

## 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 Crupta	Full Time	Director	MD, DNB BSc Hyperbaric Medicine	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	180 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 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
1)	Fellowship in Hyperbaric Medi	0	Yes
2)	Certificate course		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 Staff in 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