HOSPITAL INFORMATION

| 1. Name of the Hospital: | NOWROSTE | E WA | ALCH | MATERNIL | ry HO | OSPITAL. |
|--------------------------|----------|-------|-------|----------|-------|----------|
| | ACHARYA | PONDE | MARG, | PAREL, | mumi | BAI |

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

| In the entire hospital | | In the department of concerned Fellowship subject | |
|------------------------|--------|---|------|
| OPD | 64,735 | OPD | 1206 |
| IPD (Total No. of | C171 | IPD (Total No. of | 200 |
| Patients admitted) | 6171 | Patients admitted) | 308 |

3. Hospital Beds Distribution & No of O.T.:

| In the entire hospital | | | |
|------------------------|--------------------------|-------|--|
| No of Beds | 305 PERTNATAL BED - 30 | | |
| No of Beds in ICU | 2 | | |
| No of Beds in IRCU | - | | |
| No of Beds in SICU | | * 1 1 | |
| No of Major O.T. | 04 | | |
| No of Minor O.T. | 01 . | | |

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

• No. of available for clinical service on inspection day:

| | 1 | |
|---|-------------------|---|
| D.'I. ODD. O.D. (| On Inspection day | Average of random 3 days S-10 day Privatively Opt |
| ◆ Daily OPD – 2 PM | | 3-10 day tour arough of |
| Daily admissions | | 5/day 10-15 High ever |
| Daily admissions in Dept. | | prignancy (ANC) day. |
| Through casualty at 10amBed occupancy in the Dept. | | |
| Number of patients in ward (IPD)at 10AM | | |
| Percentage bed occupancy at 10Am | | 70./0.4 |

| • | Clinical Procedure(s) & | Operative Details related to Fellowship subject/Spe | ecialty |
|---|-------------------------|---|---------|
|---|-------------------------|---|---------|

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

On Inspection day

OBSTETRIC CLIQ

AMNIOCENTESTS

CHORLONIC VILLUS
SAMPLENG
TITTRA UTERINE
TRANSPUSION

FEDUCTION

OTHER

5. Casualty:/ Emergency Department: (RECEDUING ROOM)

| / not available |
|---|
| YABUE |
| ATTACHED |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| |

6. Blood Bank:

| (i) | Valid FDA License(copy of certificate be annexed) | Yes/ | No |
|-------|--|---------------|-------------------------|
| (ii) | Blood component facility available | Yes / No | |
| (iii) | All Blood Units tested for Hepatitis C,B, HIV | Yes/ | |
| (iv) | Nature of Blood Storage facilities (as per specifications) | (Yes)/ | |
| (v) | Number of Blood Units available on inspection day | (3), | |
| (vi) | Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties) | Average daily | On Inspection day |

| 7. Central Laborat | torv |
|--------------------|------|
|--------------------|------|

| • | Controlling Department:_ | PATHOLOGY |
|---|--------------------------|-----------|
| _ | NI C C/- CC 12 | |

- No of Staff:
- Equipment Available: Attach separate List
- Working Hours: 24 Hours
- & Central supply of Oxygen / Suction:
- 9. Central Sterilization Department
- 10. Ambulance (Functional)
- 11. Laundry:
- 12. Kitchen
- 13. Incinerator: Functional / Non functional
- 14. Bio-Medical waste disposal
- 15. Generator facility
- 16. Medical Record Section:
 - ICD X classification

Sign & Stamp **Head of the Department**

Date: Date:

Dr. P. R. Satoskar. Fetal Medicine.

Nowrosjae Wadia Maternity Hospital.

Sign & Stamp

Used / Not used

Taronsalle Dean/Principal/Director of Training Centre

Dr. M.J. Jassawalla

Available / Not available

Available / Not available

Available / Not available

Manual/Mechanical/Outsourced:

Capacity....../Outsourced

Available / Not available

Outsourced / any other method

Computerized / Non computerized

Available / Outsourced/ Not Available

MD. (Bom) F.C.P.S. FICOG, D.G.O.D.F.P. Training Centre Round Seal FIEMCH, FIAJAGO, F.I.CA (USA); F.R.S.H. (ENG) Medical Director

Nowrosjee Wadia Maternity Hospital, A. D. Marg, Prel, Mumbai - 400 012.