

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: PEDIATRIC ENDOCRINOLOGY
 2. Date on which independent department of: functioning concerned specialty was created and started
...WAS...CREATED...IN 1982

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	FT	PROF	MD	24 YRS
2.	DR RAJESH JOSHI	FT	PROF	MD, DNB, ESPE	23 1/2 YRS

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

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	216	✓	
Clinics	240 sq ft		
Laboratory Space	-		
Seminar room	554.23 sq ft	✓	
Department Library	Common library	✓	
PG common room	Common room	✓	
Pre-clinical lab (where ever applicable)	NA		✓
Patient waiting room	Common waiting area	✓	
Total area	1010.23		

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)
2021-22	PED ENDOCRINOLOGY	2	DR SUDHA RAO, DR RAJESH JOSHI
2022-23	"	1	"

(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.	SISTER JOY	IPD SISTER IN CHARGE
2.	SISTER SAYALI	OPD SISTER IN CHARGE
3.	JAYASHREE SISTER	OPD STAFF NURSE
4.	MR. RAKESH	WARD BOY

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.	STADIOMETER		FUNCTIONAL	3
2.	ORCHIDOMETER		"	1
3.	INFANTOMETER		"	1

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
	PEDIATRIC	MON	9-11	68	DR SUDHA RAO
	ENDOCRINOLOGY	THURS	9-11	68	DR SUDHA RAO

11. Services provided by the Department:

a) Services

i. ENDOCRINE OPD SERVICES

ii. PATIENT SUPPORT GROUPS

iii. _____

(b) Ancillary Services - Bone & Endocrine
- Diabetes.

(f) Others: _____ - DSD.

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)	Yes/No	HOD	Yes
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Profess or	
		Residents	

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

(STIMULATION TESTS)

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