### KISAN DNYNODAY MANDAL GUDHE'S

# **HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

Nimzari Road, Shirpur Dist. Dhule-425405

Ph.No.: 7588918406/9921467777 Fax: 02563-259993

E-mail: <a href="mailto:hmcshirpur@gmail.com">hmcshirpur@gmail.com</a>; <a href="www.kdmghmc.org">Website: www.kdmghmc.org</a>

### **COLLEGE DETAILS**

:	KISAN DNYANODAY MANDAL GUDHE
	TAL. BHADGAON DIST. JALGAON
• •	KDMG'S HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
	SHIRPUR DIST. DHULE
:	NIMZARI ROAD , SHIRPUR DIST. DHULE
:	hmcshirpur@gmail.com
:	02563256146
:	www.kdmghmc.org
:	4306
	: : : : : : : : : : : : : : : : : : : :

Details of the Dean/Principal	:	
Name of the Dean/Principal	:	Dr. LIMBEKAR PRALHAD BHAGWAN
MobileNo.	:	7588918406
OfficeLandline	:	02563256146
E-mail	:	drpblimbekar@gmail.com
Nature of Appointment	:	Approved <del>/ Not Approved / Officiating</del>

College Type	College Location	Year of Establishment		
(Government/ Private / Minority)	Urban / Rural / Tribal	UG	PG	Ph.D
Private	Rural	1989		

Courses Details:	Intake	Capacity	Details on College Website	
(UG/ PG/Ph.D) Affiliation status by the			(Yes/No)	
Council/NCH	BHMS	75	Yes	
	MD	NA	NA	
(UG/ PG/Ph.D) Affiliation status by MUHS	Ph.D.	NA	NA	

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E-mail: hmcshirpur@gmail.com; Website: www.kdmghmc.org

Sr.No	B-Hospital Details Statistics	Details	Remark
1	Total number of patients in OPD during last one year (Dept wise) $1^{\rm st}$ Jan to $31^{\rm st}$ Dec	77010	Annexure-III
2	Total number of pts in IPD during last one year (Dept wise)  1st Jan to 31st Dec		Annexure-III
3	Total number of investigation in clinical laboratory last one year1 <sup>st</sup> Jan to 31 <sup>st</sup> Dec		Details Enclosed
4	Total number of ECG during last one year 1 <sup>st</sup> Jan to 31 <sup>st</sup> Dec		Details Enclosed
5	Total number of USG / X-ray during last one year 1st Jan to		Details Enclosed
6	Number of pts in OPD on the day of inspection		
7	Number of pts in IPD on the day of Inspection		
8	Average bed occupancy per day during last one calendar year as per MSR		Details Enclosed
9	Minimum per day average number of pts in outpatient department during last one calendar year as per MSR	250	Details Enclosed
10	Verify and sign OPD/IPD record at the time of visit under following headings	Available	
	Central register		
	Departmental Register		
	Case Paper (OPD&IPD)		
	Laboratory and radiological investigation		
	Dispensing register		
	Diet register		
	Operation theatre Register		
	Duty Roster / Acquaintance roll		

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# PART-III - Academic Details :

Sr.No	Particulars to be verified	Details on College Website	Remark
1	Teaching Programme and attendance details of each department (Refer Annexure-IV)		
	<ul> <li>Academic Planner/Advance teaching plan</li> <li>No of Lectures/Practical's/Clinical/symposium/tutorials/inter-departmental workshop</li> <li>Time Table (year wise)</li> <li>Seminars/Case Presentation/Journal club in last academic year</li> <li>Monthly UG Student Attendance/Biometric (Department wise)</li> <li>Monthly PG Student Attendance &amp; Biometric</li> <li>Monthly Teaching, Non-Teaching, Paramedical/Hospital Staff Attendance &amp; Biometric</li> <li>(Whether Conducted as per Plan, Whether Information published on Website, Whether Biometric Attendance is maintained for teachers and students.)</li> <li>[As per University Circular No. 20/2020 dated 29/07/2020 and Biometric Attendance is monitored as per University Circular No. 01/2020 dated 14/01/2020.]</li> </ul>	Available	
2	Faculty development programs: Basic MET/Health Science Education Technology(HSET), Advanced MET/HSET, AETCOM, Basic RM, Advanced RM, Leadership skills in Health Sciences, Education, Communication skills in Health Care (Previous academic year and total cumulative).		
3 A	Central Library Information  Space: 223.04 (in Sq. mtr.)  Total no of Book: 8525  CCH/CCRH and Govt Publication: 15  Book Bank: 300  No of Journal (Indian/ foreign): 20  Back Issue: 110  News Paper: 05  Photocopy facility: Available  Cataloging: Department Wise and Subject Wise  Number of Books purchased in last academic year: 105  Number of Journal purchased in last academic year: 10  Name and Qualification of Librarian: Mr. Pravinsing J. Patil—B.Lib.  Name and Qualification of Asst. Librarians: 1) Mr. Sanjay Badgujar  2) Mrs. Chandrakala vasave: Diploma Library	Available	

3 B	Digital Libra	ary availability			Yes	
4	Availability	of functional commi				
	• Esta	ablishment of Vishak				
	• Ant	i Ragging committee				
	• Inst	titutional Ethical com				
	• BOI	RS committee	Yes			
	• Stu	dent council				
	• Loc	al management com	ımittee			
	• Not	te-(Verify above info	rmation of com	nmittee with details of		
	mir	nutes published on w	rebsite)			
5	Research Pu	ublications				
	• Res	search work / Project	: details (studer	nts and teacher)		
	• Par	ticulars of research ι	undertaken, co	mpleted projects, ongoi	ng	
		ject research papers		blished		
	Utilization o	of student welfare so	hemes			
6	• Ear	n and Learn Scheme	: Utilized			
		ok bank scheme : <b>Uti</b>	Yes			
		itribai phule vidyadh				
		anvantarividyadhan s				
		ijivani student safety				
	• Bah					
7	Students pa	articipation				
	• at l	Jniversity level & Sta	te level Avishka	ar competition and Rese	earch	
		ivities		·		
	• in F	Regional sports comp	etition and Sta	te level sports competit	tion	
		Cultural Activities				
	• Col	lege NSS Unit (If avai	lable)			
8	Whether "Swaccha Bharat Abhiyaan" Implemented in college Yes					
9	Date of coll	ege data uploaded o	n web portal (ł	nttp://aishe.gov.in)	Yes	
	regarding "All India survey on higher Education" (AISHE)					
10	Continuation / Extension of Affiliation Fees Details:					
	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-p	ayment
	BHMS Paid 200000					

# TA / DA BILL

To, The Principal KDMG's Homoeopathic Medical College & Hospital Shirpur Dist. Dhule

Subject : Submission of Travelling Bill . . .

Applicant:

Sir,

With reference to the above subject hereby submitting the TA/DA bill of my travelling for office work as under :

Name of Employee :			
Designation :			
Date of Journey :			
Particulars	From:	То:	Amount
Travelling			
DA	No. of days :		
Other expenses			
Mode of Journey			
Purpose of Journey			
Amount Received from			
office			
Amount Balance with			
applicant			
Balance for Return to			
college			
		Signatur	e of Applicant
Office Clerk :			Principal :
Remark :			