



**R.K.D.F.MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE**  
**JATKHEDI, NH-12 HOSHANGABAD ROAD, BHOPAL (M.P.)**

## Clinical Material

1	<b>Clinical Material</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	<b>OPD attendance</b> Average for 2024	1315 PER DAY	1319 PER DAY
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2021	87742	77035
	2022	92767	99319
	2023	107807	100740
	<b>Bed occupancy</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	Bed Occupancy Average in 2024	82%	84%
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2021	81%	82%
	2022	85%	84%
	2023	83%	85%
	<b>Major operative case Load</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	Average major operative caseload in 2024	27 PER DAY	29 PER DAY
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2021	1632	1688
	2022	1757	1813
	2023	1869	1905

<b>No.ofdeliveries</b>	<b>Last3months</b>	<b>Last15days</b>
No.of average deliveries In 2024	5 PER DAY	6 PER DAY
	<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
2021	273	291
2022	358	384
2023	416	466
<b>No.of Caesarian sections</b>	<b>Last3months</b>	<b>Last15days</b>
No.of average Caesarian sections in 2024	3 PER DAY	4 PER DAY
	<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
2021	161	179
2022	193	208
2023	225	273
	<b>Average figures of Last 3months</b>	<b>Average Figures of Last15days</b>
Averageno.ofplainX-rays	164 PER DAY	167 PER DAY

	Averageno.of CTscans	21 PER DAY	23 PER DAY
	Averageno.of MRIscans	08 PER DAY	10 PER DAY
	Average no of Ultrasounds	75 PER DAY	79 PER DAY
10	Incasethereisnoseparate EmergencyMedicinedep artment,No.ofbedsin <b>Cas ualty</b>		
11	Totalno.offunctional <b>majorOT's</b>		
12	Totalnumberof <b>Intensive carebeds</b> alongwithDistri bution:ICU		
	ICCU	10	
	ICU	10	
	NICU	10	
	PICU	10	
	SICU	10	
	HDU	10	
13	No.of <b>X-raymachines</b> 60/100mA(Portable)		
	500mA		
	600mA		
	800mA		
	1000mA		
	USGmachines		
	CTscanner(Pleaseme ntionifownedandoperat edbycollegeoron PPPbasis)		
	MRIscan(Pleasemention ifowned&operatedbyhos pitaloronPPPbasis)		

	<b>Please provide AER B certificates for each machine)</b>			
14	<b>Blood Bank license number. Valid till?</b>			

15	No.of <b>Nursingstaff</b> /Matron/NursingSuptd.D NS ANS SisterInchargeNursingofficers			
16	<b>Paramedicalstaff</b>			
17	<b>Collegewebsiteaddress</b> .Isitupdatedinall respects?			
18	<b>DepartmentofAnatomy</b>			
	Labswithcapacity			
	Museum			
	No.ofdemoroomswithcapacity			
	AVaidsavailableindemo rooms			
	BooksinDept.Lib No.ofdissectiontables			
	Bodychambers			
	No.ofcadavers			
19	<b>DepartmentofPhysiology</b>			
	Labswithcapacity			
	Demo.Roomswithcapacity			
	AVaidsavailableindemo. Rooms			
	BooksinDept.Library			
20	<b>DepartmentofBiochemistry</b>			
	Labswithcapacity			
	Demo.Roomswithcapacity			
	AVaidsavailableindemo. Rooms			
	BooksinDept.Library			

21	<b>Department of Pathology</b>			
	Labs with capacity			

	Demo.Roomswithcapacity			
	AVaidsavailableindemo.Rooms			
	BooksinDept.Library			
	ServiceLab– Histopathology Cytopathology Hematology Any specialized work			
22	<b>DepartmentofMicrobiology</b>			
	Labswithcapacity			
	Demo.Roomswithcapacity			
	AVaidsavailableindemo.Rooms			
	BooksinDept.Library			
	ServiceLab’savailability–			
23	<b>DepartmentofPharmacology</b>			
	Labswithcapacity			
	Demo.Roomswithcapacity			
	AVaidsavailableindemo.Rooms			
	BooksinDept.Library			
	CALLabwithno.offerminals			
24	<b>DepartmentofForensicMedicine</b>			
	Labswithcapacity			
	Demo.Roomswithcapacity			

