

DEPARTMENT OF ORTHOPAEDICS
REGIONAL INSTITUTE OF MEDICAL SCIENCES



No. 1/Ortho/RIMS-2001

Imphal, the 14th December, 2016

To

The Director,
Regional Institute of Medical Sciences,
Imphal.



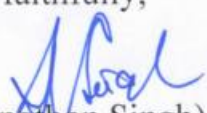
Subject: Submission of Details of teachers.

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,

Yours faithfully,


(Dr. S. Nongthou Singh)
Professor & Head,
Department of Orthopaedics,
RIMS, Imphal.

Dr. S. Nongthou Singh
Professor and Head
Department of Orthopaedics
R.I.M.S. Hospital, Imphal,
Manipur



Dean Academic

14/12/16
Rohinson

DEPARTMENT OF ORTHOPAEDICS
REGIONAL INSTITUTE OF MEDICAL SCIENCES
IMPHAL

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 course)
1. Prof. Ch. Arun Kumar Singh	1-3-1952	Director, RIMS	26-8-14 to 26-4-2015 and 27-4-2016 to till date	Nil	12114(BCMR)
2. Prof. S. Nongthon Singh	1.3.1956	Professor & HOD	24 th July, 1979/18-3-2006	Nil	7516(AMC)
3. Prof. A. Mahendra Singh	15-03-1952	Professor	24-9-1980 /01-02-2005	Nil	0081(MMC)
4. Prof. Sheikh Nazimuddin Chishti	1.2.1962	Professor	11-11-1986 /01-02-2013	Nil	4975(ACMR)
5. Dr. Sanjib Singh Waikhom	01-02-1968	Associate Professor (Time Scale)	3-3-2000 /01-03-2013	Nil	10724(MCI)-MBBS 09-7947(MCI)-PG
6. Dr. Roel Langshong	16.1.1973	Assistant Professor	2-3-2005/1.2.2015	Nil	13777(AMC)

Dated: The 14th December, 2016


(Dr. S. Nongthon Singh)
Professor and Head,
Department of Orthopaedics,
RIMS, Imphal.

Dr. S. Nongthon Singh
Professor and Head
Department of Orthopaedics
RIMS, Imphal,
Manipur

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 DDMMYYYY	Designation	Date of Joining/ Promotion to the present post	Date of resignation/transfer	Indian Medical Registration No. (for postgraduate courses)
DR. S. NONGTHON	1/3/1956	Prof & HOD	24.9.1979	X	7516 - do -

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 X	NOV	3.11.16	1-2pm	X-rays	Dr. S. Nongthon
		10.11.16	1-2pm	instruments	- do -
		17.11.16		apparatus	- do -


Dr. S. Nongthon Singh
 Professor and Head
 Department of Orthopaedics
 R.L.M.S Hospital, Imphal,
 Manipur

Monthly Teaching Report for the month Nov 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	
1 X	01-11-16	1-2	X-rays	Dr. J. Nongthou	Yes		75	73	
	02-11-16	"	1 prosthesis		"	"			
	03-11-16	"	apophyseal		"	"			

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
1 X	<u>Nov</u>	3	3	X	X

Dr. S. Nongthou Singh
 Dr. S. Nongthou Singh
 Professor and Head
 Department of Orthopaedics
 R.I.M.S. Hospital, Imphal,
 Manipur

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
NOV	DR. S. NAYATHOM	602	16	10	NIT	22	20	102

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
	Equipments - Yes	Equipments - Yes	O.T - Seminar Hood to be installed.

Dr. S. Nayathom
Dr. S. Nayathom Singh
 Professor and Head
 Department of Orthopaedics
 R.I.M.S. Hospital, Imphal,
 Manipur

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)
Dr A Mahendra Singh	15/03/1952	Professor	01/02/2005	NIL	6081/IMCJ

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	Nov.		1-2 PM	Trauma of upper & lower limb	Dr A Mahendra Singh

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

Semester	Date	Time	Topic	Feasibility	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>		<u>1-2 PM</u>			<u>B</u>	<u>course completed</u>		

D Cumulative Report for Teaching for the month Nov.; 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>	<u>Nov.</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>	<u>NIL</u>

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
Nov. 16	Dr A Mahendra Singh	470	19	15	NIL	11		41

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.	LITV in OT.		
2.	Litator	Trauma Unit	
3.	Ext fixator		Implimentation started
4.	Demonstration room in ward		

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)
SHEKH NAZMUBDIN CHUSHTI	01.02.1962	Prof B.S.S.R	01.02.2013	X	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	No class	Faculty
6 th	Nov	11.11.16	11-2 PM		CTE	DR. CHISHTI
"	"	12.11.16	"		DBU	"
"	"	25.11.16	"			"

Chushti

C. Monthly Teaching Report for the month... Nov ✓ 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
GCE	11.11.16	(1-2)pm	NO class				20	19
	18.11.16	7	ETSY	D-Christi	✓	✓	20	11
	25.11.16	"	DDH	"	(A)	✓	20	13

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
GCE	Nov	4	2	14, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 19, 20.	Water Spill

3 months

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
Nov	S. N. CHSUTTI	391	13	10	Nil	11	0	300

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
	C room		Nil
	portable X-ray (w/rd)		nil

S. N. Chsutti

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)
SANJIB SINGH. KADKHAM	01/02/1968	Associate Professor (Thru seat)	01/02/2013	- Nil	09-4947 (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	Nov	8,15, 22,29	8-9am.	Revision - osteomyelitis. (8/10) Bun Test - RW's (15/11/16) class test - (22/11/16) Arthroscopy - (29/11/16)	Sanjib Singh Kadkham

C. Monthly Teaching Report for the month.....Nov....., 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	8/11/16	8-9am	Revision - osteomyelitis	Sandy Swainson	A	-	21	61%
	14/11/16	8-9am	Revision - Bone Tumour	"	A	-	21	90%
	22/11/16	8-9am	Class test	"	A	-	21	71%
	29/11/16	8-9am	Arthropod test	"	A	-	21	47%

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
VIII	<u>Nov 16</u>	4 Four	4 Four	16,	-

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

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

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 LANS HONG	16.1.73	ASSISTANT PROFESSOR	1.2.15	NA	13777

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. - need to be

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

Semester	Date	Time	Topic	Frequency	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
Nov 2016	Asst Prof. Kodavayyong	729	15	15		12	12	500

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

for need list