Part-II

Maharashtra University of Health Sciences, Nashik

**College Information for MUHS to be publish on College Website** **Academic Year 2021 - 2022**

**Faculty of Medicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College/Institute** | : |  Governemnt Medical College, Alibag – Raigad. |
| a | Name of Society / Trust | : | Government |
| b | Address | : |  Civil Hospital Campus, Beach Road, Limeywadi, Alibag, Dsit.  Raigad.402 201. |
| c | Email Address | : |  deangmcalibag@gmail.com |
| d | Telephone No.(s) | : | 02141-299214. |
| e | Website | : |  www.gmchalibag.in/gmch |
| f | Year of Establishment | : | 2021 |
| g | Status | : | Government  |
| h | Letter of Permission by Medical Council of India (UG) | : | Letter No. NMC/UG/2020/000006/035541Dated:- **01.11.2021** Intake: **100** |
| **2** | **Details of the Dean/Principal** | : |  |
| a | Name of the Dean/ Principal | : |  Dr. Sanjay Sonune |
| b | Nature of Appointment | : | Permanent  |
| c | Mobile No. | : |  9422830425 |
| d | Office Landline | : |  02141-299214. |
| e | E-mail | : |  deangmcalibag@gmail.com |

1. **Hospital Information:**
	1. **General information:**
		1. Name of the Hospital: - **Governemnt Medical College - Hospital, Alibag- Raigad.**
		2. Number of Beds registered as per BNH act: **330**
		3. Total construction area in square meters: 16,187 sq.meter
		4. MPCB clearance: Yes
	2. Fire audit /clearance: Yes
	3. **OPD :**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Details** |
| 1 | OPD Timings | **9.00am to 1.00pm** |
| 2 | Separate Registration areas for male/female, OPD /IPD | **Yes** |
| 3 | Are the Registration counters computerized | **Yes** |
| 4 | No. of registration counters | **03** |

* 1. **Casualty:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Particulars** | **No.****Available** | **Sr. No.** | **Particulars** | **No.** |
| 1 | No. of Beds | 02 | 7 | Crash Cart | 01 |
| 2 | Separate Casualty OBGY beds | 00 | 8 | Emergency Drug Tray | 01 |
| 3 | Central Oxygen & suction | 01 | 9 | Defibrillator | 02 |
| 4 | Monitors | 01 | 10 | Ventilator | 01 |
| 5 | Ambu bag | 02 | 11 | X-ray Unit – (Mobile)& X-ray Static | 00 |
| 6 | Ultrasonography Machine | 00 | 12 | Minor OT | 00 |

* 1. **Department wise Facilities available in OPD:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sr | Particulars | Details |  |
| 5 | **ENT (Otorhinolaryngology)** |  |  |
|  | Number of OPD examination rooms | 01 |  |
|  | Audiometry | Available |  |
|  | Minor OT | Yes |  |
| 6 | **Obstetrics and Gynecology** |  |  |
|  | Number of OPD examinationrooms | 01 |  |
|  | Minor OT | Yes |  |
|  | Separate USG room withfunctional USG machine |  |  |
| 7 | **Pediatrics** |  |  |
|  | Number of OPD examinationrooms | 01 |  |
| 8 | **Respiratory Medicine** |  |  |
|  | Number of OPD examinationrooms | 00 |  |
| 9 | **Psychiatry** |  |  |
|  | Number of OPD examinationrooms | 01 |  |
| 10 | **DVL (Skin)** |  |  |
|  | Number of OPD examination rooms | 01 |  |
|  |  |  |  |
|  |  |  |
|  |  |
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|  |  |  |

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| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Sr. No | Particulars | Details |  |
| 1 | **General Medicine** |  |  |
|  | Number of OPD examination rooms | 01 |  |
|  | Separate injection rooms for male and female | Yes |  |
|  | ECG rooms | Yes |  |
| 2 | **General Surgery** |  |  |
|  | Number of OPD examinationrooms | 01 |  |
|  | Separate dressing rooms for male and female | 01 |  |
|  | Minor OT | Yes |  |
| 3 | **Orthopedics** |  |  |
|  | Number of OPD examinationrooms | **01** |  |
|  | Separate dressing rooms for male and female |  |  |
|  | Minor OT | Yes |  |
|  | Plaster room | Yes |  |
|  | Plaster cutting room | Yes |
| 4 | **Ophthalmology** |  |
|  | Number of OPD examination rooms | 01 |
|  | Separate dressing rooms for male and female | Yes |
|  | Minor OT | Yes |
|  | Refraction Room | Yes |
|  |

