Part-II

Maharashtra University of Health Sciences, Nashik

**College/Institute Information for MUHS to be published on College Website Academic Year 2025 - 2026**

**Faculty of Medicine**

**College/Institute Information for MUHS (Post Graduate Course)**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College / Institute** | **:** |  Byramjee Jeejeebhoy Government Medical College and Sassoon General Hospital, Pune |
| a | Name of Society / Trust | **:** | Not Applicable |
| b | Address | **:** | B J Govt. Medical College & Sassoon General Hospital, Jaiprakash Narayan Road, Near Pune Railway Station , , Pune-411001 |
| c | Email Address | **:** | deanbjmcpune@gmail.com |
| d | Telephone No.(s) | **:** | 020-2612500 |
| e | Website | **:** | www.bjgmcpune.org |
| f | Date of Establishment | **:** | 23/06/1946 |
| g | Status | **:** | Government ~~/ Corporation / Private~~ |
| **2** | **Details of the Dean/Principal** | **:** |  |
| a | Name of the Dean/ Principal | **:** | Dr Eknath Deosing Pawar |
| b | Nature of Appointment | **:** | Approved ~~/ Not Approved~~ |
| c | Mobile No. | **:** |  8551996777 |
| d | Office Landline | **:** | 0206102301 |
| e | E-mail | **:** | deanbjgmcpune@gmail.com |

**A. Hospital Information:**

1. **General information**
	1. Name of the hospital: Sassoon General Hospital,Pune
	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.** | **Item** | **Details** |
| 1 | OPD Timings | 08:30 AM TO 1 PM |
| 2 | Separate Registration areas for male/female, OPD /IPD | Yes |
| 3 | Are the Registration counters computerized | Yes |
| 4 | Number 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) |  |  |
| 2 | Separate Casualty OBGY beds |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Particulars** | **Required as per MSR** | **No. available** |
| 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. **Central Clinical Laboratory: Total Area \_ sq.mt**

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

1. **List of Instruments in CCL:**
2. **Radio diagnosis (if any of the facility is outsourced, please mention it specifically)**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particu****Lars** | **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. **Intensive Care Units:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Type** | **Number of Beds** |
| 1 | ICCU |  |
| 2 | ICU |  |
| 3 | SICU |  |
| 4 | **NICU** | **59** |
| 5 | PICU |  |
| 6 | Any other |  |

1. **Clinical Material of the entire Hospital: NEONATOLOGY**

(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)** |
|  | 23/08/24 | 20/09/24 | 18/10/24 | 22/11/24 | 27/12/24 | 31/12/24 |
| O.P.D. attendance | 40 | 31 | 38 | 49 | 33 | 43 |
| Casualty attendance |  |  |  |  |  |  |
| Number of new admissions | 5 | 6 | 5 | 4 | 5 | 5 |
| Number of discharges | 4 | 7 | 5 | 7 | 5 | 7 |
| Bed occupancy %(Available beds\*100/Total required beds) | 100 | 100 | 100 | 100 | 100 | 100 |
| 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. **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:
4. **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 |  |

1. **Central library**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | Area |  |
| 2 | Air-conditioned |  |
| 3 | Reading rooms for students (Number of rooms with seating capacity in each) |  |
| 4 | Staff reading room |  |
| 5 | Space for stocking and display of books and |  |
| 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. **Hostel Facility:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Hostel** | **Details** |
| 1 | **Resident Hostel** |  |
| a | Number of Rooms with Number of occupants per Room |  |
| b | Total capacity |  |
| c | Name of Warden / Rector |  |

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

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

1. **Attendance of teachers is monitored by Biometrics**: Yes
2. **Conference / Workshop/ CME Activities organized in last year: (Dept of Pediatrics)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Conference / Workshop/ CME Activities** | **Dates** | **MMC Credit points** | **Local / State / National / International level?** | **Organizing department** |
| 1 | Facility Based Newborn Care workshop |  22/01/2024 to 25/01/2024 | NO | State | BJGMC , Pune, Dept of Neonatology |
| 2 | Facility Based Newborn Care workshop- ToT |  24/9/2024 to 27/9/2024 | NO | National | BJGMC , Pune, Dept of Neonatology |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of General Medicine**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition Status****(Permanent/Temporary)** | **If temporary, Approval/Recogniti****on granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1. | Professor |  |  |  |
| 2. | Associate Professor |  |  |  |
| 3. | Assistant Professor |  |  |  |
| 4. | Senior Resident |  |  |  |
| 5. | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1. | Seminar |  |
| 2. | Journal Club |  |
| 3. | Tutorials |  |
| 4. | Case Presentation |  |
| 5. | Any Other |  |

