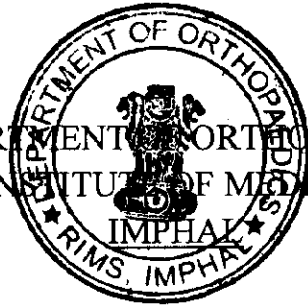


DEPARTMENT OF ORTHOPAEDICS
REGIONAL INSTITUTE OF MEDICAL SCIENCES



No.48/Ortho/MTS/RIMS-2016

Imphal, the 12th April, 2018

To

The Director,
Regional Institute of Medical Sciences,
Imphal.


REGIONAL INSTITUTE OF MEDICAL SCIENCES IMPHAL, MANIPUR	
Receipt No.	123671
to	11/4/18

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

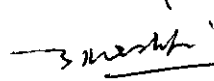
Sir,

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


Yours faithfully,


(Dr. S. N. Chishi)^{12/4/18}

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

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

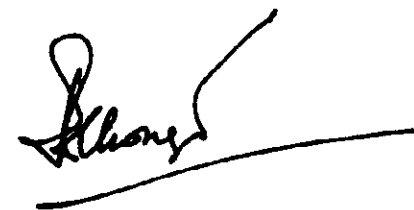
Formats for submitting various data by the HODs in compliance of the directives of the Supreme Court Mandated Oversight Committee

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. Arun Kumar Singh	01/3/1952	Professor			1211A (Bihar) MBBS
					156856 (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



C. 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

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
	<i>C. Arunkumar</i>	<i>124</i>	<i>22</i>	<i>16</i>	<i>Nil</i>	<i>12</i>		

[Signature]

Infrastructure

Fit 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)
PROFESSOR SHRUTI NAZIMBIDM CISRTI	16.02.1962	PROFESSOR	01.02.2013	/	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
615	March	16.3.18	(1-2) P.M.	Calcium Metabolism	Siddhanta
"	"	23.3.18	"	Scurvy	Siddhanta
"	"	30.3.18	"	HOLIDAY (Good Fr)	-

Siddhanta

Monthly Teaching Report for the month March, 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	18/3/18	1-2 Pm	Defensive Metabolism	S. Arshad	(A)	-	84	75
"	23/3/18	1-2 Pm	SECURITY	S. Arshad	(A)	-	84	78
"	-	1-2 Pm	-	-	B	HOLIDAY	-	-

Cumulative Report for Teaching for the month March, 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	March	3	2	10, 11, 17, 34, 40, 52, 65,	HOLIDAY

S. Arshad

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
March	S. N. Chikoti	926	39	27	-	18	320	902

S. N. Chikoti

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
	Lounge Unit (OT)	✓	
	Portable X-ray (ward)	✓	nil
		✓	

S. N. Chikoti

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 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	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

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Monthly Teaching Report for the month March, 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

Cumulative Report for Teaching for the month March, 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

Y

3. 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
March 2018	Dr A Mahendra Singh	600	12	8	NIL	16	10	60

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
1.	LITV Camera in OT.	SEMOURATI ON 2016	
2.	Arthroscopy for knee	attached to ortho ward	
3.	Spinal Surgery etc.		

U. M.

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)
Prof. S. N. Singh	1.03.56	Professor		X	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	Month	8.9.18	2.00-4.00	1.000	Prof. S. N. Singh
		22.9.18	VIC.		

AS

Monthly Teaching Report for the month March, 2016

Register	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
105	28-3-18	1 pm	S.C. 5/1	Prof. S. N. S.				
	27-3-18		N.C.					

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
105	March	2	2		

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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
	P. M. V. S. N. S. M.	880	30	26	N/A	28	200	250

Infrastructure

Department specific infrastructure as per MCI guidelines

Infrastructure as per MCI guidelines	Infrastructure available in the Department on 31 st October, 2016	Remark
		X

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. ROEL LANLISHONG	16/01/73	Asst. Professor	01/3/15		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

Dr. Roel Lanlison

Monthly Teaching Report for the month March, 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
<u>VII</u>	19/3/18	1-2 p	fractures	Dr. Roshni	A	NA	16	15
	26/3/18	1-2 p	osteoporosis	Dr. Roshni	A			

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
<u>VII</u>	March	2	2		

Dr. Roshni

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
March 2018	DR. R. S. LAWSON	558	20	14	Nil	20	20	196

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
	C-ARM X-RAY etc.		

Dr. R. S. Lawson

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)
Sanjiv S. Swaidham	01/02/1968	Asso. 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
IV		6/3/18		osteoarthritis	Dr. Sanjiv Swaidham
"		13/3/18		RA, Ankylosis -	"
"		20/3/18		Bone Tom.	"
"		22/3/18		Bone Tom.	"

Sanjiv

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
VII	6/3/18	8-9	osteoarthritis & joint replacement		A	-	84	70
	12/3/18	8-9	RA, ankylosis & gout		A	-	84	75
	20/3/18	"	Bm Ten analysis		A	-	84	76
	28/3/18	"	Bm Ten analysis & PIVD		A	-	84	70

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
VII	March 2018	4 four	4		

Amal Kumar

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
March 2016	Sanjiv S. Wani MD	674	26	26	1	22	125	-

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