	30A Voids available in demo Rooms			
	Books in Dept. Library Mortuary			



25	<b>Department of Community Medicine</b>			
	Labs with capacity			
	Demo. Rooms with capacity			
	AV aids available in demo. Rooms			
	Books in Dept. Library RHTC			
	Hostel facility			
	Specialists visits			
	National programmes			
	UHTC			

<p>Signatures of Principal/Director/Dean with date, name and seal</p>	<p>Signatures of Chairperson of the management with date, name and seal (in case of private college)</p>
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# PART C

## Faculty availability

- **Pleasedonotincludeanyfacultymemberwhoisisnotavailable/isyettobeappointed/isstillunderconsiderationforappointment/hasbeenrelievedfromtheinstitution/hasresignedfrominstitution/isonlongleaveforanyreason/orisunavailableforwhateverreason**

Department	Designation	Namesof thefaculty members	UG Requirement	PG Compliment( Ifconductio nPGcourses )	Totalr equired	Totala vailable	Deficiency (Collegeto calculated efficiency)
Anatomy	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Physiology	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Biochemistry	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Pharmacology	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Pathology	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Microbiology	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Forensic Medicine	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Tutor						
Community Medicine	Professor						
	Assoc.Prof.						
	Asstt.Prof.						

Department	Designation	Names of the faculty members	UG Requirement	PG Compliment (If conducted in PG courses)	Total required	Total available	Deficiency (College to calculate efficiency)
	Epidemiologist-Cum-Asstt.Prof.						
	Statistician-Cum-Tutor						
	Tutor						
General Medicine	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr.Resident						
Paediatrics	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr.Resident						
Respiratory Medicine	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr.Resident						
Dermatology	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr.Resident						
Psychiatry	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr.Resident						
General Surgery	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr.Resident						
Orthopaedics	Professor						
	Assoc.Prof.						
	Asstt.Prof.						
	Sr. Resident						
Department	Designation	Names of the faculty members	UG Requirement	PG Compliment (If conducted in PG courses)	Total required	Total available	Deficiency (College to calculate efficiency)
	Jr.Resident						

Oto-Rhino-Laryngology	Professor					
	Assoc.Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr.Resident					
Ophthalmology	Professor					
	Assoc.Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr.Resident					
Obstetrics &Gynaecology	Professor					
	Assoc.Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr.Resident					
Anaesthesiology	Professor					
	Assoc.Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr.Resident					
Radio-Diagnosis	Professor					
	Assoc.Prof.					
	Asstt.Prof.					
	Sr. Resident					
Dentistry	Professor					
	Assoc.Prof.					
	Asstt.Prof.					
	JR					

Faculty number deficiency: Faculty members available / Faculty members required Faculty deficiency percentage:

Signatures of Principal/Director/Dean	
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withdate,nameandseal	SignaturesofChairpersonofthemanagem entwithdate,nameandseal(in caseofprivatecollege)
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# PART D

**Please provide department wise detail of every faculty member on full time roll of the college in the following format only**

- **Please do not include any faculty member who is is not available /is yet to be appointed/is still under consideration for appointment/has been relieved from the institution/has resigned from institution/is on long leave for any reason/or is unavailable for whatever reason**

**The Head of Institution must put YES or NO in every case in the columns 6 to 9.**

Department	Name	Designation	Registration No.	Date of joining the institution & also date of joining department in current position	Has the Dean verified and certified all the educational & experience documents of the faculty member	Is the faculty working full time in the college	Has the Dean verified the Form 16 & 26AS from the Traces website and certified that the faculty member is being paid his salary regularly on monthly basis into the account directly by RTGS & that his Income tax is being deducted regularly & deposited in the account	Does the faculty member have the requisite publications as per the required format for appointment and promotion? De to confirm and certify in each case


**The Dean/Principal/Director and also Chairman Management (in case of Private college) to verify and certify that they have verified every fact above and they are responsible for the veracity of the facts mentioned above.**

**Please note that in case any of the above information is found to be wrong, they would be held responsible for the same and action initiated as may be deemed fit.**

<p>Signatures of Principal/Director/Dean with date, name and seal</p>	<p>Signatures of Chairperson of the management with date, name and seal (in case of private college)</p>
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