1. **Specialty clinics run by the department with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| 1) Cardiovascular |  |  |  |  |
| 2) Nephrology |  |  |  |  |
| 3) Endocrine |  |  |  |  |
| 4) Haematology |  |  |  |  |
| 5) Gastroeneterology |  |  |  |  |
| 6) Neurology |  |  |  |  |
| 7) Any other clinic |  |  |  |  |

1. **Services provided by the department of Medicine:**

|  |  |
| --- | --- |
| **Service / facility** | **Yes / No – Remarks if any** |
| 1. **Cardiology services (ICCU)**
	1. ECG
	2. TMT
	3. Echo (with color Doppler)
	4. Holter
 |  |
| **b) Bronchoscopy** |  |
| **c) Endoscopy & Colonoscopy** |  |
| **d) Dialysis** |  |
| **e) Physiotherapy Section.** |  |
| 1. **Investigative facilities**
	1. Nerve conduction,
	2. EMG etc.
 |  |
| **g) Other special facilities** |  |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| Multipara Monitors |  |
| Upper GI endoscope |  |
| Dialysis machines |  |
| Echo – color Doppler |  |
| Resuscitation kit |  |
| Pulse Oxymeters |  |
| Colonoscope |  |
| ECG |  |
| Holter |  |
| Crash cart |  |
| Computerized PFT equipment |  |
| Syringe pump |  |
| Bronchoscope |  |
| TMT |  |
| Defibrillator |  |
| Other routine use equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Paediatrics**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/Recogni tion granted till** |
|  |  |  |  |  |  |
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1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds****Available** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |

1. **Publications in Index Journals in last year**:

(Please do not repeat publication details for same publication with multiple authors from same institute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No. | Title | Authors from the institute | Department of authors | Journal details | Journal indexed with which indexing agency |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency(Per Month)** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other-Thesis review |  |

1. **Specialty clinics run by the department of Paediatrics with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Services provided by the department of Paediatrics:**

|  |  |
| --- | --- |
| **Service / facility** | **Yes / No – Remarks if any** |
| 1. **Neonatal services:**
	1. NICU
	2. Neonatal ventilation
	3. Exchange transfusion
	4. Phototherapy
	5. Parenteral nutrition
 |  |
| **b) Endoscopy** |  |
| **c) Dialysis** |  |
| **d) Paediatric Ventilation** |  |
| **e) Thalassemia day care center** |  |
| **f) Physiotherapy section** |  |
| **g) Child counseling services** |  |
| **h) HIV** |  |
| **i) Delivery room services** |  |
| 1. **Investigative facilities**
	1. Endoscopy
	2. Bronchoscopy
	3. PFT
	4. ABG
 |  |
| **k) Any other** |  |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
|  |  |
|  |  |
|  |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Respiratory Medicine**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/Recognition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Specialty clinics run by the department of Respiratory Medicine with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-****charge** |
| 1) Resp. Rehabilitation |  |  |  |  |
| 2) Asthma |  |  |  |  |
| 3) Bronchoscopy |  |  |  |  |
| 4) Any other |  |  |  |  |

1. **Services provided by the department:**
	1. Bronchoscopy
	2. Physiotherapy Section.
	3. PFT test and DLCO.
	4. Blood Gas analysis
	5. RICU services
	6. Aerosol Tharapy
	7. Treatment for MDR Tuberculosis
	8. FNAC from Pleura and Lung
	9. Any other
2. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1. Multipara Monitors |  |
| 2. Pulse Oxymeters |  |
| 3. ECG |  |
| 4. Resuscitation kit |  |
| 5. MDR treatment facilities |  |
| 6. Nebulizers |  |
| 7. Ventilators |  |
| 8. Computerized PFT equipment |  |
| 9. Crash cart |  |
| 10. DLCO |  |
| 11. Syringe pump |  |
| 12. Bronchoscope |  |
| 13. Other routine use equipment |  |
| 14. Defibrillator |  |
| 15. Syringe pump |  |
| 16. Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Psychiatry**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/Recognitio n granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1. | Seminar |  |
| 2. | Journal Club |  |
| 3. | Tutorials |  |
| 4. | Case Presentation |  |
| 5. | Any Other |  |

