

## (DEPARTMENTAL INFORMATION)

1. Fellowship Specialty Department to be inspected : Joint Replacement Surgery
2. Date on which independent department of functioning : Since 31 years concerned speciality was created and started

## 3. Faculty details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr. Parag Munshi	Full time	Professor	MS (Ortho)	26 years
2	Dr.Hetal Chiniwala	Full time	Assoc.Prof.	MS (Ortho)	21 years
3	Dr.Hemant Bhandari	Full time	Asstt.Prof.	MS (Ortho)	15 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :  
Yes/No: ..... Since when: 2014

## 5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	200 Sq.ft.	√	-
Clinics	200 Sq.ft.	√	-
Laboratory Space	10,000 Sq.ft.	√	-
Seminar room	350 Sq.ft.	√	-
Department Library	5000 Sq.ft.	√	-
PG common room			
Pre clinical lab (where ever applicable)			
Patient waiting room	400 Sq.ft.	√	-
Total area			

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 Mentors available in the dept. (give names)
2021	Joint Replacement Surgery	01 (One)	Dr. Parag Munshi, Dr. Hetal Chiniwala, Dr. Hemant Bhandari
2020	Joint Replacement Surgery	01 (One)	Dr. Ashish Agarwal, Dr. Parag Munshi, Dr. Hetal Chiniwala, Dr. Hemant Bhandari
2019	Joint Replacement Surgery	01 (One)	Dr. Ashish Agarwal, Dr. Parag Munshi, Dr. M L Saraf, Dr. Hetal Chiniwala, Dr. Hemant Bhandari

7. List of Non-teaching Staff in the department: List enclosed – Annexure E

Sr.No.	Name	Designation

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.
All required equipments as per norms are available and functional				

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

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge

11. Services provided by the Department:

a) Services : All required services are provided by the department

i. \_\_\_\_\_

ii. \_\_\_\_\_

(b) Ancillary Services - No

(f) Others: \_\_\_\_\_

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	Adequate
Staff (Steno /Clerk).	Yes/No	Professors	Adequate
Computer/ Typewriter	Yes/No	Associate Professors	Adequate
Storage space for files	Yes/No	Assistant Professor	Adequate
		Residents	Adequate

14. Clinical Load of Dept. : No of Surgeries / Procedures ...4..... Per day

15. Submission of data to National Authorities if any : \_\_\_\_\_

*Signature*

