

DEPARTMENT OF ORTHOPAEDICS
REGIONAL INSTITUTE OF MEDICAL SCIENCES



No.48/Ortho/MTS/RIMS-2016

Imphal, the 10th may, 2018

To

The Director,
Regional Institute of Medical Sciences,
Imphal.

REGIONAL INSTITUTE OF MEDICAL SCIENCES IMPHAL, MANIPUR
Receipt No..... 125380
te. 10/5/18

Subject: Submission of Details of teachers for the month of April,
2018.

Sir,

I have the honour to submit the details of teachers in our Department duly filled up in the prescribed MCI declaration form for your kind perusal.

Thanking you,

Dean (Academic)

10.5.18

Robinson

Pls update in website.
Chandramani

Robinson.
11/5/18.

Yours faithfully,

S. N. Chishti
10/5/18
(Dr. S. N. Chishti)

Professor and Head,
Department of Orthopaedics,
RIMS, Imphal.

Dr. S.N. Chishti
Professor and Head
Department of Orthopaedics
RIMS Hospital, Imphal
Manipur

Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee.

A. Faculty Data

Name	DOB DD/MM/YYYY	Designation	Date of Joining/ promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
Ch. Anu Ke Singh	01/3/1952	Professor			12114 (Bihar)
					15682I (MC)

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty

[Handwritten Signature]

Monthly Teaching Report for the month....., 2016

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class

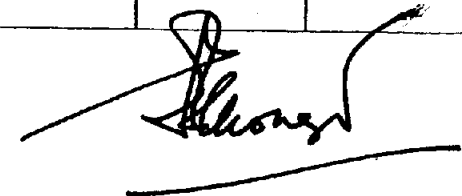
Cumulative Report for Teaching for the month....., 2016

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (> 2 times)	Reason(s) for cancellation of classes, if any

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up wherever applicable)

Month	Name of the Faculty	Number of patients seen in the OPD by the faculty	Number of patients admitted in the ward under the faculty	Number of Discharges	Number of Deaths	Number of Surgeries	Number of procedures	Number of investigations
	Ch. Arunkumar	120	18	15	Nil	10		



Infrastructure

List the department specific infrastructure as per MCI guidelines

No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark

Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee.

A. Faculty Data

Name	DOB DD/MM/YYYY	Designation	Date of Joining/ Promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
Dr A Mahendra Singh	15-03-52	Professor of Orthopedics	28-04-17		0081(MMC)

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty

Monthly Teaching Report for the month April 2016

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class

Cumulative Report for Teaching for the month April 2016

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (> 2 times)	Reason(s) for cancellation of classes, if any

[Handwritten signature]

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up wherever applicable)

Month	Name of the Faculty	Number of patients seen in the OPD by the faculty	Number of patients admitted in the ward under the faculty	Number of Discharges	Number of Deaths	Number of Surgeries	Number of procedures	Number of investigations
April 2018	Dr A Mahendra Singh	600	12	10	NIL	36	8	48

Infrastructure

List the department specific infrastructure as per MCI guidelines

No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2018	Remark
1	Arthroplasty set	Separate demonstration room attached to Orthopedic ward.	
2	Arthroscopic set		
3	Spinal surgery set		

Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee

A. Faculty Data

Name	DOB DD/MM/YYYY	Designation	Date of Joining/ Promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
Prof. S. N. Singh	1-8-1956	Professor		*	7516

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty
IX	April		1 PM	No class	Prof. S. N. Singh

[Handwritten signature]

Monthly Teaching Report for the month April, 2016

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class
IX		1 PM	AD & (m)		✓	✓		✓

Cumulative Report for Teaching for the month April, 2016

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (> 2 times)	Reason(s) for cancellation of classes, if any
IX	April	✓	✓	✓	✓

Handwritten signature

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up wherever applicable)

Month	Name of the Faculty	Number of patients seen in the OPD by the faculty	Number of patients admitted in the ward under the faculty	Number of Discharges	Number of Deaths	Number of Surgeries	Number of procedures	Number of investigations
April	Dr. S. V. G. S.	750	30	26	Nil	28	26	360

Infrastructure

State the department specific infrastructure as per MCI guidelines

No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark

Forms for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee.