1. **Specialty clinics run by Psychiatry department with number of patients in each, if any:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| 1) Neuro-psychiatry elderlyclinic |  |  |  |  |
| 2) Child guidance clinic |  |  |  |  |
| 3) Clinic for Senile disorder |  |  |  |  |
| 4) Psycho Motor clinic |  |  |  |  |
| 5) Deaddiction |  |  |  |  |
| 6) Memory clinic |  |  |  |  |
| 7) Family Counselling |  |  |  |  |
| 8) Community psychiatry |  |  |  |  |
| 9) National Mental Health Prgm. |  |  |  |  |
| 10) Any other clinic |  |  |  |  |

1. **Services provided by the department of Psychiatry:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Service** | **Details / Remarks** |
| 1 | ECT |  |
| 2 | Special clinic |  |
| 3 | Psychological & IQ Testing |  |
| 4 | Bio-feedback |  |
| 5 | Medico-Legal Services |  |
| 6 | Care& stay of Acute (Emergency) cases |  |
| 7 | Chronic Psychiatry care facility |  |
| 8 | Other special facilities |  |

1. **Equipment: List of important equipment available and their functional status.**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1. ECT Machines |  |
| 2. Equipment for Psychological evaluation |  |
| 3. Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Dermatology, Venereology & Leprosy**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/Recogniti on granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |

1. **Publications in Index Journals in last year**:

(Please do not repeat publication details for same publication with multiple authors from same institute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Title** | **Authors from theinstitute** | **Departments ofauthors** | **Journal details** | **Journal indexedwith which indexing agency** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1. | Seminar |  |
| 2. | Journal Club |  |
| 3. | Tutorials |  |
| 4. | Case Presentation |  |
| 5. | Any Other |  |

1. **Specialty clinics run by the department of DVL with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In- charge** |
| Vitiligo Clinic |  |  |  |  |
| Psoriasis Clinic |  |  |  |  |
| Autoimmune disease clinic |  |  |  |  |
| Vesiculobullous diseases |  |  |  |  |
| Hansen’s clinic |  |  |  |  |
| STD Clinic |  |  |  |  |
| Pigmentary Clinic |  |  |  |  |
| Any other |  |  |  |  |

1. **Services provided by the department of DVL:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Availability** | **Service** | **Availability** |
| Skin Biopsies | Yes / No | KELOID treatment | Yes / No |
| Electro Surgical Procedures | Yes / No | Nail Surgeries | Yes / No |
| ACNE surgery | Yes / No | NUVB/PUVA therapy | Yes / No |
| Cryo Surgical Procedures | Yes / No | Laser Procedures - Hair reduction | Yes / No |
| Chemical Peels | Yes / No | - Scar revision | Yes / No |
| Skin grafting procedures | Yes / No | - Pigment removal | Yes / No |
| Intralesional injections | Yes / No | Other cosmetic surgical procedures | Yes / No |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1) Biopsy punches |  |
| 2) Hyfrecator/electro-surgical instrument |  |
| 3) Patch testing kits |  |
| 4) Liquid nitrogen cyro |  |
| 5) Chemical Peels |  |
| 6) PUVA Chamber (total body) |  |
| 7) NBUV Chamber |  |
| 8) Laser for hair reduction |  |
| 9) Laser for scar revision |  |
| 10) Laser for pigment removal |  |
| 11) Pulse Oxymeters |  |
| 12) Syringe pump |  |
| 13) ECG |  |
| 14) Crash cart |  |
| 15) Other routine equipment |  |
| 16) Any other special equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of General Surgery**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition Status (Permanent/Temporary)** | **If temporary, Approval/Recogniti on granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |
| Major Surgeries |  |
| Minor Surgeries |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Operation theatres:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of OTs** | **Central Oxy /****Nitrous Oxide Y/N** | **Anesthesia****Machine Y/N** | **Multipara Monitor****with Capnograph Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
|  |  |  |  |  |  |

1. **Specialty clinics run by the department of Surgery with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| CTVS |  |  |  |  |
| Urology |  |  |  |  |
| Plastic Surgery |  |  |  |  |
| GI Surgical |  |  |  |  |
| Neurosurgery |  |  |  |  |
| Paediatric Surgery |  |  |  |  |
| Surgical Oncology |  |  |  |  |
| Any other clinic |  |  |  |  |

