Oncopath

ANNEXURE – "D"

DEPARTMENTAL INFORMATION

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

1. **Fellowship Specialty Department to be inspected:** Pathology / Oncopathology
2. **Date on which independent department of: functioning concerned specialty was created and started** 01/01/2013
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. Ashwini Mane-Patil	F.T.	Consultant	M.D.	13 yrs.

4. **Whether Independent Department of concerned Fellowship subject exists in the Institution :**
   Yes/No: ..... Since when: 01/01/2013
5. **Specialty Department Infrastructure Details :**

Facility	Area (sft.)	Available	Not Available
Faculty rooms	100		
Clinics			
Laboratory Space	380		
Seminar room	1200		
Department Library	–		
PG common room	–		
Pre-clinical lab (where ever applicable)	–		
Patient waiting room	200		
Total area	880		

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 3years:**

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
20-21	F.C in Oncopathology	1	1 Dr. Ashwini Mane-Patil
21-22		1	1

(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 Staffin the department:** Common List

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.				
2.				

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

10. **Specialty clinics being run by the department and number of patients in each :** - N.A.

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. Histopathology,

ii. Cytology

iii. Biochemistry

(b) Ancillary Services

(f) Others: _____

12. **Space:** →

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	NA	NA
2	Equipment's	300	
3	Teaching Space	200	
4	Waiting area for patients	200	

13. **Office space:**

Department Office		**Office Space for Teaching Faculty**	
Space (Adequate)	Yes/No	HOD	100
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Profess or	
		Residents	

14. **Clinical Load of Dept.: No of Surgeries / Procedures** .....10.....**Per day**

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