

DEPARTMENTAL INFORMATION-

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

1. Fellowship Specialty Department to be inspected: PEDIATRIC UROLOGY
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. Pradnya Bendre	Full time	Professor	M.S. DNB M.Ch	29 yrs
2	Dr. Parag Kerkar Dr. Rajan Gang	Full time	Professor -/-	M.S. DNB -/- Sr. Consultant M.Ch	9 yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :
Yes/No: Yes..... Since when: 1995.....

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	225 sq. ft	✓	
Clinics		✓	
Laboratory Space		✓	
Seminar room		✓	
Department Library	Common Library	✓	
PG common room	Common Room		
Pre-clinical lab (where ever applicable)		✓	
Patient waiting room		✓	
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)
2020-21	PEDIATRIC	1	
2019-20	UROLOGY	1	Dr. Pradnya Bendre
2018-19	-/-	1	Dr. Parag Kerkar

(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	Sista Thankamma Fernandez	Sista in charge
2	Sr. Surecha Shingale Akash Jadhav	Sr. Sista 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.
	Cystoscopes		Functional	
	hysteroscopy set		-/-	
	CLAMP		-/-	
	LASER		-/-	

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	WED/SAT	10-12 ^{am}	15-20	Dr. Pradnya Bendre
	UROLOGY				

11. Services provided by the Department:

a) Services

i. OPD

ii. IPD

iii. URODYNAMICS & UROIMAGING

(b) Ancillary Services OT SERVICES
DIALYSIS

(f) Others: PEDIATRIC NEPHROLOGY

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

14. Clinical Load of Dept.: No of Surgeries / Procedures 2-3 Per day

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