1. **Services provided by the department of Surgery:**

|  |  |
| --- | --- |
| **Service / facility** | **Yes / No – Remarks if any** |
| Upper GI Endoscopy |  |
| Colonoscopy |  |
| Any other |  |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| Upper GI Endoscope |  |
| Lower GI Endoscope |  |
| Laparoscopy equipment |  |
| Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Orthopaedics**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition Status (Permanent/Temporary)** | **If temporary, Approval/Recog****nition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |
| Major Surgeries |  |
| Minor Surgeries |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Operation theatres:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No of OTs** | **Central Oxy /****Nitrous Oxide Y/N** | **Anesthesia Machine Y/N** | **Multipara Monitor with Capnograph Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
|  |  |  |  |  |  |

1. **Specialty clinics run by the department of Orthopedics with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| Fracture clinic |  |  |  |  |
| CTEV clinic |  |  |  |  |
| Spine Clinic |  |  |  |  |
| Hand Clinic |  |  |  |  |
| Arthroplasty Clinic |  |  |  |  |
| Arthroscopy Clinic |  |  |  |  |
| Any other clinic |  |  |  |  |

1. **Services provided by the department of Orthopedics:**

|  |  |
| --- | --- |
| **Service / facility** | **Yes / No – Remarks if any** |
| a) Joint replacement (Hip, Knee) |  |
| b) Trauma services |  |
| c) Arthoplasty |  |
| d) Arthroscopy |  |
| e) Spine surgery |  |
| f) Physiotherapy Section. |  |
| g) Investigations - NCV, EMG etc. |  |
| h) Plaster room/Plaster cutting room |  |
| i) Any other |  |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1) Arthroscope |  |
| 2) Image Intensifier |  |
| 3) Hip Arthoplasty set |  |
| 4) Knee Arthoplasty set |  |
| 5) Fracture Fixation set |  |
| 6) Spine surgery set |  |
| 7) DHS set |  |
| 8) Inter locking nail set |  |
| 9) Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad Specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Oto-Rhino-Laryngology**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition Status****(Permanent/Temporary)** | **If temporary,Approval****/Recognition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |
| Major Surgeries |  |
| Minor Surgeries |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Operation theatres:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No of OTs** | **Central Oxy / Nitrous****Oxide Y/N** | **Anesthesia Machine Y/N** | **Multipara Monitor with Capnograph Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
|  |  |  |  |  |  |

1. **Specialty clinics run by the department of ENT with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| 1) Otology related |  |  |  |  |
| 2) Rhinology related |  |  |  |  |
| 3) Cancer related |  |  |  |  |
| 4) Any others |  |  |  |  |

1. **Services provided by the department of ENT:**

|  |  |
| --- | --- |
| **Service** | **Availability** |
| 1) Speech therapy | Yes / No |
| 2) Audiology services | Yes / No |
| 3) Hearing aid trials | Yes / No |
| 4) Neonatal screening programs | Yes / No |
| 5) Speech and voice analysis/services | Yes / No |
| 6) Diagnostic Endoscopies – Nasal, larynx, Oesophagus. | Yes / No |
| 7) Investigations – Nerveconduction, EMG, BERA etc. | Yes / No |
| 8) Any other special diagnostic facility provided by the department. | Yes / No |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1) Operating Microscope with teaching aid |  |
| 2) High speed drill in operation theatre |  |
| 3) Flexible fibreopticbronchoscope/ nasopharyngolaryngoscope |  |
| 4) Rigid Pediatric Bronchoscopy set |  |
| 5) Rigid Esophagoscopy set |  |
| 6) Microlaryngoscopy set |  |
| 7) Sinus endoscopy set |  |
| 8) Microdebrider for sinus surgeries |  |
| 9) Digital mono & bipolar cautery |  |
| 10) Nerve stimulator/ monitor |  |
| 11) HD digital camera with recording system |  |
| 12) OAE |  |
| 13) BERA |  |
| 14) Impedance Audiometer |  |
| 15) Pure tone audiometer |  |
| 16) Sleep Lab (in the Institute) |  |
| 17) Simulators for ear, nose surgeries |  |
| 18) CO2 Laser |  |
| 19) Diode Laser |  |
| 20) Harmonic scalpel |  |
| 21) Stroboscope/ High Speed camera |  |
| 22) Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Ophthalmology**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of****Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition Status (Permanent/Temporary)** | **If temporary, Approval****/Recognition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |
| Major Surgeries |  |
| Minor Surgeries |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Operation theatres:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No of OTs** | **Central Oxy /****Nitrous Oxide Y/N** | **Anesthesia Machine Y/N** | **Multipara Monitor with Capnograph****Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
|  |  |  |  |  |  |