* 1. **Central Clinical Laboratory:** Total Area **1000** sq.mt

|  |  |  |
| --- | --- | --- |
| Sr. | Particulars | Available |
| 1 | Hematology | Yes |
| 2 | Histopathology | No |
| 3 | Cytopathology | Yes |
| 4 | Clinical Pathology | Yes |
| 5 | Serology | Yes |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Sr.No | Particulars | Available |
| 6 | Bacteriology | No |
| 7 | Virology | Yes |
| 8 | Parasitological | Yes |
| 9 | Biochemistry | Yes |
| 10 | Any other | RTPCR Lab |

 **Radio-diagnosis (if any of the facility is outsourced, please mention it specifically)**

|  |  |  |
| --- | --- | --- |
| Sr | Particulars | No. |
| 2 | No of USG machines (exclusively in radio diagnosis department. USG Machines in OT, ObGy OPD, Casualty, Cardiology department etc should not be counted) | **03** |
| 3 | CT (**128 slice**) | **01** |
| 4 | MR (**1.5 T**) | **00** |
| 5 | Mammography | **01** |
| 6 | Any other facility | **00** |

|  |  |  |
| --- | --- | --- |
| Sr | Particulars | No. Available |
| 1 | X-ray machines | 60mA:  |
| 100mA: 01 |
| 300mA: 01 |
| 600mA:  |
| 800mA:  |
| Any other:1. 500mA - 012.1000mA - |
| IITV facility:500mA -  |

* 1. **List of Instruments in CCL: List Attached**
	2. **Operation theatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dept. |  No of OTs | Central Oxy/ Nitrous Oxide Y/N | Anesthesia Machine Y/N | Multipara Monitor with Capnograph Y/N | Defibrillators Y/N | Infusion Pumps Y/N |
| Gen | 01 | Yes | Yes |  | Yes | Yes |
| ENT | 01 | Yes | Yes |  |  |  |
| Ophthal. | 01 | Yes | Yes |  |  |  |
| Ortho |  |  |  |  | Yes |  |
| Obst. & | 01 | Yes | Yes | Yes | Yes |  |
| Emergency | 01 | Yes | Yes |  | Yes |  |
| Septic | 01 | Yes | Yes |  |  |  |
| Any other |  |  |  |  |  |  |
| Total no of OTs |  |  |  |  |  |  |

* 1. **Intensive Care Units**

|  |  |  |
| --- | --- | --- |
| Sr.No | Type | No. ofBeds |
| 1 | ICCU | 06 |
| 2 | ICU | 06 |
| 3 | SICU | 01 |

|  |  |  |
| --- | --- | --- |
| Sr.No | Type | No. ofBeds |
| 4 | NICU | 06 |
| 5 | PICU | 06 |
| 6 | Any other | --- |

* 1. **Labour Room:**

|  |  |
| --- | --- |
| Rooms | Details |
| No of labour rooms available for clean cases | 02 |
| Separate labour room for Septic Cases | 01 |
| Eclampsia room | 01 |
| Average Number of daily deliveries including LSCS (Verify with local authorities registration, and checking of past Indoor case papers for all deliveries in anyrandom day etc) | 15 |

* 1. **Blood Bank:**

A) License valid up to:- **25.12.2023** (Please attach a copy of license)

1. Blood Separation Facility – Available
2. Average No of units dispensed per day: **20**
3. No. of units available on the day of Assessment: **193**
	1. **CSSD:**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| No. of Vertical and Horizontal autoclaves | 01 |
| ETO | 00 |
| Any other instrument | 00 |
| Separate septic an aseptic area | 01 |
| Separate receiving and distributing points | 01 |

