| Separate receiving and distributing points | Available |

* 1. **IndoorPatientDepartment:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **BedsandUnits****Required(Including UGandPG)** | **BedsandUnitsAvailable** | **NursingStationY/N** | **Exam/TreatRoomY/N** | **StoreRoomY/N** | **DutyRoomY/N** | **Demo Room (25Capacity)Y/N** |
| Gen.Medicine |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |
| RespiratoryMedicine |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |
| Dermatology |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

* 1. **ClinicalMaterial:**

(Forverifyingindooroccupancy,onerandomdatewithinlastthreemonthsistobeselectedandALLindoorcasepapersofnewadmissionsonthatdateshouldbeverifiedinMRD)

|  |  |
| --- | --- |
| **Particulars** | **AverageDaily****(lastmonth)** |
| O.P.D.attendance |  |
| Casualtyattendance |  |
| No.ofnewadmissions |  |
| No.ofdischarges |  |
| Bedoccupancy% |  |
| OperativeWork |  |
| No.ofmajorsurgicaloperations |  |
| No.ofminorsurgicaloperations |  |
| No. ofnormal deliveries |  |
| No.ofcaesariansections |  |
| RadiodiagnosisInvestigations |  |  |
| (No.ofpatients) |  |  |
| X-ray |  |  |
| Specialinvestigations |  |  |
| Ultrasonography |  |  |
| C.T.Scan |  |  |
| MRI |  |  |
| Mammography |  |  |
| Laboratory Investigations–No. of Patients | O.P.D. | I.P.D. |
| Hematology |  |  |
| Histopathology |  |  |
| Cytopathology |  |  |
| ClinicalPathology |  |  |
| Serology (last three months) | 9516 | 4079 |
| Bacteriology (last three months) | 8471 | 2823 |
| Virology (last three months) | 7010 | 1753 |
| Parasitology (last three months) | 85 | 10 |
| Biochemistry |  |  |
| Anyother |  |  |

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

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

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

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Particulars** | **Available** |
| 1 | Area |  |
| 2 | Air-conditioned |  |
| 3 | Readingroomsforstudents(No.ofroomswithseatingcapacityineach) |  |
| 4 | Staffreadingroom |  |
| 5 | Spaceforstocking anddisplayofbooksandjournals |  |
| 6 | RoomsforlibrarianandotherStaff; |  |
| 7 | JournalRoom |  |
| 8 | Numberofcomputerswithinternetfacility |  |
| 9 | TotalNo.ofbooks: |  |
| 10 | NumberofJournals:(Titlesonly)(Multiplevolumes/issuesofonetitleshouldbecountedasONE) |  |
| 11 | Numberofbooksaddedinlastyear: |  |
| 12 | NumberofJournalstitlesaddedinlastyear: |  |

1. **Lecturetheatres:**
	1. Number of lecture theatres required at this stage of renewal:Collegebuilding: , Hospitalbuilding:\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Detailsoflecturetheaters** | **AreaAvailable** | **AV****Aids** | **Gallerytype** | **Whetherenabled fore-learning** | **Whether digitallylinked with allteachingareas** |
| **(Yes/No)** |
| 1 | Lecturetheatre-1 |  |  |  |  |  |
| 2 | Lecturetheatre-2 |  |  |  |  |  |
| 3 | Lecturetheatre-3 |  |  |  |  |  |
| 4 | Lecturetheatre-4 |  |  |  |  |  |
| 5 | Hospital building lecturetheatre(ifapplicable) |  |  |  |  |  |

1. **TeachingRooms(SmallGroup):**

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

1. **StudentPracticalLaboratory:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No** | **Laboratory** | **Available** |
| 1 | Histology |  |
| 2 | ClinicalPhysiology |  |
| 3 | Biochemistry |  |
| 4 | Histopathology&cytopathology |  |
| 5 | Clinicalpathology&Hematology |  |
| 6 | Microbiology | **Yes available (375 Sq.mtr.)** |
| 7 | ClinicalPharmacology |  |
| 8 | ComputerAssistedLearning(CAL)inPharmacology. |  |