1. **Specialty clinics run by the department of Ophthalmology with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| 1) Glucoma Clinic |  |  |  |  |
| 2) Retina Clinic |  |  |  |  |
| 3) Refraction Clinic |  |  |  |  |
| 4) Eye Bank |  |  |  |  |
| 5) Squint Clinic |  |  |  |  |
| 6) Any other |  |  |  |  |

1. **Services provided by the department of Ophthalmology:**
2. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1. Slit Lamp Biomicroscope with Teaching Aid |  |
| 2. Autorefractometer (Preferably with Keratometer) |  |
| 3. Goldmann’s Applanation Tonometer |  |
| 4. Schiotz Tonometer |  |
| 5. Trial Frame and Refraction Sets |  |
| 6. Nd:Yag Laser Machine with Abraham Lenses |  |
| 7. Streak Retinoscope |  |
| 8. Non-Contact Tonometer (NCT) |  |
| 9. 90D, 78D (Along With Slit Lamp) |  |
| 10. Lensometer |  |
| 11. Operating Microscope(for Minor OT in OPD) |  |
| 12. Perkin’s Tonometer |  |
| 13. Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Obstetrics & Gynaecology**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of****Recognized Seats** | **Number of Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary, Approval****/Recognition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Number of Units with beds in each unit :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** |  |
| **II** |  |
| **III** |  |
| **IV** |  |
| **Total** |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance |  |
| Total number of new admissions |  |
| Bed Occupancy |  |
| Major Surgeries |  |
| Minor Surgeries |  |
| Normal deliveries |  |
| Caesarian deliveries |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Operation theatres:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No of OTs** | **Central Oxy /****Nitrous Oxide Y/N** | **Anesthesia Machin Y/N** | **Multipara Monitor with Capnograph****Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
|  |  |  |  |  |  |

1. **Specialty clinics run by the department of Obstetrics & Gynecology with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| 1) Ante-Natal Clinic |  |  |  |  |
| 2) High-risk pregnancy clinic |  |  |  |  |
| 3) Post Natal Clinic |  |  |  |  |
| 4) Cancer Clinic |  |  |  |  |
| 5) Infertility Clinic |  |  |  |  |
| 6) Gynae Endocrine Clinic |  |  |  |  |
| 7) Family Planning Clinic |  |  |  |  |
| 8) Menopausal Clinic |  |  |  |  |
| 9) Any other clinic |  |  |  |  |

1. **Services provided by the department of Obstetrics & Gynecology:**

|  |  |
| --- | --- |
| **Service / facility** | **Yes / No – Remarks if any** |
| **1)** Ultrasonography |  |
| **2)** Pre-Natal Diagnosis |  |
| **3)** High risk pregnancy management |  |
| **4)** Endoscopy |  |
| **5)** Colposcopy/Cancer Screening Program |  |
| **6)** Cryocautery/LEEP |  |
| **7)** Oncology |  |
| **8)** Intra-uterine Insemination |  |
| **9)** Artificial Reproductive Technology |  |
| **10)** Others |  |

**12) Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1) Multiparameter Monitors |  |
| 2) Pulse Oxymeters |  |
| 3) Infusion pump |  |
| 4) CTG Machines |  |
| 5) USG – Portable / Non-portable |  |
| 6) Colposcope |  |
| 7) Laparoscope |  |
| 8) Hysteroscope |  |
| 9) Cryo/LEEP Cautery |  |
| 10) Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Radio-Diagnosis**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of****Recognized Seats** | **Number of Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/Recogniti on granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Specialty clinics run by Radiology department with number of patients in each, if any:**
2. **Services provided by the department of Radio-Diagnosis:**
3. **Equipment: List of important equipment available and their functional status.**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1. X-Ray Machines
2. Static machines with capacity
3. Portable machines with capacity
4. Machines with TV/Imaging facility
 |  |
| 5. CT Scan (Slices/year of manufacture) |  |
| 6. MRI (Tesla/year of manufacture) |  |
| 7. Mammography facility |  |
| 8. USG – Grey Scale |  |
| 9. USG – color Doppler |  |
| 10. DSA |  |
| 11. PET Scan |  |
| 12. Any other equipment |  |

