DEPARTMENT OF ORTHOPAEDICS REGIONAL INSTITUTE OF MEDICAL SCIENCES <u>IMPHAL</u>

No.48/Ortho/MTS/RIMS-2016

Imphal, the **15**. January, 2018

The Director, Regional Institute of Medical Sciences, Imphal.

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Subject: Submission of Details of teachers for the month of October, November and December 2017.

Sir,

То

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,

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Yours faithfully,

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

> Dr. S. Nongthun Singh Professor and Head Department of Orthopaedics R.I.M.S. Hospital, imphat; Manipur

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List the department specific infrastructure as per MCI guidelines

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F. Infrastructure

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F. Infrastructure

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F. Infrastructure

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

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B. Monthly Schedule of Teaching (Theory Classes) to be submitted every Semester Month Date Time Topic Image: Semester Month Date Time Topic	Formats for submitting various data by the HODs in compliance of the dire A. Faculty Data Name Name DOB DOB DDMMUYYY Dom A. Mahendra 15-03-52 Implease Implease <	7 .
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E. Clinical Material

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F. Infrastructure

List the department specific infrastructure as per MCI guidelines

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F. Infrastructure

List the department specific infrastructure as per MCI guidelines

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	h before the 1 st day of every month.	of Joining/ otion to the nt postDate of resignation/transferIndian Medical 	es of the Supreme Court Mandated Oversight Committee

A marked	D. Cumulative Report for Teaching for the month, 2016 Semester Month Total No. of theory classes	(
	Total No. of classes actually doneRoll numbers of the frequently absent students (> 2 times)Reason(s) for cancellation of classes, if any	Ity Class conducted (A) or not (B) If cancelled, reason thereof. No. of students No. of students (A) or not (B) (hereof. (B) on roll attended the class actually class

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