

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Clinical Hematology
2. Date on which independent department of functioning concerned specialty was created and started Since 31 years .
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. M B Agarwal	Part Time	Professor.	MD, MNAMS	45 yrs
2	Dr. Shyam Rathi	Part Time	Assoc. Consultant	MD, DM	17 yrs

4. Whether Independent Department of concerned Fellowship subject exists in the Institution:
Yes/No:..... Since when 2014 .

5. Specialty Department Infrastructure Details:

Facility	Area(sft.)	Available	Not Available
Faculty rooms	200 sft.	√	
Clinics	200 sft.	√	
Laboratory Space	10,000 sft.	√	
Seminar room	350 sft.	√	
Department Library	5000 sft.	√	
PG common room			
Pre-clinical lab (wherever applicable)			
Patient waiting room	400 sft.	√	
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)
2024	Clinical Hematology	01 (One)	Dr. M B Agarwal, Dr. Shyam Rathi
2023	Clinical Hematology	01 (One)	Dr. M B Agarwal, Dr. Shyam Rathi
2022	Clinical Hematology	-	Dr. M B Agarwal, Dr. Shyam Rathi

(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
	List Enclosed	

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.
All required equipments as per norms are available and functional				

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

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 : All required services are provided by the department

b) _____

c) Ancillary Services - No

a. Others:

12. Space:

S.N	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	Adequate	Adequate
2	Equipment's	Adequate	Adequate
3	Teaching Space	Adequate	Adequate
4	Waiting area for patients	Adequate	Adequate

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	Adequate
Staff (Steno /Clerk).	Yes/No	Professors	Adequate
Computer/ Typewriter	Yes/No	Associate Professors	Adequate
Storage space for files	Yes/No	Assistant Professor	Adequate
		Residents	Adequate

14. Clinical Load of Dept. : No of Surgeries / Procedures ...12..... Per day

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