

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: PEDIATRIC SURGICAL ONCOLOGY
 2. Date on which independent department of: functioning concerned specialty was created and started
1995

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 A.S. Reddy	Full time	Addl. Professor	M.Ch	15yr 6 months
2	Dr. G. Munghale	-11-	Asso. Professor	M.Ch	6yr 7yr 3 months
3	Dr. V. Garg	-11-	Sr. Consultant	M.Ch	3yr 3 months

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
 Yes/No: Yes Since when: 2017

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	225 sq. ft	✓	
Clinics		✓	
Laboratory Space		✓	
Seminar room	554.23 sq. ft	✓	
Department Library	Common library	✓	
PG common room	common room	✓	
Pre-clinical lab (where ever applicable)	Common working area	✓	
Patient waiting room	Common	✓	
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)
20-21	PEDIATRIC	-	Dr A.S. REDDY
21-22	SURGICAL ONCOLOGY	-	Dr. G.S. MUNGHATE
			Dr. Rajan Garg

(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

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.
	CUSA		Functional	
	Harmonic scalpel			
	Tested scales			

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

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	SURGICAL ONCOLOGY	Tue/Fri	12-1pm	10-12	Dr. A.S. Reddy

11. Services provided by the Department:

a) Services

- i. OPD services
- ii. Inpatient services
- iii. _____

(b) Ancillary Services Chemotherapy, BMT

(f) Others: Hematology, BMT

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

14. Clinical Load of Dept.: No of Surgeries / Procedures 1-2 Per day

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