* 1. **Indoor Patient Department:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Beds and Units Required (Including UG and PG)** | **Beds and Units Available** | **Nursing Station Y/N** | **Exam/ Treat Room Y/N** | **Store Room Y/N** | **Duty Room Y/N** | **Demo Room**  **(25Capacity)** **Y/N** |
| Gen. Medicine | 78/3 | 78/3 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Pediatrics | 24/1 | 24/1 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Respiratory Medicine | 10/1 | 10/1 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Psychiatry | 10/1 | 10/1 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Dermatology | **10/1** | **10/1** | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Gen. Surgery | 78/3 | 78/3 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Orthopedics | 25/1 | 25/1 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Ophthalmology | 10/1 | 10/1 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| ENT | 10/1 | 10/1 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| OB & GYN | 45/2 | 45/2 | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |
| Total | **300/15** | **300/15** |  |  |  |  |  |

* 1. **Clinical Material:**

(For verifying indoor occupancy, one random date within last three months is to be selected and ALL indoor case papers of new admissions on that date should be verified in MRD)

|  |  |
| --- | --- |
| Particulars | Average Daily (last month) |
| O.P.D. attendance | 7149 |
| Casualty attendance | 1073 |
| No. of new admissions | 1574 |
| No. of discharges | 1308 |
| Bed occupancy% | 75% |
| Operative Work |  |
| No. of major surgicaloperations | 200 |
| No. of minor surgicaloperations | 130 |
| No. of normal deliveries | 218 |
| No. of caesarian sections | 98 |

|  |  |
| --- | --- |
| Particulars | Average Daily (last month) |
| Radio diagnosis Investigations | **O.P. D** | **I.P.D** |
| ( No. of patients ) |  |  |
| X-ray | 79 | 31 |
| Special investigations |  |  |
| Ultrasonography | 31 | 16 |
| C.T. Scan | 26 | 10 |
| MRI |  |  |
| Mammography | 05 | 00 |
| Laboratory Investigations – No. ofPatients |  |  |
| Hematology | 2401 | 4765 |
| Histopathology | 00 | 02 |
| Cytopathology | 03 | 05 |
| Clinical Pathology | 450 | 46 |
| Serology | 15 |  |
| Bacteriology | - |  |
| Virology | - |  |
| Parasitology | - |  |
| Biochemistry | 1395 |  |
|  | Any other |  |  |

* 1. **Other infrastructural facility in Hospital:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | Pharmacy | **YES** |
| 2 | Central Workshop | **YES** |
| 3 | Central Research Lab | **YES** |
| 4 | Canteen / Mess | **YES** |
| 5 | Central Incineration Plant / Hospital Waste | **YES** |
| 6 | Kitchen | **YES** |
| 7 | Intercom Network | **YES** |
| 8 | Computerized MRD ICD X indexing | **YES** |
| 9 | Central Laundry | **YES** |
| 10 | Ambulance: **Owned**/Hired | **Owned** |

**College information**

1. **Central Library:**

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Available** |
| 1 | Area | **300 Sq.mt.** |
| 2 | Air-conditioned | **Yes** |
| 3 | Reading rooms for students (No. of rooms with seating capacity in each) | **-** |
| 4 | Staff reading room | **-** |
| 5 | Space for stocking and display of books and journals | **Available** |
| 6 | Rooms for librarian and other Staff; | **-** |
| 7 | Journal Room | **Available** |
| 8 | Number of computers with internet facility | **05** |
| 9 | Total No. of books: | **1323** |
| 10 | Number of Journals : (Titles only) (Multiple volumes / issues of one title should be counted as ONE) | **112** |
| 11 | Number of books added in last year: | **N/A** |
| 12 | Number of Journals titles added in last year: | **N/A** |

1. **Lecture theatres:**
	1. Number of lecture theatres required at this stage of renewal: College building**: 02**, Hospital building:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Details of lecture theaters** | **Area Available** | **AV****Aids** | **Gallery****type** | **Whether enabled for e- learning** | **Whether digitally linked with all teaching areas** |
| **(Yes/No)** |
| 1 | Lecture theatre -1 | 200sq mtr | Available | Yes | Yes | Yes |
| 2 | Lecture theatre -2 | 200sq mtr | Available | Yes | Yes | Yes |
| 3 | Lecture theatre -3 |  |  |  |  |  |
| 4 | Lecture theatre -4 |  |  |  |  |  |
| 5 | Hospital building lecture theatre(if applicable) |  |  |  |  |  |

1. **Teaching Rooms (Small Group):**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Number Available** |
| 1 | Capacity of 50 students | **01** |
| 2 | Capacity of 25 students | **02** |

