ANNEXURE – "D"

DEPARTMENTAL INFORMATION

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

1. **Fellowship Specialty Department to be inspected:** Hyperbaric Medicine
2. **Date on which independent department of: functioning concerned specialty was created and started** 2010
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 Manoj Gupta	Full time	Director	MD, DNB B.Sc hyperbaric med	7 years.

4. **Whether Independent Department of concerned Fellowship subject exists in the Institution :**
   Yes/No: Yes Since when: 2010
5. **Specialty Department Infrastructure Details :**

Facility	Area (sft.)	Available	Not Available
Faculty rooms	150	✓	
Clinics	100 sq ft	✓	
Laboratory Space	150 sq ft	✓	
Seminar room	100 sq ft	✓	
Department Library	100 sq ft	✓	
PG common room	—		✓
Pre-clinical lab (where ever applicable)			✓
Patient waiting room	200 sq ft	✓	
Total area	800 sq ft		

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)
1)	Fellowship in Hyperbaric med	0	Yes
2)	Certificate course	0	Yes

(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:**

Sr. No.	Name	Designation
	Attached.	

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.
		Attached.		

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
			Attached		

11. **Services provided by the Department:**

a) Services

i. ______

ii. ______

iii. ______

(b) Ancillary Services

(f) Others: ______

Attached.

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	✓
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** ...2-3... **Per day**

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