

Sign & Stamp
Head of the Department
Date: Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Training Centre Round Seal

ANNEXURE – “D”

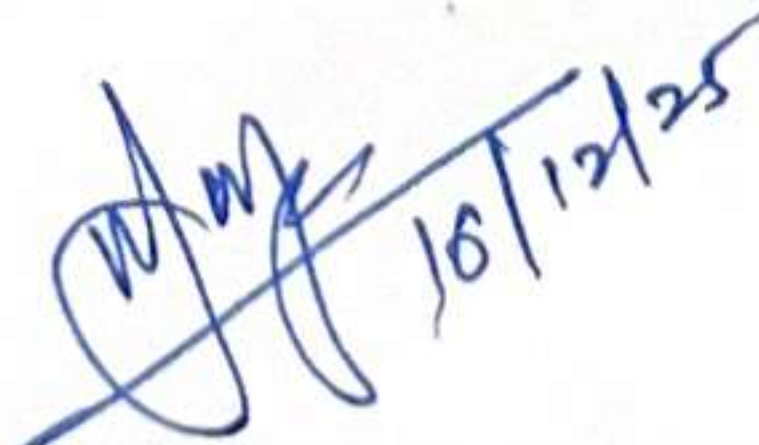
DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Cipla Palliative Care and Training Centre.
2. Date on which independent department of: functioning concerned specialty was created and started
1st May 1997
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)
	Dr Jayarajan Ponissery	Full Time	Medical Director	MBBS PG Diploma in Palliative Medicine (Cardiff, UK)	25 years
	Dr Vivek Nirabhawane	Full Time	Palliative Care Physician HOD, Quality	MBBS PG Diploma in Palliative Medicine (Cardiff, UK) Fellowship Palliative Medicine (MUHS)	15 years
	Dr Tulsi Kadam	Full Time	Palliative Care Physician HOD Clinical	MBBS PG Diploma in Palliative Medicine (Cardiff, UK)	7 years

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :


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Yes/No: Single Department Institution

Since when: 1997

5. Specialty Department Infrastructure Details :

Facility	Area (sq ft.)	Available	Not Available
Faculty rooms	100 sq ft	Yes	
Clinics	160 sq ft	Yes	
Laboratory Space		No	
Seminar room	200 sq ft	Yes	
Department Library	1188 sq ft	Yes	
PG common room		No	
Pre-clinical lab (where ever applicable)		No	
Patient waiting room	200 sq ft	Yes	
Total area	1660 Sq Ft	Yes	

6.

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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:

None, No admissions in the last 3 years

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)

(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	Mr Mahesh Gholap	Administration
2	Ms Bessy Felix	HR and Administration,
3	Mr. Prem Varpe	Accounts and Finance
4	Mr Satish Tarale	Quality, Lead
5	Dr Shruti Shinde	MSW Head

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	Syringe drivers (n=7)		Functional	7
2	Lympha-press machine (n=1)		Functional	1
3	Oxygen cylinders of central oxygen supply (n=20)		Functional	20
4	Suction machines (n=4)		Functional	4
5	Nebulizers (n=4)		Functional	4
6	Air mattress (n=13)		Functional	13
7	Wheelchairs (n=11)		Functional	11
8	Autoclaving machine (n=2)		Functional	2
9	Glucometers (n=4)		Functional	4
10	Fowler's beds (n=55)		Functional	55

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11	Biomedical waste management set (n=1)		Functional	1
12	Stoma management equipment (n=1) Stoma bag and Irrigation set)		Functional	1
13	ECG Machine (n=1)		Functional	1
14	Sterilizers (n=4)		Functional	4
15	Oxygen Cylinders (centralized)		Centralized for each bed and manifold of 8 cylinders	8
16	1 MS needles		Functional	1
17	Pulse oximeters (n=6)		Functional	6
18	Easy pumps (n=7)		Functional	7
19	BP Apparatus (n=7)		Functional	7
20	Weighing machine (n=4)		Functional	4

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9. Intensive care Service provided by the Department: Not Available (Emergency)

10. Specialty clinics being run by the department and number of patients in each :
Not Applicable

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. Palliative Care Pain and Symptom Management with psycho-social and physiotherapy and dietician support.

i. In Patient Unit

ii OP Unit

iii Dietician.

iv. Physiotherapy

(b) Ancillary Services : MSW: Psycho-social support

(f) Others: _____

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12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	400 sq. ft	8000 sq. ft
2	Equipment's	200 sq. ft	
3	Teaching Space	1188 sq. ft	
4	Waiting area for patients	200 sq. ft	200 sq. ft

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	200 sq. ft
Staff (Steno /Clerk).	Yes/No	Professors	150 sq. ft
Computer/ Typewriter	Yes/No	Associate Professors	100 sq. ft
Storage space for files	Yes/No	Assistant Profess or	200 sq. ft
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures Not Applicable Per day

15. Submission of data to National Authorities if any : No National Authorities sort any data.

[Signature]
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