1. **Student Practical Laboratory:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No** | **Laboratory** |  **Available** |
| 1 | Histology | **Yes**  |
| 2 | Clinical Physiology | **Available** |
| 3 | Biochemistry | **Available** |
| 4 | Histopathology & cytopathology | **Available** |
| 5 | Clinical pathology & Hematology | **Available** |
| 6 | Microbiology | **Available** |
| 7 | Clinical Pharmacology | **Available** |
| 8 | Computer Assisted Learning (CAL) in Pharmacology. | **Not Available** |

1. **Museum:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Department** | **Area** | **Audio-visual****aids** | **Internet facility digitally****linked to all other teaching areas** |
| 1 | Anatomy | 120 sq mtr | Yes | No |

1. **Skills Laboratory:**

 **Proposal has been sent and pending for final Approval**

* 1. Rooms /Space:

|  |  |  |
| --- | --- | --- |
| Sr | Particulars | Number Available |
| 1 | Number of rooms available for examination of patients or standardized/ simulated patients |  |
| 2 | Room for demonstration of skills to small groups |  |
| 3 | Area for review or debriefing area |  |
| 4 | Rooms for faculty coordinator and support staff |  |
| 5 | Adequate space for storage ofmannequins and/or other equipment |  |
| 6 | stations for practicing skills |  |

* 1. Facility for video recording and review of interaction (feedback): Available
	2. Teaching areas have internet facility with enabled for e-learning: Yes
	3. AV Aids: Available
	4. List of mannequins - **Proposal has been sent and pending for final Approval**

|  |  |  |
| --- | --- | --- |
| Sr | Mannequin useful for | Available (Yes / No) |
| 1 | First aid, Bandaging, splinting Basic Life Support (BLS) |  |
| 2 | CPR (Cardio Pulmonary Resuscitation) |  |
| 3 | Various types of injections- Subcutaneous, Intra- muscular, Intra-venous |  |
| 4 | Urine Catheter insertion |  |
| 5 | Skin & Fascia suturing |  |
| 6 | Breast examination |  |
| 7 | Gynecological examination including IUCD |  |
| 8 | Obstetrics mannequins including Obstetric examination, conduct and management of vaginal delivery. |  |
| 9 | Neonatal & Pediatric resuscitation |  |
| 10 | Whole body mannequins |  |
| 11 | Trauma management |  |

1. **Hostel Facility:**

|  |  |  |
| --- | --- | --- |
| **Sr. No** |  **Hostel** |  **Details** |
| 1 |  **UG student Boys** |  |
| a | No. of Rooms with No. of occupants per Room | **Total 20 Rooms****3 students per Room** |
| b | Total capacity |  |
| c | Name of Warden / Rector | **Mr.Pankaj Sinsiwar** |
| 2 | **UG Student Girls** |  |
| a | No. of Rooms with No. of occupants per Room | **Total 12 Rooms****3 students per Room** |
| b | Total capacity |  |
| c | Name of Warden / Rector | **Mrs.Ankita Kondhalkar** |
| **3** | **Intern Hostel** | **Not Applicable**  |
| a | No. of Rooms with No. of occupants per Room |
| b | Total capacity |
| 4 | **Resident Hostel** | **Available** |
| a | No. of Rooms with No. of occupants per Room |
| b | Total capacity |

