

## DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Fellowship in chronic Pain medicine.  
 2. Date on which independent department of: functioning concerned specialty was created and started  
2015-2016 me first Batch  
 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. Lakshmi, Vas	Full time	Head of Department	DA-MD	42 Yrs

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

Yes/No: YesSince when: 27-11-2005

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	1100 sft.		
Clinics	consultation Rooms Available		
Laboratory Space	N.A.		
Seminar room	main consultation room used as Seminar room		
Department Library	yes - available		
PG common room	N.A.		
Pre-clinical lab (where ever applicable)	N.A.		
Patient waiting room	1505 sq. ft.		
Total area			

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)
	Fellowship in chronic Pain medicine.	2.	Dr. Lakshmi, Vas.

(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
	Non-teaching staff (Enclosed).	

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.
	Stamray G-arm	fluoroscopy machine	Functional	1
	USG Machine	sonography machine	functional	2
	ozone machine		functional	1
	R.F. machine.		functional	1



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
	Ashirvad/Insti				
	tute for Pain	6	10-6	10-15/day	Dr. Lakshmi, Vas.
	management				
	& Research.				

11. Services provided by the Department:

a) Services

i. Fluoroscopy Guided epidural injection.

ii. USG Guided Procedures

iii. Ozone Pulsed Radio frequency / R.F ablation / PRF Injections

(b) Ancillary Services

(f) Others: USG Dry needling Physiotherapy

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	100-155 sq ft	
2	Equipment's	200-300 sq ft	
3	Teaching Space	100-155 sq ft	
4	Waiting area for patients	100-150 sq ft	

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	100-150 sq ft
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..... 7-8 ..... Per day

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