## **HOSPITAL INFORMATION**

1. Name of the Hospital:	Kulkemi'	Endo	Sun	genp	Ins	time	8
Line and Late	consmeti's	re UN	1984	cen	er	Pune	Tall:

# 2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject		
		421	su su	loject
OPD	7000		OPD	6 500
IPD (Total No. of	0 (57)		IPD (Total No. of	Q q q
Patients admitted)	820		Patients admitted)	800

#### 3. Hospital Beds Distribution & No of O.T.:

In the entire hospital				
No of Beds	21			
No of Beds in ICU				
No of Beds in IRCU	<u> </u>			
No of Beds in SICU	-			
No of Major O.T.	02.			
No of Minor O.T.				

#### 4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

• No. of available for clinical service on inspection day:

- 110. Of available for chimearber vice	on mopeotron day.	
• Daily OPD – 2 PM	On Inspection day	Average of random 3 days
Daily admissions	04	04
Daily admissions in Dept.	03	03
<ul><li>Through casualty at 10am</li><li>Bed occupancy in the Dept.</li></ul>	85).	857.
Number of patients     in ward (IPD)at 10AM		
Percentage bed occupancy at 10Am	851	857

(For furth	er details in this concern, kindly peruse the Gi	uidelines information sheet supplied herewith)
, ,	On Inspection day	
•	Urethropush's	Average of random 3 days  OVER LYDP COAPE
LUU)	3 per day	3 perday
. 3 E		SAMIAX MAC
€ 5819€	susting Consultant	i, cr.c s. bananau aan 🔑
· PUCTA	- 15 mg - 15 m	And the second of the second o

### 5. Casualty:/ Emergency Department:

Space	360 St. Feet
Number of Beds	2
No. of cases (Average daily OPD and Admissions):	1
Emergency Lab in Casualty (round the clock):	available / not available ( w & wreed
Emergency OT and Dressing Room	yes
Staff (Medical/Paramedical)	yes
Equipment available	Yes

#### 6. Blood Bank:

at-	50	weel
	20	

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)			On
	day in the entire Hospital	daily Inspection	
	( give distribution in various specialties)		day

~	C	4	T L		tory:
-	( en	rrai	ı .an	Ara	mv
			Lau	VIA	

ant sources

•	Controlling Department:	
•	No of Staff:	

- Equipment Available : Attach separate List
- Working Hours:
- & Central supply of Oxygen / Suction:
- 9. Central Sterilization Department
- 10. Ambulance (Functional)
- 11. Laundry:
- 12. Kitchen
- 13. Incinerator: Functional / Non functional
- 14. Bio-Medical waste disposal
- 15. Generator facility
- 16. Medical Record Section:
  - ICD X classification

Kulbernis.B.

Sign & Stamp

Head of the Department

Date: Date:

Dr. SANJAY KULKARNI

M.S., F.R.C.S. DIP(UROLOGyaining Centre Round Seal

Consultant Urologist Reg. No. 36694 Available / Not available

Available / Not available

Available / Not available

Manual/Mechanical/Outsourced:

Available / Outsourced/ Not Available

Capacity ...... /Outsourced

Outsourced / any other method

Available / Not available

Computerized / Non computerized Used / Not used

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Dr. JYOTSNA S. KULKARNI

M.S., F.R.C.S.

monthal

Consultant Surgeon Reg. No. 41209