

Other Hospital Details Form

Other Hospital Details

Institution Name : Homoeopathic Medical College (MH029)

Institution State : MAHARASHTRA

Maintenance of Records

*Central Registration	Computerised <input type="checkbox"/>
*OPD records	Computerised <input type="checkbox"/>
*IPD records	Computerised <input type="checkbox"/>
*Medical record room	Computerised <input type="checkbox"/>
*Account Section	Computerised <input type="checkbox"/>

Labour Room

*Is Labour Room available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Is Antenatal Room with attached Toilet functional?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Are Facilities for Neonatal care available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Are other facilities, Equipments, Instruments available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Total number of Deliveries conducted in the last calendar year (i.e. 1st Jan 2021 - 31st Dec 2021)	As Per MoU
*Number of other procedures conducted in the last calendar year (i.e. 1st Jan 2021 - 31st Dec 2021)	As Per MoU

Operation Theatre

*Is Operation Theatre Available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Does Air Conditioning exists?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Does Pre Operative Room with attached toilet exists?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Does Sterilization Room exists?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Does Changing and wash room with attached toilet exists?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Are other facilities, Equipments, Instruments available?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Is Fumigation facility available?	<input checked="" type="radio"/> Yes <input type="radio"/> No

*Total Number of operations done in the last calendar year (i.e.1st Jan 2021 - 31st Dec 2021)	As Per MoU
*Total number of minor procedures done in last calendar year (i.e.1st Jan 2021 - 31st Dec 2021)	As Per MoU

Investigations

S.No	Investigations done in the last calendar year (i.e.1st Jan 2021 - 31st Dec 2021)	Number
*1	Total number of X-rays done	2609
*2	Total number of ECG done	563
*3	Total number of USG done	As per MoU

Clinical Laboratory

S.No	Investigations done in the last calendar year (i.e.1st Jan 2021 - 31st Dec 2021)	Number
*1	Total Number of Hematological Tests	9136
*2	Total Number of Bio-Chemical Tests	7038
*3	Total Number of Serological Test	4795
*4	Total Number of Microbiological Tests	8967
*5	Total number of Investigations done in the last calendar year (i.e.1st Jan 2021 - 31st Dec 2021)	29936

Verification of functionality of OPD and IPD

S.No.	Records/documents	Available/Not available	Remark
*1	Number and Name of OPD Dept	AVAILABLE 04. OP	NIL
*2	Original OPD case register	COMPUTRISED	NIL
*3	OPD Medicine dispensing register	COMPUTRISED	NIL
*4	Cash receipts for OPD charges/lab charges	CHARITABLE	NIL
*5	Number and Name of the IPD wards along with no. of beds	02, WARD, MALE/	NIL
*6	Original IPD case sheets	COMPUTRISED	NIL
*7	Discharge Cards	COMPUTRISED	NIL

S.No.	Records/documents	Available/Not available	Remark
*8	IP Medicine indent register	COMPUTRISED	NIL
*9	Nursing staff duty roster	MAINTAINED	NIL
*10	Doctors duty roster	MAINTAINED	NIL
*11	IP diet register	MAINTAINED	NIL
*12	Cash receipts for IPD charges/lab charges	CHARITABLE	NIL

*** Name & Address of Multispecialty Hospital of Modern Medicine with which the College has MoU.**

SAHARA MoU/FHADKE HOSPITAL/OZONE/AAROGYAM/RAUT HOSPITAL.AKOLA.

*Upload document for MoU with Multispeciality Hospital - [Uploaded File \(upload/581/2d93703d27747562aba47c4ea18da5f5.pdf\)](#)

*Please upload IPD diet register - [Uploaded File \(upload/581/3a22667c6aeb815f4bf8fe0e9b598f16.pdf\)](#)


