

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Reconstructive Urology.....
2. Date on which independent department of: functioning concerned specialty was created and started
..... 1 Jan 1995.....
3. Mentor's details (From start of department till date) :

Sr. No.	Name	<input checked="" type="checkbox"/> Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
01	Dr Sanjay Kulkarni		Director	MS FRCS	25yr
02	Dr Pankaj M. Joshi		Faculty	MS DNB	8 yrs
03	Dr Shreyas Bhadnurkar			Mch Urology	5 yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/~~No~~: Since when: ... 1995
5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	120	Yes	
Clinics	130	Yes	
Laboratory Space	-	-	
Seminar room	220	Yes	
Department Library	120	Yes	
PG common room	120	Yes	
Pre-clinical lab (where ever applicable)	N/A	N/A	
Patient waiting room	300	Yes	
Total area	810		

6. If course already started, year wise number of students admitted and available Mentors to teach students admitted to Fellowship / Certificate Course during the last 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
18-19	Fellowship	TWO	Dr Sanjay Kulkarni
19-20	in Reconstructive	TWO	Dr Pankaj Joshi
20-21	Urology	TWO	Dr Shreyas Bhadnurkar

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department:

Sr. No.	Name	Designation
01	Dr Ajit Dumarale	Surgeon

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
	1			

9. Intensive care Service provided by the Department: (Emergency) yes.

10. Specialty clinics being run by the department and number of patients in each :

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
01	Galaxy care	Monday & Tuesday	2 to 4pm	5	Dr. Shailesh Puntambekar
	Laparoscopy center	Wednesday			

11. Services provided by the Department:

a) Services

i. MCU & RGV

ii. Urodynamic's Study

iii. Uroflametry

iv. Penile Doppler's study.

(b) Ancillary Services

v. Trans Rectal USG

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	120	130
2	Equipment's	50	50
3	Teaching Space	220	220
4	Waiting area for patients	300	300

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	<u>Yes/No</u>	HOD	<u>yes.</u>
Staff (Steno /Clerk).	<u>Yes/No</u>	Professors	<u>yes</u>
Computer/ Typewriter	<u>Yes/No</u>	Associate Professors	<u>yes.</u>
Storage space for files	<u>Yes/No</u>	Assistant Profess or	<u>yes.</u>
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures A Per day

15. Submission of data to National Authorities if any : NA

09	Other Information:		
	a) Land:	*Yes/No. If yes, then Area: . . . <u>3600 Sq. feet</u>	
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/ No - Mark as Appendix 'E'	
	ii) Whether the land is registered?	* Yes /No. If yes, Registration Number: <u>yes. Index II</u> Dated At (Place): <u>Attached</u> Copy of Land Registration Certificate attached? *Yes/No. - Mark as Appendix 'F'	
	iii) Any loans, mortgage, etc. shown against the title of the land:	* Yes /No. If yes, amount of loan Rs. /mortgaged for Rs Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G'	
b) Building:	<u>3600</u> sq. ft.		
i) Total built-up area:	Certified copy of Building Plan attached? *Yes/No - Mark as Appendix 'H'		

3. **Central Library**

- Total number of Books in library: 110
- Books pertaining to concerned Fellowship subject: 110
- Purchase of latest editions of concerned books in last 3 years: - 28

• Journals:

1	Journals	Total	concerned Fellowship subject
2	Indian	<u>1</u>	<u>1</u>
3	Foreign	<u>5</u>	<u>5</u>

- Year / Month up to which latest Indian Journals available : yes .
- Year / Month up to which latest Foreign Journals available : yes .
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: 8am to 10pm
- Reading facility out of routine library hours: available / not available

(Obtain list of books & journals duly signed by Dean)

4. **Recreational facilities:**

- Play grounds Gymnasium

Available / Not available

5. **Hostel Accommodation:**

NOT available

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms No. of						
Students			NOT available			
Status of Cleanliness						

6. **Residential accommodation for Staff / Paramedical staff :** Available / ~~Not Available~~

7. **Ethical Committee (Constitution) :** YES / NO

8. **Medical Education Unit (Constitution) :** YES / NO
(Specify number of meetings held annually & minutes thereof)

9. **Any other faculty specific information required :**
(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the requirement of concerned Course) Attach details)