Part-II

Maharashtra University ofHealthSciences,Nashik

College Information for MUHStobepublishonCollegeWebsite Academic Year 202.... - 202…...

**FacultyofMedicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **NameoftheCollege/Institute** | : |  |
| a | NameofSociety/Trust | : |  |
| b | Address | : |  |
| c | EmailAddress | : |  |
| d | TelephoneNo.(s) | : |  |
| e | Website | : |  |
| f | YearofEstablishment | : |  |
| g | Status | : | Government/Corporation/Private |
| h | LetterofPermissionbyMedical  CouncilofIndia(UG) | : | LetterNo.  Dated Intake: |
| **2** | **DetailsoftheDean/Principal** | : |  |
| a | NameoftheDean/Principal | : |  |
| b | NatureofAppointment | : | Approved/NotApproved |
| c | MobileNo. | : |  |
| d | OfficeLandline | : |  |
| e | E-mail | : |  |

1. **HospitalInformation:**
   1. **Generalinformation:**
      1. NameoftheHospital:………………………..
      2. NumberofBedsregistered asperBNHact:
      3. Totalconstructionareain squaremeters:
      4. MPCBclearance: Yes/No
      5. Fireaudit/clearance: Yes/No
   2. **OPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Details** |
| 1 | OPDTimings |  |
| 2 | SeparateRegistrationareasformale/female,OPD/IPD |  |
| 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 | Minor OT |  |

* 1. **DepartmentwiseFacilitiesavailableinOPD:**

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

* 1. **CentralClinicalLaboratory:TotalArea sq.mtr.**

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

* 1. **Radio-Diagnosis(ifanyofthefacilityisoutsourced,pleasementionitspecifically)**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **No.Available** |
| 1 | X-ray machines | 60mA: |
|  | 100mA: |
|  | 300mA: |
|  | 600mA: |
|  | 800mA: |
|  | Anyother: |
|  | IITVfacility: |
| 2 | No of USG machines (exclusively in radiodiagnosisdepartment. USG Machinesin OT, ObGy OPD, Casualty, Cardiology department etc should not  becounted) |  |
| 3 | CT(minimum16sliceistobe considered) |  |
| 4 | MRI |  |
| 5 | Mammography |  |
| 6 | Anyotherfacility |  |

* 1. **ListofInstrumentsinCCL:**
  2. **OperationTheatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **No.of OTs** | **CentralOxy**  **/Nitrous Oxide Y/N** | **Anaesthesia Machine Y/N** | **Multipara Monitorwith Capnograph**  **Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
| Gen.Surgery |  |  |  |  |  |  |
| ENT |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |
| AnyOther |  |  |  |  |  |  |
| TotalNo.ofOTS |  |  |  |  |  |  |

* 1. **IntensiveCareUnits:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Type** | **No.of Beds** |
| 1 | ICCU |  |
| 2 | ICU |  |
| 3 | SICU |  |
| 4 | NICU |  |
| 5 | PICU |  |
| 6 | RICU | 12 |

* 1. **LabourRoom:**

|  |  |
| --- | --- |
| Rooms | Details |
| Nooflabourroomsavailableforcleancases |  |
| SeparatelabourroomforSepticCases |  |
| Eclampsiaroom |  |
| 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. **BloodBank:**

A)Licensevalidupto . (Pleaseattachacopyoflicense)

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

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| No.ofVerticalandHorizontalautoclaves |  |
| ETO |  |
| Anyotherinstrument |  |
| Separatesepticanasepticarea |  |
| Separatereceivinganddistributingpoints |  |

* 1. **IndoorPatientDepartment:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Beds and Units**  **Required (IncludingUG and PG)** | **Bedsand Units Available** | **Nursing Station Y/N** | **Exam/Treat Room Y/N** | **Store Room Y/N** | **Duty Room Y/N** | **DemoRoom(25 Capacity) Y/N** |
| Gen.Medicine |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |
| Respiratory Medicine | 2 Units  60 Beds | 2 Units  70 Beds | Y | Y | Y | Y | Y |
| Psychiatry |  |  |  |  |  |  |  |
| Dermatology |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

* 1. **ClinicalMaterial:**

(For verifying indoor occupancy, one random date within last three months is to be selected and ALL indoor case papers of new admissionson that date should be verified in MRD)

|  |  |  |
| --- | --- | --- |
| **Particulars** | **AverageDaily**  **(lastmonth)** | |
| O.P.D.attendance |  | |
| Casualtyattendance |  | |
| No.ofnewadmissions |  | |
| No.of discharges |  | |
| Bedoccupancy% |  | |
| OperativeWork |  | |
| No.ofmajorsurgical operations |  | |
| No.ofminorsurgical operations |  | |
| No.ofnormal deliveries |  | |
| No.ofcaesarian sections |  | |
| RadiodiagnosisInvestigations |  |  |
| (No.ofpatients) |  |  |
| X-ray |  |  |
| Specialinvestigations |  |  |
| Ultrasonography |  |  |
| C.T.Scan |  |  |
| MRI |  |  |
| Mammography |  |  |
| LaboratoryInvestigations–No.ofPatients | O.P.D. | I.P.D. |
| Hematology |  |  |
| Histopathology |  |  |
| Cytopathology |  |  |
| ClinicalPathology |  |  |
| Serology |  |  |
| Bacteriology |  |  |
| Virology |  |  |
| Parasitology |  |  |
| Biochemistry |  |  |
| Anyother |  |  |

