

**DEPARTMENTAL INFORMATION**

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

**1. Fellowship Specialty Department to be inspected: FCAH****2. Date on which independent department of: functioning concerned specialty was created and started 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 GOVINDRAJAN SANKARAN	FULL TIME	DIRECTOR	MD	19 YEARS
2	DR ABHAY CHHEDA	FULL TIME	DIRECTOR, DEPT. OF FELLOWSHIP COURSES, TOS	BHMS, CCAH, FCAH, PG-FHPC(SCHOL),	11 YEARS
3	DR RAKESH M. MEHTA	FULL TIME	DY. DIRECTOR, DEPT. OF FELLOWSHIP COURSES, TOS	BHMS, FCAH, PG-FHPC	9 YEARS
4	DR CHANDRASHEKHAR ALGUNDAGI	PART TIME	MENTOR	BHMS, MD(HOM)	16 YEARS
5	DR JAYESH K SHAH	PART TIME	MENTOR	BHMS, MD(HOM)	16 YEARS
6	DR MEGHNA SHAH	PART TIME	MENTOR	BHMS, FCAH	7 YEARS
7	DR SUDHIR BALDOTA	PART TIME	MENTOR	BHMS, MD(HOM)	18 YEARS
8	DR. PARESH VASANI	PART TIME	MENTOR	BHMS, FCAH	10 YEARS
9	DR ARADHANA CHITRA	PART TIME	MENTOR	BHMS, FCAH, PG-FHPC	9 YEARS
10	DR DEVANG SHAH	PART TIME	MENTOR	BHMS, MD(HOM)	17 YEARS
11	DR RISHI VYAS	PART TIME	MENTOR	BHMS, MD(HOM)	17 YEARS
12	DR GAJANAN DHANIPKAR	PART TIME	MENTOR	DHMS, MD(HOM)	18 YEARS
13	DR ASHOK BORKAR	PART TIME	MENTOR	BHMS	PRACTICE EXPERIENCE 30 YEARS
14	DR NEELIMA DIVECHA	PART TIME	MENTOR	BHMS, FCAH	8 YEARS
15	DR MAHESH GANDHI	PART TIME	MENTOR	MD, DPM, FCAH	45 YEARS
16	DR DINESH CHAUHAN	PART TIME	MENTOR	BHMS, FCAH	10 YEARS
17	DR LEELA D'SOUZA	PART TIME	MENTOR	BHMS, MD(HOM)	17 YEARS
18	DR VINAYAK PATKAR	PART TIME	MENTOR	BHMS, MD(HOM)	13 YEARS
19	DR SUNITA GANDHI	PART TIME	MENTOR	BHMS, FCAH, PG-FHPC	10 YEARS
20	DR SUNIRMAL SARKAR	PAR TIME	MENTOR	MD(HOM)	40 YEARS
21	DR. SONALI BHOSALE	PAR TIME	MENTOR	BHMS, FCAH	10 YEARS
22	DR. PRATIK DESAI	PAR TIME	MENTOR	DHMS, CCAH, FCAH	9 YEARS
23	DR. SHRIKANT TALARI	PART TIME	MENTOR	BHMS, MD(HOM),	8 YEARS
24	DR. GITESH KALYANKAR	PART TIME	MENTOR	BHMS, MD(HOM)	8 YEARS
25	DR SHARDUL JOSHI	PART TIME	MENTOR	BHMS, MD(HOM)	8 YEARS
26	DR. MANDAR NABAR	PART TIME	MENTOR	BHMS, MD(HOM)	18 YEARS
27	DR. SWATI GOYAL	PART TIME	MENTOR	BHMS, MD(HOM), FCAH, PG-FHPC	16 YEARS
28	DR. HEENA KAZI	PART TIME	MENTOR	BHMS, MD(HOM), FCAH, PG-FHPC	16 YEARS
29	DR. SUNIL LAMBE	PART TIME	MENTOR	BHMS, MD(HOM)	16 YEARS
30	DR. SMITA TRIVEDI	PART TIME	MENTOR	DHMS, CCAH	13 YEARS
31	DR. B.G. DAPTARDAR	PART TIME	MENTOR	GCEH, FCAH	11 YEARS

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

Yes/No: .....

Since when: .....

**5. Specialty Department Infrastructure Details :**

Facility	Area (sft.)	Available	Not Available
Faculty rooms	250sft	YES	
Clinics	150sft X 8	YES	
Laboratory Space			
Seminar room	800sft		
Department Library			
PG common room			
Pre-clinical lab (where ever applicable)			
Patient waiting room	300sft	YES	
Total area	3830sft		

**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)
2022	FCAH	24	
2023	FCAH	40	
2024	FCAH	19	

(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

**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.

**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

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

a) Services

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

(b) Ancillary Services

(f) Others: \_\_\_\_\_

**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: NA**

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