

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected:..... PEDIATRIC NEPHROLOGY.....
 2. Date on which independent department of: functioning concerned specialty was created and started
 1970.....

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. ALPANA OHRI	FT	Incharge, Associate Professor	MD DNB, FPN	20 YEARS
2.	Dr. K. P. MEHTA	FT	HOD	MD, DCH, FPN	42 YEARS
3.	Dr. UMA ALI	FT	HOD	MD, DCH, FPN	31 YEARS

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
 Yes/No: Since when:
 5. Do. ATUL DEOLKAR PT MD, DCH 21 YEARS
 6. Do. AMISH UDANI MD DNB, FPN 13 YEARS

Facility	Area (sft.)	Available	Not Available
Faculty rooms OFFICE	72-96	✓	
Clinics PD ROOM	2652	✓	
Laboratory Space			
Seminar room			
Department Library HD ROOM	234.85	✓	
PG common room			
Pre-clinical lab RO PLANT (where ever applicable)	130	✓	
Patient waiting room	130	✓	
Total area	833.0159	✓	

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)
2020-21	Fellowship in	2	Dr. Alpina Ohri, Dr. Amish Udani
2019-20	Pediatric	2	Dr. Atul Deolkar, Dr. Shashank
2018-19	Nephrology	2	Parekhji

(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.	ANAGHA	SR. SISTER
2.	AKSHAY	JR. BROTHER
3.	ADYITA	HD TECHNICIAN

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.	HD MACHINE	FRESNIUS	Functional	6
2.	Multipara monitors	PHILIPS	"	8
3.	Syringe pump	"	"	2

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
1.	CKD	Tuesday	9Am - 1pm		Dr. Alpana Dhrn
2.	NEPHROLOGY	Wednesday	9Am - 1pm		
3.	UROLOGY	Saturday	9Am - 1pm		
4.	TRANSPLANT OPD	Thursday	9Am - 10Am		Dr. Amish Udani

11. Services provided by the Department:

a) Services

i. HD OPD

ii. PD IPD

iii. CAPD

(iv) SLED, AVF

(b) Ancillary Services

(f) Others: Plasmapheresis

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	
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 5-8 / Per day

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