

## DEPARTMENTAL INFORMATION-

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

1. Fellowship Specialty Department to be inspected: Pediatric Neurology & Epilepsy  
 2. Date on which independent department of: functioning concerned specialty was created and started  
1989

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. K.N. SHAN	PT	Hon. Professor	MD - 64 yrs	
2.	Dr. Shilpa K	FT	Professor	MD - 24 yrs	
3.	Dr. Anurag H. Jide	PT	Hon. Consultant	MD - 29 yrs	
	Dr. Pooja Shah	FT	Consultant	MD - 11 yrs	
					S. Dr. VRUSHALI GAVALE - FT - Junior Consultant MD - 7 yrs

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

Yes/No: YESSince when: 1989

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms	240 sq. ft.		
Clinics	240 sq. ft.		
Laboratory Space	633 + 740 sq. ft.		
Seminar room	Common seminar room.		
Department Library	In faculty room.		
PG common room	Common room.		
Pre-clinical lab (where ever applicable)	NA.		
Patient waiting room	OPD + IPD		
Total area	974.61 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)
2021-22	Pediatric Neurology	2	Dr. Shilpa K, Dr. Anurag
2020-21	Epilepsy	2	Dr. Anurag
2019-20	---	2	---

(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
①	Mrs. Sancha S. Desai	PEG / EMG/EEG technician
②	Mrs. Anurag S. Kamble	---
③	Mrs. Madhura Kamble	---

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.
①	Video EEG	2 Channels, 1 Monitor	functional	3
②	Portable EEG	1 Channel	functional	1
③	EMG / NCV	1 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
1	Epilepsy	1/week	Fri 9-12	80	Dr. Shilpa Kulkarni
2	Neurology	1/week	Mon 9-12	110	Dr. Shilpa Kulkarni
3	Developmental Pediatrics	1/week	Mon 9-12	30	— 12 —

11. Services provided by the Department:

a) Services

i. Clinical Neurology with Developmental Pediatrics

ii. Clinical Electrophysiology

iii. Epilepsy Surgery

(b) Ancillary Services → Pediatric orthopedic & Rehabilitation;

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

Neuro radiology . Neuro surgery .

Genetic Laboratory .

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	Yes
Staff (Steno /Clerk).	Yes/No	Professors	Yes
Computer/ Typewriter	Yes/No	Associate Professors	Yes
Storage space for files	Yes/No	Assistant Profess or	Yes
		Residents	

14. Clinical Load of Dept.: No of Surgeries / Procedures ..... 16-18 ..... Per day

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