## DEPARTMENTAL INFORMATION-

(If required Use S	enarate Sheet	for each	Department /	Followshin/	Cartificata	Course
(ii required ose s	eparate sneet	ior cach	Department /	renowship/	Ceruncate	Course)

1. Fellowship Specialty Department to be inspected: IMMUNDLDGY

2. Date on which independent department of: functioning concerned specialty was created and started .....O.Ct. 2007....

3. Mentor's details (From start of department till date):

Sr. No.		Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1.	Dr. Mukesh Desai	Part time	Head Of Department	MD. DCH	20 years
2.	Dr. Vijaya	Full time	consultant	Id+ au	14 yean.

4. Whether Independent Department of concerned Fellowship subject exists in the Institution: Yes/No: Yes.... Since when: Oct. 2007

5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	144 5q. At.	V	
Clinics	424.65 Sq. ft		
Laboratory Space		V	
Seminar room	Common Seninas Ron	m L	
Department Library	Common Library	~	
PG common room	Common Room	~	
Pre-clinical lab (where ever applicable)	N/A		
Patient waiting room	1075.35 Sq.ft.		
Total area	1644 Sq. At.	/	

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.
2018-	Fellowship in	1	(give names)
2019	Ped. Immunology	<u> </u>	Dr. Mukesh Desai, Dr. Vijara.
2019-	FELLOWSHIP In fed!	1	Gown, Dr. Saggeta Mudalias
2020-	Fellowship in Ped.	1	Dr. Nitin Shah Dr. Archana Swa

(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 Staffin the department:

Sr. No.	Name	Designation
1.	Mr. Poused D. Taux	Ir. Scientific Officer.
2:	Mr. lata Kamble	medical Social worker. Sister In-Change
485	ms. 570di, Pawar I Ms. Itoti Chiotampol	Staff Nurse. 1 Mentor

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.
2.	laminar Air Flows	Functional OI	9. X- my view Box- F	unctional- b2
3.	Pulse Oximeter	Functional 02	10. Digital weight m	d-functional-0
4.	BP. Apparectus		11. Computer/Laptop	
.5	syringe pump.	Functional 02	12. Printer- Func	
6.	Infusion pump.	Functional OI		

7. Suction Martine Centralized 01 8. NIBP Martine Functional 01

- 9. Intensive care Service provided by the Department: (Emergency)
- 10. Specialty clinics being run by the department and number of patients in each:

Philipson and	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1.	Immurology	MON/ THUS	9:30-1:00	on 1500/year	Dr. Mukesh Desai

11. S	ervices provided by the Department:	iv. Torgeted Doug Therapy
a)	Services	4. Bone Momow Aspiration &
i.	Day Care	BioRsy.
	IVI Replacement Therapy	VI. Skin Biopsy,
	Chenotherapy	VII. Medicine / Financial Suppl
(b)	Ancillary Services	VIII. Commselling Support.
(f)	Others: Counselling Sessions, Nu Awareness   Academic	IX. Nutritional support. Vistional sessions. programmes.

## 12. Space:

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

## 13. Office space:

Department Office		Office Space for Teachi	ng Faculty
Space (Adequate)	✓Yes/No	HOD	257.76 Sq.PA
Staff (Steno /Clerk).	✓Yes/No	Professors	126.04 59.1
Computer/ Typewriter	_Yes/No	Associate Professors	129.48 59.f
Storage space for files	Yes/No	Assistant Profess or	
	1	Residents	

14.	Clinical Load of	Dept.: No of Surgeries	/ Procedures	Fer o	lay
-----	------------------	------------------------	--------------	-------	-----

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