

**ANNEXURE – “C”**

**HOSPITAL INFORMATION**

1. Name of the Hospital: 'the other song'- International Academy of Advanced Homoeopathy

Total number of OPD, IPD in the Institution and concerned department during the last one year:

| In the entire hospital               |                                           | In the department of concerned Fellowship subject |    |
|--------------------------------------|-------------------------------------------|---------------------------------------------------|----|
| OPD                                  | 6 OPDS/NEW CASES 925 & FOLLOW UP 15850/YR |                                                   |    |
| IPD (Total No. of Patients admitted) |                                           | IPD (Total No. of Patients admitted)              | 42 |

2. Hospital Beds Distribution & No of O.T.:

| In the entire hospital |   |
|------------------------|---|
| No of Beds             | 5 |
| No of Beds in ICU      |   |
| No of Beds in IRCU     |   |
| No of Beds in SICU     |   |
| No of Major O.T.       |   |
| No of Minor O.T.       |   |

3. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

|                                            | On Inspection day | Average of random 3 days |
|--------------------------------------------|-------------------|--------------------------|
| • Daily OPD – 2 PM                         | 60                | 64                       |
| • Daily admissions                         | 3                 | 2                        |
| • Daily admissions in Dept.                |                   |                          |
| • Through casualty at 10am                 |                   |                          |
| • Bed occupancy in the Dept.               |                   |                          |
| • Number of patients in ward (IPD) at 10AM | 2                 |                          |
| • Percentage bed occupancy at 10Am         | 40%               | 30%                      |

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty: NA

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

| On Inspection day | Average of random 3 days |
|-------------------|--------------------------|
| •                 |                          |
| •                 |                          |
| •                 |                          |
| •                 |                          |
| •                 |                          |

4. Casualty:/ Emergency Department : *NA*

|                                                  |                           |
|--------------------------------------------------|---------------------------|
| Space                                            |                           |
| Number of Beds                                   |                           |
| No. of cases (Average daily OPD and Admissions): |                           |
| Emergency Lab in Casualty (round the clock):     | available / not available |
| Emergency OT and Dressing Room                   |                           |
| Staff (Medical/Paramedical)                      |                           |
| Equipment available                              |                           |

5. Blood Bank : *NA*

|       |                                                                                                                                |                                    |
|-------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| (i)   | Valid FDA License(copy of certificate be annexed)                                                                              | Yes / No                           |
| (ii)  | Blood component facility available                                                                                             | Yes / No                           |
| (iii) | All Blood Units tested for Hepatitis C,B, HIV                                                                                  | Yes / No                           |
| (iv)  | Nature of Blood Storage facilities (as per specifications)                                                                     | Yes / No                           |
| (v)   | Number of Blood Units available on inspection day                                                                              |                                    |
| (vi)  | Average blood units consumed daily and on inspection day in the entire Hospital<br>( give distribution in various specialties) | Average daily<br>On Inspection day |

6. Central Laboratory: *Appendix 'B' MoU*

- Controlling Department: \_\_\_\_\_
- No of Staff : \_\_\_\_\_
- Equipment Available : Attach separate List
- Working Hours: \_\_\_\_\_

7. Central supply of Oxygen / Suction: Available / Not available
8. Central Sterilization Department Available / Not available
9. Ambulance (Functional) Available / Not available
10. Laundry: Manual/Mechanical/Outsourced:
11. Kitchen Available / Outsourced/ Not Available
12. Incinerator: Functional / Non functional Capacity ...../Outsourced
13. Bio-Medical waste disposal Outsourced / any other method *Appendix 'H'*
14. Generator facility Available / Not available
15. Medical Record Section: Computerized / Non computerized  
 • ICD X classification Used / Not used
- Signature* *Signature*
- Sign & Stamp Sign & Stamp  
 Head of the Department Dean/ Principal/ Director of Training Centre  
 Date: Date:

Dr. Abhay Chheda

Director of Department for University Courses  
 at 'the other song'

Training Centre Round Seal

Dr. Rajan Sankaran  
 Director

'Other Song Homoeopathic Academy'

D:\Office Work\2025-26\LIC WORK for A.Y.2025-26\Final folder for C-DAC give info\LIC Proforma\_25-26\LIC Annexure A\H

-6-

*Signature*

*Signature*  
 21/11/25

*Signature*  
 21/11/25  
 Dr. Soman S.S