1. **Museum:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Department** | **Area** | **Audio-visualaids** | **Internet facility digitally linked to all other****Teaching areas** |
| 1 | **Microbiology** | **120 Sq.mtr** | **Yes** | **Yes** |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Particulars** | **NumberAvailable** |
| 1 | Numberofroomsavailableforexaminationofpatientsorstandardized/simulatedpatients |  |
| 2 | Roomfordemonstrationofskillstosmallgroups |  |
| 3 | Areaforreviewordebriefingarea |  |
| 4 | Roomsforfacultycoordinatorandsupport staff |  |
| 5 | Adequatespaceforstorageofmannequinsand/orotherequipment |  |
| 6 | stationsforpracticing skills |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.****No** | **Mannequinusefulfor** | **Available(Yes/No)** |
| 1 | Firstaid,Bandaging,splintingBasicLifeSupport(BLS) |  |
| 2 | CPR(CardioPulmonaryResuscitation) |  |
| 3 | Varioustypesofinjections-Subcutaneous,Intra-muscular,Intra-venous |  |
| 4 | UrineCatheterinsertion |  |
| 5 | Skin&Fasciasuturing |  |
| 6 | Breastexamination |  |
| 7 | GynecologicalexaminationincludingIUCD |  |
| 8 | ObstetricsmannequinsincludingObstetricexamination,conductandmanagementofvaginaldelivery. |  |
| 9 | Neonatal&Pediatricresuscitation |  |
| 10 | Wholebodymannequins |  |
| 11 | Traumamanagement |  |

1. **HostelFacility:**

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

1. **DepartmentwiseFacilities:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **DepartmentwiseParticulars** | **Available** |
| 1 | **Anatomy** |  |
|  | Dissectionhall |  |
| Noofcadavers available |
|  | Accommodationforstaff |  |
| 2 | **Physiology** |  |
|  | Accommodationforstaff |  |
| 3 | **Biochemistry** |  |
|  | Accommodationforstaff |  |
| 4 | **Pathology** |  |
|  | Service laboratory each for histopathology, cytopathology,HematologyandotherspecializedworkoftheHospital |  |
|  | Accommodationforstaff |  |
| 5 | **Microbiology** |  |
|  | Service laboratory each for(a)Bacteriology including anaerobic bacteria;(b)Serology;(c)Virology;(d) Parasitology;(e)Mycology;(f)Tuberculosis;and(g)Immunology. | **Yes Available**  |
|  | Media preparation and storage | **Yes Available** **(Aprox 32 Sq.m.)** |
|  | BSL-2virology lab | **Yes Available**  |
| (aspere-gazetteNo.MCI-34(41)/2020- Med./103234 notifiedon3.6.2020) |
|  | Accommodationforstaff |  |
| 6 | **Pharmacology** |  |
|  | Animalholdingarea |  |
|  | Accommodationforstaff |  |
| 7 | **FMT** |  |
|  | Postmortem/Autopsy Block (approx.400 sq. M. area)with facilities forcoldstorageforcadavers,ante-rooms,washingfacilities,withanaccommodationcapacityof20-25students,waiting hall,officeetc). |  |
|  | MoUwithGovernment/districthospital,ifPMexaminationnotpermitted |  |
|  | Accommodationforstaff |  |
| 8 | **CommunityMedicine** |  |
| a | Accommodationforstaff |  |
| b | **RHTCName** |  |
|  | Government/Private |  |
|  | Distancefromcollege |  |
|  | Messandhostelfacilityat |  |
|  | Transportfacility |  |
| c | **UHTCName** |  |
|  | Distancefromcollege |  |

9 **SignatureofDean**

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 | Isthereany LMSavailable |  |
| 15 | StrongRoomforExamination |  |
| 16 | Guesthousefacility |  |

1. **ResidentialquarterfacilityforStaff:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **No.Available** |
| 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 | InstitutionalEthics Committee(Whether it is registeredwithCDCSO) |  |

1. **UtilizationofStudentWelfareSchemes:**

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

1. **ParticipationofstudentsinvariousMUHSStatelevelSports,CulturalandResearchActivities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Nameofthestudent** | **Event** | **Award,ifany** |
| a |  |  |  |
| b |  |  |  |

1. **AcademicOnlineTeacherDatabase:**

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

1. **PublicationsinIndexJournalsinlastyear**:(Attachseparatelistinfollowingformat) (Please do not repeat publication details for same publication with multipleauthorsfromsameinstitute) **Attachment enclosed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Title** | **Authorsfromtheinstitute** | **Departmentsofauthors** | **Journaldetails** | **Journalindexed****with whichindexing****agency** |
| 1 | **Attachment enclosed** |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

1. **AttendanceofteachersismonitoredbyBiometrics**: **Yes**
2. **TeachingStaff: Attachment enclosed**

NameoftheDepartment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **NameoftheTeacher** | **Designation** | **MUHSApprovedDesignation** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Conference /Workshop/ CMEActivities** | **Dates** | **MMC Creditpoints** | **Local/State/National/****Internationallevel?** | **Organizingdepartment** |
| 1. | MICROCON 2024 Conference |  | 4 | NATIONAL | MICROBIOLOGY |
| 2.  |  |  |  |  |  |