1. **Department wise Facilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Department wise Particulars** | **Available** |
| 1 | Anatomy |  |
|  | Dissection hall | **Available** |
| No of cadavers available | d |
|  | Accommodation for staff | **Yes** |
| 2 | Physiology |  |
|  | Accommodation for staff | **Yes** |
| 3 | Biochemistry |  |
|  | Accommodation for staff | **Yes** |
| 4 | Pathology |  |
|  | Service laboratory each for histopathology, cytopathology, Hematology and other specialized work of the Hospital | **Yes** |
|  | Accommodation for staff | **Yes** |
| 5 | Microbiology |  |
|  | Service laboratory each for (a)Bacteriology including anaerobic bacteria; (b) Serology; (c) Virology;(d) Parasitology; (e) Mycology; (f) Tuberculosis; and (g) Immunology. | **Yes** |
|  | Media preparation and storage | **Yes** |
|  | BSL-2 virology lab | **Yes** |
| (as per e-gazette No. MCI-34(41)/2020- Med./103234 notified on 3.6.2020) |
|  | Accommodation for staff | **Yes** |
| 6 | Pharmacology | **Yes** |
|  | Animal holding area | **Proposal has been sent and pending for final Approval** |
|  | Accommodation for staff | **Yes** |
| 7 | FMT |  |
|  | Postmortem/Autopsy Block (approx.400 sq. M. area)with facilities for cold storage for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 20-25 students, waiting hall, office etc). | **Yes** |
|  | MoU with Government/district hospital, if PM examination not permitted | **----** |
|  | Accommodation for staff | **Yes** |
| 8 | Community Medicine | **Yes** |
| a | Accommodation for staff | **Yes** |
| b | RHTC Name | **SDH Pen**  |
|  | Government / Private | **Government** |
|  | Distance from college | **25km** |
|  | Mess and hostel facility at | **Yes** |
|  | Transport facility |  |
| c | UHTC Name | **RCF Hospital Kurul.** |
|  | Distance from college | **02 Km** |

1. **Other Facilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | Central Photographic Section |  |
| 2 | Central Workshop |  |
| 3 | Cafeteria | **Available** |
| 4 | Waste Management | **Available** |
| 5 | Medical Education Unit | **Available** |
| 6 | Research Cell/Society | **Available** |
| 7 | Intercom Network | **Available** |
| 8 | Playground P.T. Teacher or Instructor | **Available** |
| 9 | Common rooms for boys | **Available** |
| 10 | Common room for girls | **Available** |
| 11 | Central Incineration Plant / Hospital | **Available** |
| 12 | Facility for indoor games | **Available** |
| 13 | Gymnasium | **Available** |
| 14 | Is there any LMS available |  |
| 15 | Strong Room for Examination |  |
| 16 | Guest house facility |  |

1. **Residential quarter facility for Staff :**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **No. Available** |
| 1 | Teaching staff | **Available** |
| 2 | Non-teaching staff | **Available** |
| 3 | Nursing staff | **Available** |

1. **Availability various Functional Committees :**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Committee** | **Available (Yes / No)** |
| 1 | VISHAKA (Sexual Harassment Redressal) Committee | **Yes** |
| 2 | Anti Ragging Committee | **Yes** |
| 3 | Pharmaco-vigilence committee | **Yes** |
| 4 | Institutional Ethics Committee (Whether it is registered with CDCSO) | **Yes** |

1. **Utilization of Student Welfare Schemes:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Scheme** | **Number of beneficiaries in last year** |
| a | Earn and Learn Scheme | **Nil** |
| b | Dhanwantri Vidyadhan Scheme | **Nil** |
| c | Sanjivani Student Safety Scheme | **Nil** |
| d | Student Safety Scheme | **Nil** |
| e | Book Bank Scheme | **Nil** |
| f | Savitribai Phule Vidyadhan Scheme | **Nil** |
| g | Bahishal Shikshan Mandal Scheme | **Nil** |
| h | If, any other Scheme – **1.Din Dayal Scheme, 2. Maha DBT** | **Nil** |

1. **Participation of students in various MUHS State level Sports, Cultural and Research Activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Name of the student** | **Event** | **Award, if any** |
| a |  |  |  |
| b |  |  |  |

1. **Academic Online Teacher Database:**

|  |  |  |
| --- | --- | --- |
| 1) | Name of Co-ordinator | **Dr. Santosh Waghmode** |
|  | Teaching / Non-Teaching:- | **Teaching** |
|  | Mobile No:- | **8329529428** |
|  | Email id:- | **Surya24by7@gmail.com** |
| 2) | OTD last updated on (date) |  |

1. **Publications in Index Journals in last year**: (Attach separate list in following format) (Please do not repeat publication details for same publication with multiple authors from same institute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Title** | **Authors from the institute** | **Departments of authors** | **Journal details** | **Journal indexed****with which indexing agency** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

1. **Attendance of teachers is monitored by Biometrics**: **Yes**
2. **Teaching Staff: Annexure II Attached Separately**

**Name of the Department:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved****Designation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Conference / Workshop/ CME Activities organized in last year: N/A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Conference / Workshop/ CME Activities** | **Dates** | **MMC Credit points** | **Local / State / National / International****level?** | **Organizing department** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |