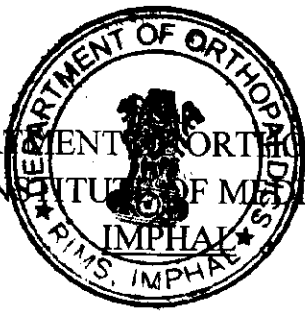


DEPARTMENT OF ORTHOPAEDICS
REGIONAL INSTITUTE OF MEDICAL SCIENCES



REGIONAL INSTITUTE OF MEDICAL SCIENCES
IMPHAL, MANIPUR
No. 122269
Date 20/3/18

No.48/Ortho/MTS/RIMS-2016

Imphal, the 19th February, 2018

To

The Director,
Regional Institute of Medical Sciences,
Imphal.

Subject: Submission of Details of teachers for the month of February,
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
[Signature]

Yours faithfully,

[Signature]

(Dr. S. N. Chishi) 19/3/18

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

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

Robinson
[Signature]
21/3/18

Pls update.
Chandramani

Robinson
21/3/18

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

A. Faculty Data

Name	DOB DDMMYYYY	Designation	Date of Joining/ Transition to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
Prof. S. N. Singh	1-2-1956	Professor OAD			25169-1978

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
1 st	February	8-2-18	1 P.M.	# next of Form	Prof. S. N. Singh
		27-2-18	1 P.M.	Antibiotics	

MS

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

Register	Date	Time	Topic	Regularity	Class conducted (A) or not (B)	If cancelled, reason thereof	No. of students on roll	No. of students who actually attended the class
14	8-2	1 pm	of over of Fees	N/A	A	N/A	20	18
	02-2	10	Abolition of dup.					

Cumulative Report for Teaching for the month 2016

Register	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
14	Feb.	2	2	0	X

[Signature]

F. 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
Feb.	Prof. S. N. Das	680	34	28	X	28	90	190

G. 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

Almer

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

A. Faculty Data

Name	DOB DDMM/YYYY	Designation	Date of Joining/ Transition to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
Dr. Anam Kumar Saini	01/01/1952	Professor			12/114 (Bihar) MBBS 156856 (MCI) PG.

to be submitted every month before the 1st day of every month.

B. Monthly Schedule of Teaching (Theory Classes) to be submitted every month

Semester	Month	Date	Time	Topic	Faculty

[Signature]

C. Monthly Teaching Report for the month Feb....., 2018

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

D. 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

F. 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
	Dr. Aswath Kumar Srinivas	120	20	14	NSA	12		

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

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

A. Faculty Data

Name	DOB DD/MM/YYYY	Designation	Date of Joining/ Relocation 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	—	5081 (MNC)

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

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

Feb.

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

D. 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
	Dr A Mehlendra Singh	650	20	18	NIL	12	10	80

F. Infrastructure

List the department specific infrastructure as per MCI guidelines

Sl. No.	Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark
1	L.LTV. in ortho OT		
2	Arthroscopy for knee Surgery	Demolished in Room in ortho ward	in force
3	Arthroplasty set for hip knee		

Handwritten signature

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

A. Faculty Data

Name	DOB DDMM/YYYY	Designation	Date of Joining/ Relocation to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
S. NAZIMUDDIN EHSHTI	01.02.1969	Professor HOD	01.02.2013	-	4995

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
VI	Feb.	16.9.18	(1-2) P.M.		DR. S.N. EHSHTI
		23.9.18			

Signature

Monthly Teaching Report for the month.....Feb....., 2018

Semester	Date	Time	Topic	Quality	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class
VI	16.2.18	12-1 P.M.	CTEU	✓	A	/	34	29
	23.2.18	"	BDH	✓	B	cancelled	34	43
	✓	✓		✓				

3) Cumulative Report for Teaching for the monthFeb....., 2018

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
VI	Feb	2	2	✓	✓

5. 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
	S. NAZIM D.D.M.S & M.S.H.T.C	1447	18	07	0	16	558	602

S. Naazim

Infrastructure

1 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
	Image Printer	4 OT	Remark
	Portable X-ray	available in ward	" "

S. Naazim

Formats for submitting various data by the HODs in compliance of the directions 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)
Sanjiv S. Walukom	1/2/1968	Asst. Prof.	01/02/2019	—	09-7947/144

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	Feb	19/2/18	8-9 am	Abiotic stressors	Sanjiv S. Walukom
		20/2/18	"	TS over joints	"
		27/2/18	"	Bone Tm.	"

Sanjiv

Monthly Teaching Report for the month Feb 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	4/2/18	8-9 am	Chemistry	Sanyal Sir	A	-	84	65
	13/2/18	8-9 am	TS Spain	"	A	-	84	60
	20/2/18	8-9 am	TS Oil Joints.	"	A	-	84	70
	24/2/18	8-9 am	Bone Tom.	"	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	Feb. 2018	4	4 (Four)	-	-

Sanyal Sir

5. 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
Feb 2016	Sauji's Surg. Medicine.	700	25	24	-	19	115	-

Infrastructure

(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

Signature

Forms for submitting various data by the HODs in compliance of the directions 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. ROEL XANG SHONG	16/01/73	Asst. Professor	01/2/15	- No. -	4979 (075)

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
VII	February	12/2/18	1-2 P.M.	Osteomyelitis		Dr. Roel Xang Shong
VII	February	26/2/18	1-2 P.M.	Supracondylar		Dr. Roel Xang Shong

Dr. Roel Xang Shong

C. Monthly Teaching Report for the month February 2018.

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
VII	12/2/18	1-2:00m.	Ostemmy cells	Dr. Reddy	A	- NA -	16	5
VII	20/2/18	1-2:00m	S.C.# Announcements	Dr. Reddy	A	- NA -	16	12

D. Cumulative Report for Teaching for the month February 2018

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
VII	February	2	2	- Nil -	- Nil -

Dr. Reddy

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
February 2018	Dr ROEL LANGSIKAT	556	17	17	N/A	16	26	190

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		

Dr. [Signature]