

## DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected:..... ART Department
2. Date on which independent department of: functioning concerned specialty was created and started  
..... April 2016.....
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. Parag Biniwale | Full Time            | Mentor      | MD [Ob-Gyn]     |  |
|         |                    |                      |             | clinical course |  |

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :  
Yes/No: ..... Yes..... Since when: ..2016.....
5. Specialty Department Infrastructure Details :

| Facility                                 | Area (sq.ft.) | Available | Not Available |
|--|---------------|-----------|---------------|
| Faculty rooms                            | 100 sq.ft     | Yes       | -             |
| Clinics                                  | 300 sq.ft     | Yes       | -             |
| Laboratory Space                         | 1100 sq.ft    | Yes       | -             |
| Seminar room                             | 400 sq.ft     | Yes       | -             |
| Department Library                       | 150 sq.ft     | Yes       | -             |
| PG common room                           | 150 sq.ft     | Yes       | -             |
| Pre-clinical lab (where ever applicable) | -             |           | -             |
| Patient waiting room                     | 400 sq.ft.    | Yes       | -             |
| Total area                               | 2600 sq.ft.   | Yes       | -             |

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) |
|-----------------|----------------------------|--------------------------|--|
| AY 2019<br>2020 | 1 Fellowship Course        | 01                       | 01 (Dr. Parag Biniwale)                                  |
| AY 2020<br>2021 | 1 in Reproductive medicine | 01                       | 01 (Dr. Parag Biniwale)                                  |

(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       | Mrs. Neha Vaidya    | Embryologist |
| 2       | Mrs. Sarika Bhokare | embryologist |

3. Mrs. Bhagyashree Uttkar Embryologist
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. |
|---------|-----------------------|---------------|-----------------------------|------|
|         |                       |               |                             |      |
|         |                       |               |                             |      |

9. Intensive care Service provided by the Department: (Emergency) **NO**

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 |
|---------|--------------------|--------------------|---------|-------------------------------|--------------------------|
|         |                    |                    |         |                               |                          |
|         |                    |                    |         |                               |                          |

11. Services provided by the Department:

a) Services

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

(b) Ancillary Services

(f) Others: \_\_\_\_\_

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                               | 100 sq.ft |
| Staff (Steno /Clerk).   | ✓ Yes/No | Professors                        | 100 sq.ft |
| Computer/ Typewriter    | ✓ Yes/No | Associate Professors              | 100 sq.ft |
| Storage space for files | ✓ Yes/No | Assistant Professor               | 100 sq.ft |
|                         |          | Residents                         |           |

14. Clinical Load of Dept.: No of Surgeries / Procedures ..... **05** ..... Per day

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