

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: (M.A.S) Minimal Access Surgery in
 2. Date on which independent department of: functioning concerned specialty was created and started Gynaecology

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 Pooja Bandekar	Full Time	Asst Prof	MD, DGO	
2	Dr Pooja Lakhan	Full Time	Asst Prof	MD, DNB	17 years

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

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	241 sqft	✓	
Clinics		✓	
Laboratory Space		✓	
Seminar room	2410 sqft	✓	
Department Library	1971 sqft	✓	
PG common room			
Pre-clinical lab (where ever applicable)			
Patient waiting room	93.2 sqft	✓	
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	Fellowship in	2	
2020	minimal Access	2	2 Dr. P. K. Bandekar
2021	Surgery	1	2 Dr. P. D. Lakhan

(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: 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	Entire set of Endoscopy Instruments		Functional	8 sets
2	Hand Instruments + Telescopes		Functional	4

(List Attached)

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

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
	Endoscopy	Daily			Dr. Pooja K. Bandlekar Dr. Payal D. Lachani

11. Services provided by the Department:

a) Services

i. **OPD + IPD Services .**

ii. **Visiting faculty who helps in training students and performing difficult levels surgeries .**

iii. **Live Workshops**

(b) Ancillary Services **& training programmes .**

(f) Others: _____

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	<input checked="" type="checkbox"/>	
2	Equipment's	<input checked="" type="checkbox"/>	
3	Teaching Space	<input checked="" type="checkbox"/>	
4	Waiting area for patients	<input checked="" type="checkbox"/>	

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	<input checked="" type="checkbox"/> Yes/No	HOD	<input checked="" type="checkbox"/>
Staff (Steno /Clerk).	<input checked="" type="checkbox"/> Yes/No	Professors	<input checked="" type="checkbox"/>
Computer/ Typewriter	<input checked="" type="checkbox"/> Yes/No	Associate Professors	<input checked="" type="checkbox"/>
Storage space for files	<input checked="" type="checkbox"/> Yes/No	Assistant Profess or	<input checked="" type="checkbox"/>
		Residents	<input checked="" type="checkbox"/>

14. Clinical Load of Dept.: No of Surgeries / Procedures Per day **List Attached**

15. Submission of data to National Authorities if any : **Genital Tuberculosis
Infections Disease.**