1. **Radiation Protection Measures being followed: Yes /No**

Number of TLD Badges issued: \_ \_ \_ \_ \_ TLD Badges renewed till: \_ \_ \_ \_ \_ AERB Sanction obtained or not: \_ \_ \_ \_ \_

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Anaesthesiology**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of****Recognized Seats** | **Number of Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary, Approval/ Recognition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Clinical workload of the Department:**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| Major Surgeries for all departments |  |
| Minor Surgeries for all departments |  |

1. **Specialty clinics run by the department of Anesthesiology with number of patients in each:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| 1) Pain clinic |  |  |  |  |
| 2) Pre-anesthetic clinic |  |  |  |  |

1. **Operation theatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Department** | **No of OTs** | **Central Oxy /****Nitrous Oxide Y/N** | **Anesthesia****Machine Y/N** | **Multipara Monitor with Capnograph****Y/N** | **Defibrillators Y/N** | **Infusion****Pumps Y/N** |
| Gen Surgery |  |  |  |  |  |  |
| ENT |  |  |  |  |  |  |
| Ophthal. |  |  |  |  |  |  |
| Ortho |  |  |  |  |  |  |
| Obst. & Gyne. |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |
| Any other |  |  |  |  |  |  |
| Total no of OTs |  |  |  |  |  |  |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1) Anesthesia Work Stations |  |
| 2) Multi-channel Monitor (with 2 probes) |  |
| 3) Fiberoptic Laryngoscope |  |
| 4) Fiberoptic Bronchoscope |  |
| 5) Resuscitation equipment (for teaching) |  |
| 6) Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Pathology**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of Recognized Seats** | **Number of Permitted Seats** | **Total Intake Capacity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/ Recognition granted till** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | Associate Professor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | Senior Resident |  |  |  |
| 5 | Junior Resident |  |  |  |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor |  |
| 2 | Associate Professor |  |
| 3 | Assistant Professor |  |

1. **Publications in Index Journals in last year**:

(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 |  |  |  |  |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar |  |
| 2 | Journal Club |  |
| 3 | Tutorials |  |
| 4 | Case Presentation |  |
| 5 | Any Other |  |

1. **Histopathological specimen received by the department of Pathology:**

|  |  |
| --- | --- |
| **Nature of Specimens** | **Last Year** |
| **OPD** | **IPD** | **Outside** |
| Organ/Part/Tissue Removed in Surgery |  |  |  |
| Total Number of Biopsies |  |  |  |
| Hematology |  |  |  |
| Fluid Cytology |  |  |  |
| Exfoliative Cytology |  |  |  |
| FNAC (Direct) |  |  |  |
| FNAC (CT guided) |  |  |  |
| FNAC (USG guided) |  |  |  |

1. **Histopathological reports by the department of Pathology.**

|  |  |
| --- | --- |
| **Nature of Disease Reported** | **Last Year** |
| **OPD** | **IPD** | **Outside** |
| Tuberculosis |  |  |  |
| Other infections/Inflammations |  |  |  |
| Benign/Nonneoplastic\* |  |  |  |
| Malignancies |  |  |  |
| Others (specify) |  |  |  |

1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| 1) Binocular Microscopes |  |
| 2) Automated tissue processor |  |
| 3) Microtome |  |
| 4) Cryostat for frozen sections |  |
| 5) Microwave for IHC |  |
| 6) Autoanalyzer / Cell counter |  |
| 7) HPLC Machine (Hb variants) |  |
| 8) Centrifuge / Cytospin |  |
| 9) Blood Gas analyzer |  |
| 10) PT and aPTT automated analyzer |  |
| 11) Any other equipment |  |

**Department Specific Information in the Hospital**

Please fill in the information for the broad specilities, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

**Department of Neonatology**

1. **Intake Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | **Subject** | **Number of****Recognized Seats** | **Number of Permitted Seats** | **Total Intake Capacity** |
| DMSUPERSPECIALITY | NEONATOLOGY | 00 | 02 | 02 |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Total Teachers & Residents available in the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** | **PG Teacher Recognition****Status (Permanent/Temporary)** | **If temporary,****Approval/ Recognition granted till** |
| 1 | DR SANDEEP SHARAD KADAM | PROFESSOR | PROFESSOR | Sent for approval |  |
| 2 | DR TUSHAR BHARATLAL PARIKH | ASSOCIATE PROFESSOR | ASSOCIATE PROFESSOR | Sent for approval |  |
| 3 | DR DHYEY JAYESHBHAI PANDYA | ASSISTANT PROFESSOR | ASSISTANT PROFESSOR |  |  |
| 4 | DR SOHRAB SHAKEEL | RESIDENT | RESIDENT |  |  |

