DEPARTMENTAL INFORMATION

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

- 1. Fellowship Specialty Department to be inspected: Joint Replacement Surgery
- Date on which independent department of functioning concerned specialty was created and started Since 34 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. Parag Munshi	Part Time	Professor	MS (Ortho)	30 yrs
2	Dr. Ashish Agarwal	Part Time	Assoc. Professor	MS (Ortho)	23 yrs
3	Dr. Hemant Bhandari	Part Time	Asstt. Professor	MS (Ortho)	19 yrs.

4.	Whether Independent Department of o	oncerned 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.	1 1	
Laboratory Space	10,000 sft.	V	
Seminar room	350 sft.	1	
Department Library	5000 sft.	1 1	
PG common room			and the state of t
Pre-clinical lab (wherever applicable)			
Patient waiting room	400 sft.	V	
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)
2023	Joint Replacement Surgery	01 (One	Dr. Ashish Agarwal, Dr. Parag Munshi Dr. Hemant Bhandari
2022	Joint Replacement Surgery	01 (One	Dr. Ashish Agarwal, Dr. Parag Munshi Dr. Hemant Bhandari
2021	Joint Replacement Surgery	01 (One	Dr. Ashish Agarwal, Dr. Parag Munshi Dr. Hemant Bhandari

(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	

 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	d equipments as per nor	ms 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 heldd	Timings	Average No. of cases attended	Name of Clinic In- charge
1	Fracture clinic	Thur/Sat	2 pm	20	Dr. H Bhandari
2	CTEV clinic	Mon/Fri	1 pm	10	Dr. A. Bhaskar
3	Spine Clinic	Mon/Wed	5 pm	15	Dr. A Kulkarni
4	Hand Clinic	Tue/Sat	5 pm	15	Dr. P Munshi
5	Arthroplasty Clinic	Wed	2 pm	20	Dr. P Munshi Dr. H Bhandari
6	Arthroscopy Clinic	Tue	8 am	10	Dr. H Chiniwala
7	Any other clinic	Tue	2 pm	5-7	Dr. C Anchan

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 Offic	ce	Office Space for To	eaching 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 ...4..... Per day

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