

## DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected:.....NEONATOLOGY.....  
 2. Date on which independent department of: functioning concerned specialty was created and started  
 .....EARLY 1980s.....

3. Mentor's 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. SUDHA RAO	F.T.	Professor	M.D.	22 yrs
2.	Dr. VAIDEMI DANDE	P.T	Sr Consultant	M.D.	14 yrs
3.	Dr. BHAVYA SHAH	F.T	Jr Consultant	DNB	6 yrs
4.	Dr. SUMA S.	F.T.	Jr Consultant	DM	5 yrs
5.	Dr. ANJALI RAGHUNATH	F.T	Jr Consultant	M.D.	2 1/2 yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :

Yes/No: .....

Since when: .....

5. Specialty Department Infrastructure Details :

Facility	Area (sq. ft.)	Available	Not Available
Faculty rooms	216 sq ft	✓	
Clinics	NICU 668 sq ft	✓	
Laboratory Space			
Seminar room	Common		
Department Library	Common		
PG common room	Doctor's room		
Pre-clinical lab (where ever applicable)	NA		
Patient waiting room	Patient waiting area.		
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 Valid Mentors available in the dept. (give names)
2022	Neonatology	2	5
2021		1	5
2020		1	4
2019		Nil	4

(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
1.	Sis. Shweta	Hotel Incharge
2.	Sis. Pranali	Hotel In charge

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.
	Attached			

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

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
	HIGH RISK OPD	MON-THURS	9-12 PM	30-35	Dr. KIRAN MORE

11. Services provided by the Department:

a) Services

i. Level III NICU care

ii. Pediatric/Neonatology subspecialty eg. Cardiology, Pediatric Surgery, Orthopedics, neurosurgery, plastic surgery, ENT, ophthalmology, radiology, nephrology, neurology, genetics

iii. Follow up & immunization services.

(b) Ancillary Services

Physiotherapy, Occupational therapy, speech therapy.

(f) Others: \_\_\_\_\_ Hearing screening, palliative care, social services, lactation management

12. Space:

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

13. Office space:

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

14. Clinical Load of Dept.: No of Surgeries / Procedures ..... 2-3 ..... Per day

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