A. Faculty Data

Name	DOB DD/MM/YYYY	Designation	Date of Joining/ promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
PROFESSOR SHIKH NAZIMUDDIN CHIKH	01.02. 1962	Professor	01.02.2013	1	4975

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty
6 th	APRIL		(1-2) P ₃	Fracture	
11	13/4/18			11	
11	22/4/18			11	

Signature

Monthly Teaching Report for the month..... APRIL, 2016

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class
6th	6/4/16	11-2 PM	Fracture		(A)	/	34	
	13/4/16		"		(A)		"	
	20/4/16		"		(A)		"	

Cumulative Report for Teaching for the month..... APRIL, 2016

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (> 2 times)	Reason(s) for cancellation of classes, if any
6th	APRIL	4	4	/	/

Sumit

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up wherever applicable)

Month	Name of the Faculty	Number of patients seen in the OPD by the faculty	Number of patients admitted in the ward under the faculty	Number of Discharges	Number of Deaths	Number of Surgeries	Number of procedures	Number of investigations
APRIL	S. V. KISHI	659	33	21	-	17	58	220
					-			
					-			

Infrastructure

List the department specific infrastructure as per MCI guidelines

No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark
	As per MCI		
	/		

S. V. Kishi

Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee.

A. Faculty Data

Name	DOB DDMMYYYY	Designation	Date of Joining/ Promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
Sanjiv S. Walikar	01/02/1965	Asst. prof	01/02/2013	—	09-7947 (MCI)

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty
VIII	Sept 18	8/4/18	8-9am	Lumbar Curve Studies	Dr Sanjay Walikar
V	April	10/4/18	8-9am	Peter B. AVM	Dr Sanjay Walikar
"		17/4/18	8-9am	Misc. Topic	"
"		24/4/18	8-9am	Misc. Topic	"

Amara

Monthly Teaching Report for the month....., 2016

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class
VIII	3/4/18	8-9	Kumbha con. skm / spurt defn	Dr. Jant B	A	-	84	68
	10/4/18	"	perth ds, NW, octochidris.	Dr "	A	-	84	70
	17/4/18	"	Misc topic	"	A	-	84	70
	24/4/18	"	Misc topic	"	A	-	84	72

Cumulative Report for Teaching for the month....., 2016

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (> 2 times)	Reason(s) for cancellation of classes, if any
VIII	April	4 (four)	4 (four)	-	-

Dr. Jant B

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up wherever applicable)

Month	Name of the Faculty	Number of patients seen in the OPD by the faculty	Number of patients admitted in the ward under the faculty	Number of Discharges	Number of Deaths	Number of Surgeries	Number of procedures	Number of investigations
April	Sanjay S. Wankar	650	22	22	0	12	90	—
"	"							
"	"							
"	"							

Infrastructure

List the department specific infrastructure as per MCI guidelines

No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark

Anaich

Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee.

A. Faculty Data

Name	DOB DDMM/YYYY	Designation	Date of Joining/ promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
DR. ROEL LANGSTONG	16/01/73	ASST. Professor	01/03/15		4974 (MS)

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month before the 1st day of every month.

Semester	Month	Date	Time	Topic	Faculty

Monthly Teaching Report for the month April, 2016

Semester	Date	Time	Topic	Faculty	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class

Cumulative Report for Teaching for the month 2016

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (> 2 times)	Reason(s) for cancellation of classes, if any

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up wherever applicable)

Month	Name of the Faculty	Number of patients seen in the OPD by the faculty	Number of patients admitted in the ward under the faculty	Number of Discharges	Number of Deaths	Number of Surgeries	Number of procedures	Number of investigations
April 2018	Mr ROEL LANGSAMAG	593	21	15	NH	19	19	200

Infrastructure

List the department specific infrastructure as per MCI guidelines

No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark
	C-arm x-ray etc		