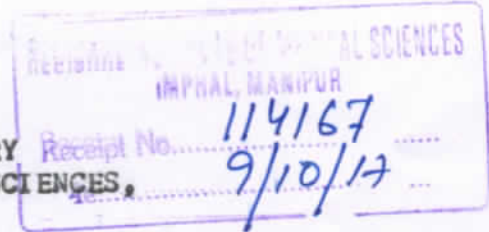


DEPARTMENT OF PSYCHIATRY  
REGIONAL INSTITUTE OF MEDICAL SCIENCES,  
IMPHAL.



No.19/Psy/IV/81/

Imphal the 6th Oct. 2017.

To

The Dean (Academic),  
Regional Institute of Medical Sciences,  
Imphal.

Subject: - Submission of monthly patient OPD attendance,  
Theory Classes and Lecture schedule for the  
month of September 2017.

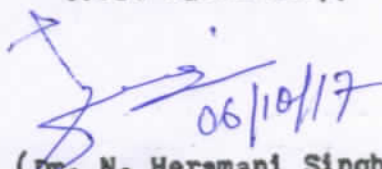
Sir,

With reference to No.B/1737/2016-RIMS dated 21st October 2016,  
I am submitting herewith the duly filled-up prescribed proforma for  
No. of patient's admission, discharge and OPD attendance for different  
faculty members for the month of September 2017.

This is to comply the directions taken in the proceedings of  
meeting held on 13.10.2016 in accordance to oversight committee of  
Medical Council of India and for your kind perusal and necessary action.

With warm regards.

Yours faithfully,

  
06/10/17  
(Dr. N. Heramani Singh)  
Prof. & Head,  
Department of Psychiatry,  
RIMS, Imphal.

Encloser:

All the proforma duly  
filled up 2 pages.

Professor and Head  
Psychiatry Deptt.  
RIMS, Imphal

*Rabin*

Psychiatry Dept Monthly report. Sept 2017

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)
		already submitted			

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

~~Topic  
06/10/17~~

C. Monthly Teaching Report for the month ..... September ..... 2017

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>VIII Sem</u>	7-9-17	8-9AM		Dr R.K. Lemn	A		20	10
	14-9-17			"	B	Student want-on leave for Foundation day		
	21-9-17			"	B	HOLIDAY		
	28-9-17			"	B			

D. Cumulative Report for Teaching for the month ..... 2017

Semester	Month	Total No. of theory classes	Total No. of classes actually done	Roll numbers of the frequently absent students (>2times)	Reason(s) for cancellation of classes, if any

*[Handwritten signature]*  
06/10/17

E. Clinical Material

Monthly census for Clinical Subjects (to be filled up whenever applicable)

Month	Name of the faculty	Number of patient seen in the OPD by the faculty	Number of patients in the ward under the faculty	Number of Discharges	Number of deaths	Number of Surgeries	Number of Procedures	Number of investigation
Sept	Prof. Hestamani N. UNIT 1 (B)	604	25	17	-			
11	Prof. R.K. Lankar UNIT 2	660	32	19	-			
11	Dr. Bihari UNIT 1 (B)	202	11	4	-			

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	Remarks

*[Handwritten signature and date: 06/10/17]*