* 1. **OtherinfrastructuralfacilityinHospital:**

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

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

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **Available** |
| 1 | Area |  |
| 2 | Air-conditioned |  |
| 3 | Readingroomsforstudents(No.ofroomswith seating capacity in each) |  |
| 4 | Staffreadingroom |  |
| 5 | Spaceforstockinganddisplayofbooksandjournals |  |
| 6 | RoomsforlibrarianandotherStaff; |  |
| 7 | JournalRoom |  |
| 8 | Numberofcomputerswithinternetfacility |  |
| 9 | TotalNo.ofbooks: |  |
| 10 | NumberofJournals:(Titlesonly)(Multiplevolumes/issues of one title should be counted as ONE) |  |
| 11 | Numberofbooksaddedinlastyear: |  |
| 12 | NumberofJournalstitlesaddedinlastyear: |  |

* 1. **Lecturetheatres:**
     1. Numberoflecturetheatresrequiredat thisstageofrenewal: Collegebuilding: , Hospitalbuilding:\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Detailsoflecturetheaters** | **AreaAvailable** | **AV**  **Aids** | **Gallery type** | **Whether enabledfor e- learning** | **Whetherdigitally linked with all teachingareas** |
| **(Yes/No)** |
| 1 | Lecturetheatre-1 |  |  |  |  |  |
| 2 | Lecturetheatre-2 |  |  |  |  |  |
| 3 | Lecturetheatre-3 |  |  |  |  |  |
| 4 | Lecturetheatre-4 |  |  |  |  |  |
| 5 | Hospitalbuildinglecture theatre(if applicable) |  |  |  |  |  |

* 1. **TeachingRooms(SmallGroup):**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **NumberAvailable** |
| 1 | Capacityof50students |  |
| 2 | Capacityof25students |  |

* 1. **StudentPracticalLaboratory:**

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

* 1. **Museum:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Department** | **Area** | **Audio-visual aids** | **Internetfacilitydigitally linked to all other**  **teachingareas** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **NumberAvailable** |
| 1 | Number ofroomsavailableforexaminationof  patientsorstandardized/simulatedpatients |  |
| 2 | Roomfordemonstrationofskillstosmallgroups |  |
| 3 | Areaforreviewordebriefing area |  |
| 4 | Roomsforfacultycoordinatorandsupportstaff |  |
| 5 | Adequate space for storage ofmannequins and/or other equipment |  |
| 6 | stationsforpracticingskills |  |

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

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No** | **Mannequinusefulfor** | **Available(Yes/No)** |
| 1 | Firstaid,Bandaging,splintingBasicLifeSupport(BLS) |  |
| 2 | CPR(CardioPulmonary Resuscitation) |  |
| 3 | Varioustypesofinjections-Subcutaneous, Intra-muscular, Intra-venous |  |
| 4 | UrineCatheter insertion |  |
| 5 | Skin&Fasciasuturing |  |
| 6 | Breastexamination |  |
| 7 | GynecologicalexaminationincludingIUCD |  |
| 8 | ObstetricsmannequinsincludingObstetricexamination, conduct and management of vaginal delivery. |  |
| 9 | Neonatal&Pediatricresuscitation |  |
| 10 | Wholebodymannequins |  |
| 11 | Traumamanagement |  |

* 1. **HostelFacility:**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Hostel** | **Details** |
| 1 | **UGstudentBoys** |  |
| a | No.ofRoomswithNo.of  occupantsperRoom |  |
| 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, Hematology and other specialized work of the Hospital |  |
|  | Accommodationforstaff |  |
| 5 | **Microbiology** |  |
|  | Servicelaboratoryeachfor(a)  Bacteriologyincludinganaerobicbacteria;(b)Serology;(c)Virology;  (d)Parasitology;(e)Mycology;(f)Tuberculosis;and(g)Immunology. |  |
|  | Mediapreparationandstorage |  |
|  | BSL-2virologylab |  |
| (aspere-gazetteNo.MCI-34(41)/2020-Med./103234notifiedon  3.6.2020) |
|  | Accommodationforstaff |  |
| 6 | **Pharmacology** |  |
|  | Animalholdingarea |  |
|  | Accommodationforstaff |  |
| 7 | **FMT** |  |
|  | Postmortem/Autopsy Block (approx.400 sq. M. area)with facilities for cold storage for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 20-25 students, waiting hall, office etc). |  |
|  | MoU withGovernment/district hospital, if PM examination not permitted |  |
|  | 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 | IsthereanyLMSavailable |  |
| 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 | Institutional Ethics Committee(Whether itisregistered with CDCSO) |  |

* 1. **UtilizationofStudentWelfareSchemes:**

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

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

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

* 1. **AcademicOnlineTeacherDatabase:**

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

* 1. **Publications in Index Journals in last year** :(Attachseparatelistinfollowing format) (Please do not repeat publication details for same publication with multiple authors from same institute)

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

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

Name of the Department:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the Teacher** | **Designation** | **MUHS Approved Designation** |
| 1 | Dr. Sanjay N. Gaikwad | Professor & Head | Professor & Head |
| 2 | Dr. Rakhi A. Gosavi | Associate Professor | Associate Professor |
| 3 | Dr. Sonal S. Arsude | Assistant Professor | Assistant Professor |
| 4 | Dr Parshwa Naik | Assistant Professor | Assistant Professor |
| 5 | Dr. Anish R | Assistant Professor | Assistant Professor |
| 6 | Dr. Mannu M | Senior Resident | Senior Resident |
| 7 | Dr Ashwin Unii | Senior Resident | Senior Resident |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Conference / Workshop/CME Activities** | **Dates** | **MMCCredit points** | **Local/State/ National /**  **International level?** | **Organizing department** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |