DEPARTMENTAL INFORMATION

(If required	Use Separate Sheet for	each Department	/ Fellowship/Certificate	Course)
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1. Fellowship Specialty Department to be inspected: Reploductive Medicine

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
	DR.M.J.JASSAWALLA		HOD RMRD.	MBBS, MD, DGO, DF	P, FCP, concerned Subject) 39 YEARS & MONTHS
2.	DR. RACHANA DALMIA	FULL TIME	ASSOCIATE PROFI	ssor mabs, msloba	4) 15 YEARS .
3,	DR. PRIYANKA. H. VORA	FULL TIME.	INFERTILITY OFFIC IVF CONSULTANT	ER MBBS, DGD, FCPS, MBBS, MS, DNB, MRC	84 EARS DFP. BIMIE, Masters in Reproductive medicine, Diplome in G.FNO (Reproductive medicine) 5 YEARS medicine

5. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	24 sq. feet	V	
Clinics			
Laboratory Space	1627.71 sq.feet	V	
Seminar room	2140.9959. feet	~	
Department Library	1971 sq. feet	V	
PG common room	. •		
Pre-clinical lab (where ever applicable)			
Patient waiting room	187.59 sq. feet	~	
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)
2019	REPRODUCTIVE MEDICIN	€ 2	DR MJJ / DR. Sukhpreet patel / DA. Rachana.
2020	REPRODUCTIVE MEDICIN		DR mJJ/Dr. Sukpreet patel/Dr. Rachna Dalmia
2021	REPRODUCTIVE MEDICIN		DR. MJJ / DR. RD.

(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: LIST ATTACHED

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.
1.	Stereozoom Trinocular	olympus	Functional	1
۵.	Inverted Research microscop	e Olympus	Functional	1
3.	Incubators	Themofisher	functional	3
4.	usa machines	BPL	functional	a
5.	centrifuge machine	Remi	functional	2
6.	Cryocans.	Shinelife	Functional.	8

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

	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1+	Reproductive Medic & Keseauch Departme	ine mon-Sat	9am-5pm	60	AJJAWA22AC.C.m.90

11.	Services	provided	by	the	Department:
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- a) Services
- ultra Sound for Infertility
- Insertility OPD
- Intrallyerine Insemination

(b) Ancillary Services v. Surgical Speim Retreival

~ yes (f) Others: ___

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Fac	ulty
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	~
Computer/ Typewriter	¥es/No	Associate Professors	~
Storage space for files	Yes/No	Assistant Profess or	~
		Residents .	~

(i) USG ~50/day 14. Clinical Load of Dept.: No of Surgeries / Procedures 2.141 ~ 3-4/day Per day 3 OP4 ~ 1-2/day