1. **Summary of Teaching staff in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required (As per the PG Medical Regulations 2000)** | **Available** | **Deficiency** |
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 01 | 01 | 00 |
| 4 | Senior Resident | 01 | 00 | 01 |
| 5 | Junior Resident | 02 | 02 | 00 |

1. **Summary of Recognized PG Teacher in the department:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Designation** | **Number of Recognized PG Teacher** |
| 1 | Professor | 00 |
| 2 | Associate Professor | 00 |
| 3 | Assistant Professor | 00 |

1. **Number of Units with beds in each unit (if applicable) :**

|  |  |
| --- | --- |
| **Unit Number** | **Beds Available** |
| **I** | Unit I/20 beds |
| **Total** | 59 |

1. **Clinical workload of the Department (if applicable):**

|  |  |
| --- | --- |
| **Particulars** | **Average Daily for last month** |
| OPD attendance | 40 |
| Total number of new admissions | 6 |
| Bed Occupancy | 100% |
| Major Surgeries | NA |
| Minor Surgeries | NA |

1. **Publications in Index Journals in last year**:

(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 which indexing agency indexed with**  |
| 1 | Gastrointestinal symptom improvement in infants after restrictive tethered oral tissue release: a systematic review and meta-analysis. | Dr. Tushar Parikh | Department of Neonatology | International Journal of Orofacial Myology and Myofunctional Therapy. |  |
| 2 | Bloodstream infections in neonates with central venous catheters in three tertiary neonatal intensive care units in Pune, India | Dr. Tushar Parikh | Department of Neonatology | Journal of neonatal-perinatal medicine |  |

1. **Academic activities (outcome based):**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Activity** | **Frequency** |
| 1 | Seminar | 2 per month |
| 2 | Journal Club | 2 per month |
| 3 | Tutorials | 2 per month |
| 4 | Case Presentation | 2 per month |
| 5 | Any Other |  Thesis Review - 2 per month Guest Lecture - 01 per month |

1. **Operation theatres (if applicable): NOT APPLICABLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No of OTs** | **Central Oxy /****Nitrous Oxide Y/N** | **Anesthesia****Machine Y/N** | **Multipara Monitor with Capnograph****Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Specialty clinics run by the department with number of patients in each (if applicable):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Clinic** | **Weekday/s** | **Timings** | **Number of cases (Avg)** | **Name of Clinic In-charge** |
| High Risk Newborn Clinic | Friday | 08:30 am- 01:00 pm | 40 | Dr. Sandeep Kadam  |
| Well baby Clinic | Daily | 08:30 am- 01:00 pm | 30 | Dr. Tushar Parikh |
| Immunisation Clinic | Daily | 08:30 am- 01:00 pm | 40 | Dr. Dhyey Pandya |
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1. **Services provided by the department (if applicable):**

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| **Service / facility** | **Yes / No – Remarks if any** |
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1. **Equipment: List of important equipment\* available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

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| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| Multipara Monitors | 18/Functional |
| Echo – color Doppler | 01/Functional |
| Resuscitation kit | 18/Functional |
| Phototherapy Units (CFL & LED) | 20/Functional |
| Radiant warmer | 59/Functional |
| Pulse Oximeters | 41/Functional |
| Neonatal ventilator including high frequency ventilation | 20/Functional |
| ECG machine | 01/Functional |
| CPAP machine | 18/Functional |
| Crash cart trollies | 07/Functional |
| ABG Equipment | 01/Functional |
| Syringe pump | 23/Functional |
| USG | 01/Functional |
| Defibrillator | 01/Functional |
| weighing scale | 01/Functional |
| Laminar Flow in ICU | 01/Functional |
| HHHFNC | 18/Functional |
| EEG Machine | 01/Functional |
| Parenteral nutrition Equipment | 01/Functional |
| Therapeutic hypothermia machine | 01/Functional |
| T piece resuscitator | 02/Functional |
| OAE/AABR machine | 02/Functional |