

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected:..... PAEDIATRIC ORTHOPAEDICS.....
 2. Date on which independent department of: functioning concerned specialty was created and started
 1999.....
 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. RUJUTA MENTA	FULL TIME	HOD	MS ORTHO DNB ORTHO	24 YEARS
2	DR. ALARIC PROUDS IS	FULL TIME	CLINICAL ASSOCIATE	MS ORTHO DNB ORTHO	24 YEARS

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
 Yes/No: Y.F...... Since when: ... 1999.....
 5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	234.85	✓	
Clinics	234.85	✓	
Laboratory Space	130	✓	
Seminar room	COMMON 554.23	✓	
Department Library	IN DEPARTMENT	✓	
PG common room	234.85	✓	
Pre-clinical lab (where ever applicable)	130	✓	
Patient waiting room	265.2	✓	
Total area	1654	✓	

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)
	PAEDIATRIC ORTHO		DR. RUJUTA MENTA
	PAEDIATRIC ORTHO		DR. ALARIC PROUDS
	PAEDIATRIC ORTHO		DR. ARJUN DHAWALE, DR. SANDHEEP VAZDVA

(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	USHA	IPD in CHARGE
2	JOT	OPD 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.
1	ORTHOPAEDICS IMPLANT	GT	FUNCTIONAL	150
2	ORTHOPAEDICS EQUIPMENT	OPD	FUNCTIONAL	47

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
	CPGLINIC	WEDNESDAY	1-3pm	24/OPD	DR. ALARIC PROOZLS

11. Services provided by the Department:

a) Services

- i. PAEDIATRIC TRAUMA, PAEDIATRIC BONE AND JOINT INFECTION,
- ii. CONGENITAL DISORDERS, DEVELOPMENTAL DISORDER, SPINE CLINIC
- iii. UPPER LIMB DEFORMITY DISORDERS, ONCOLOGY (ORTHOAEDIC)

(b) Ancillary Services

ADOLESCENT HIP DISEASE

(f) Others: — UPPER LIMB OPD.

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	YES
Computer/ Typewriter	✓ Yes/No	Associate Professors	YES
Storage space for files	✓ Yes/No	Assistant Professor	YES
		Residents	YES

14. Clinical Load of Dept.: No of Surgeries / Procedures 22 / WEEK Per day

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