DEPARTMENTAL INFORMATION

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

Mentor's details (From start	of department till date):		Function of V
Nama	Cull Time/ Part Time Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1. Por Pooja Bandern	Fuel Pime Add Pool	MD, DGO.	
	Ul time Ason Port	MA ANDR	Tyears.
Whether Independent Departm Yes No:	nent of concerned Fellows Since w	nip subject exists	
Facility	Area (sft.)	Available	Not Available
Faculty rooms	241 SQF	V	
Clinics			
Laboratory Space			
Seminar room	2410 SQft		
epartment Library	1971 Saft	1	
G common room			
Pre-clinical lab where ever applicable)			
mere ever applicable)			
/	93.2 50[]	1	
Patient waiting room Fotal area f course already started, year w tudents admitted to Fellowsh	ip / Certificate Course o	luring the last 3	years:
Patient waiting room Total area f course already started, year we tudents admitted to Fellowsh Year Name of the Course Old Fellowship in D2D miniman Access D21 Surgery ocal Inquiry Committee shall specy the the Training Center met will see it shall be reported in the Overa	No. of students admitted No. of students admitted 2 2 cifically ensure about availabilith the Student: Mentor Ratio	No. of Vali (give name) 2 Dy ility of eligible/val for the permitted	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or
Patient waiting room Total area f course already started, year watudents admitted to Fellowsh Year Name of the Course Old Fellowship in Del miniman Access Ocal Inquiry Committee shall specy the property of the Course with the Training Center met will see it shall be reported in the Overa st of Non-teaching Staffin the delications.	No. of students admitted No. of students admitted 2 2 cifically ensure about availabilith the Student: Mentor Ratio	No. of Vali (give name) 2 Dy illity of eligible/yal	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or
course already started, year wadents admitted to Fellowsh Year Name of the Course Poly Fellowship in Manah Access Surgery Committee shall specified the Training Center met with the Monte of Non-teaching Staffin the december of Non-teaching Staffin the Non-teaching Staffin	No. of students admitted No. of students admitted 2 2 cifically ensure about availabilith the Student: Mentor Ratio	No. of Vali (give name) 2 Dy 2 Dy 3 Dility of eligible/val of or the permitted	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or
atient waiting room otal area course already started, year water admitted to Fellowsh ear Name of the Course of Fellowship in the man access of Surgery cal Inquiry Committee shall spectate the Training Center met with eit shall be reported in the Overate of Non-teaching Staffin the decease of Non-teaching Staffin the Non	No. of students admitted No. of students admitted 2 2 cifically ensure about availabilith the Student: Mentor Ratio	No. of Vali (give name) 2 Dy 2 Dy 3 Dility of eligible/val of or the permitted	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or
course already started, year we udents admitted to Fellowsh (ear Name of the Course Name No. Name	No. of students admitted No. of students admitted 2 2 cifically ensure about availabe the Student: Mentor Rational Remark Option.) epartment: LIST	No. of Vali (give name) 2 Dy 2 Dy illity of eligible/val for the permitted ATTACHEL Designation	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or
Patient waiting room Total area f course already started, year we tudents admitted to Fellowsh Year Name of the Course OP Fellowship in Paragraph of the Course OP Fellowship in Paragraph of the Course of Surgery oral Inquiry Committee shall specified the Training Center met with se it shall be reported in the Overa st of Non-teaching Staffin the desportant equipment(s) in the comportant equipment's available a	No. of students admitted No. of students admitted 2 2 2 2 2 2 2 2 2 2 2 2 2	No. of Vali (give name) 2 Dy 2 Dy illity of eligible/val for the permitted ATTACHEL Designation	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or
Patient waiting room Total area If course already started, year watudents admitted to Fellowsh Year Name of the Course OP Fellowship in North and Access ON Name of the Equipment Ist of Equipment(s) in the opportant equipment's available and Sr. Name of the Equipment Name of the Equipment	No. of students admitted No. of students admitted 2 2 cifically ensure about availabilith the Student: Mentor Rational Remark Option.) epartment: LIST department of concerned their functional status (Int.) Specification	No. of Vali (give name) 2 Dy 2 Dy 2 Dr illity of eligible/val for the permitted ATTACHEL Designation ed Fellowship s List here only- N	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or subject: Equipment's: List of o annexure to be attached) ot Functional Qty.
Patient waiting room Total area f course already started, year watudents admitted to Fellowsh Year Name of the Course OIG Fellowship in Did minimal Access OIJ Surgery ocal Inquiry Committee shall specycletter the Training Center met will see it shall be reported in the Overa st of Non-teaching Staffin the description. No. Name St. Name of the Equipment Sr. Name of the Equipment	No. of students admitted No. of students admitted 2 2 cifically ensure about availabilith the Student: Mentor Rational Remark Option.) epartment: LIST department of concerned their functional status (Int.) Specification	No. of Vali (give name) 2 Dy Dility of eligible/val for the permitted ATTACHEL Designation d Fellowship so List here only- N	d Mentors available in the dept. s) P. K. Bandekar P. D. Lakhani didated Mentor(s) and shall check Intake Capacity for each course or subject: Equipment's: List of o annexure to be attached) ot Functional Qty.

9.	Intensive care Service provided by the Department:	(Emergency)	Yes
	i a a a a a a a a a a a a a a a a a a a	(Elliel Sche)	, –

10.	Specialty	clinics being r	un by the departme	ent and number of	patients in each	:
-----	-----------	-----------------	--------------------	-------------------	------------------	---

1	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge	
	Endoscopay	Daily	,			ndekar Ichani

11. a	Services provided by the Department: Services
i.	OPD+1PDService.
ii.	Visiting faculty who helps in toaloning strubents and
iii	· Vircition faculty who helps is to alioning students and performing alifficult is Live Northops long liver long levels ungenies.
(1	b) Ancillary Services 2 15010 1009
	Programmel.
(f	f) Others:

12. Space:

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

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	1
Staff (Steno /Clerk).	Yes/No	Professors	V
Computer/ Typewriter	₩es/No	Associate Professors	V
Storage space for files	Yes/No	Assistant Profess or	V
	,	Residents	V

14.	Clinical Load of Dept.: No of Surgeries / ProceduresPer day List Attached
15.	Submission of data to National Authorities if any: Genital Tuberculosis
	Infections Disease.