

DEPARTMENT OF ORTHOPAEDICS  
REGIONAL INSTITUTE OF MEDICAL SCIENCES  
IMPHAL



REGIONAL INSTITUTE OF MEDICAL SCIENCES  
IMPHAL, MANIPUR  
Receipt No. 105861  
Date 26/4/17

No. 48/Ortho/MTS/RIMS-2016

Imphal, the 26 April, 2017

To

The Director,  
Regional Institute of Medical Sciences,  
Imphal.

Subject: Submission of Details of teachers for the month of March, 2017.

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. Nongthon Singh )  
Professor & Head,  
Department of Orthopaedics,  
RIMS, Imphal.

**Dr. S. Nongthon Singh**  
Professor and Head  
Department of Orthopaedics  
R.I.M.S., Imphal,

Handwritten initials and date: 27/4

Handwritten signature: DDA

Handwritten signature and date: 27/4/17

Handwritten signature and date: 28/4/17  
Dhama


DEPARTMENT OF ORTHOPAEDICS  
REGIONAL INSTITUTE OF MEDICAL SCIENCES



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. S. Nongthon Singh	1.3.1956	Professor & HOD	24 <sup>th</sup> July, 1979/18-3-2006	Nil	7516(AMC)
3. Prof. Sheikh Nazimuddin Chishti	1.2.1962	Professor	11-11-1986/01-02-2013	Nil	4975(ACMR)
4. Dr. Sanjib Singh Waikhom	01-02-1968	Associate Professor (Time Scale)	3-3-2000/01-03-2013	Nil	10724(MCD)-MBBS 09-7947(MCD)-PG
5. Dr. Roel Langshong	16.1.1973	Assistant Professor	2-3-2005/1.2.2015	Nil	13777(AMC)

Dated: The 6<sup>th</sup> April, 2017

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

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

Form 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. S. Nagesh Kumar	01.03.56	Prof & HOD	1.2.06		7516

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

Semester	Month	Date	Time	Topic	Faculty
1 <sup>st</sup>	March	6.8.17	1-2 PM	Poliovaccine	Dr. S. Nagesh Kumar
		19.8.17		Hydrocortisone	
		20.8.17		Every 10 doses	

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

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

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
IX	6.9.17							
	19.9.17		Ortho chemistry		A		24	29
	20.9.17		Ortho pharmacology		A		"	22
			Pharmacology & X-rays		A		"	21

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	March	9	9		1

*MSK*

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

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
March	S. Nongthun Juel	740	24	<del>000000</del> 0	0	20	40	200

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 <sup>st</sup> October, 2016	Remark

*M. Juel*

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)
S.N. CHSHTI	01.02.1962	PROFESSOR	01.02.2013	X	4975 (M-102)

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

Semester	Month	Date	Time	Topic	Faculty
6 <sup>th</sup>	MARCH	3.3.17	11-2 PM.	RICKARD	S.N. CHSHTI
"	"	17.3.17	"	SARIN	"
"	"	21.3.17	"	GAUT	"


*S.N. CHSHTI*  
**Professors**  
 Deptt. of Orthopaedics  
 Regional Institute of Medical Sciences  
 Imphal, Manipal

C. 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
615	3.3.17	1-2 PM	Asstekt		A		84	71
"	10.3.17	1-2	No class			Strike (B)	"	x
"	12.3.17	1-2	Seriviy		A		"	20

D. 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
615	March	4	3		1 (Strike)

  
**Professor**  
**Deptt. of Orthopaedics**  
**Regional Institute of Medical Sciences**  
**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	S. N. Chakr.	474	18	12	x	40	150	300
"	"	1	1		1		1	1

(one OPD closed on 23.03.17 on strike)

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 <sup>st</sup> October, 2016	Remark
	Ponella Vraay	Ammathia Rosary	/
	E. Arora		/

*Signature*

Professors  
Deptt. of Orthopaedics  
Regional Institute of Medical Science  
Imphal, Manipal



Format 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 SINHA MDK BDM	01/02/1968	Associate Prof.	01/02/2013	N/A	090-1947 (MUR)

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

Semester	Month	Date	Time	Topic	Faculty
VIII	March	14/8/17	8-9	PVD. LCS,	Dr Saugis S. Sengupta Dr Saugis S. Sengupta Dr Saugis S. Sengupta
		21/3/17	8-9	Entrapment neuropathy, osteoarthritis	
		28/3/17	8-9	Perthes DS. AAV, Polio	

*Dr Saugis S.*

Associate Professor  
Department of Orthopaedics  
Regional Institute of Medical Sciences  
Imphal, Manipur

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

Semester	Date	Time	Topic	Locality	Class conducted (A) or not (B)	If cancelled, reason thereof.	No. of students on roll	No. of students who actually attended the class
VII	14/3/17	8-9	PIVD: LCS	Secy, Jm	A		85	9
	21/3/17	8-9	Embryon out. <sup>from embryo</sup> <sub>osteoclasts</sub>	Secy, Jm	A		85	10
	28/3/17	8-9	Perkins B5, AEN, PAVO	Secy, Jm	A		85	11

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
VII	March	Three	Three	33, 16, 21	

*Shreebans*

Associate Professor  
Department of Orthopaedics  
Regional Institute of Medical Sciences  
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
March	Dr. Sanjay S. Walavkar	850	20	18	1 patient (one)	5	90	-

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 <sup>st</sup> October, 2016	Remark

*Dr. Sanjay S. Walavkar*

Associate Professor  
Department of Orthopaedics  
Regional Institute of Medical Sciences  
Imphal, Manipur

Format 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 LAULSTONG	16.1.73	ASSISTANT PROFESSOR	1.2.15		13777 (MS)

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

Semester	Month	Date	Time	Topic	Faculty

*Dr. Roel Laulstong*  
**Assistant Professor**  
**Dept. of Orthopaedics**  
**RIMS, Imphal**

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

Semester	Date	Time	Topic	Class actually 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

*Dr. - [Signature]*

**Assistant Professor  
Deptt. of Orthopaedics  
RIMS, Imphal**

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
March, 17		736	29	26	—	10	87	290

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 <sup>st</sup> October, 2016	Remark

*Dr. Pooja K. Singh*  
**Assistant Professor**  
**Deptt. of Orthopaedics**  
**RIMS, Imphal**