



Dr. Vithalrao Vikhe Patil Foundation's
**Medical College & Hospital,
Ahmednagar**



**NAAC A+, NABH, NABL & ISO Accredited
Best Medical College Award by MUHS, Nashik**

Achievements which led to institutional excellence

| Name of teacher | Award achieved | Year | By |
|--------------------------|---|-------------|--|
| DR, GAUTAM AAHER | Appointed on Board of Studies of PIMS Loni. | 2021 | Pravara Institute Of Medical Science , Loni |
| Dr. Ashok M. Gaikawad | Appointed on Board of Studies of PIMS Loni. | 2021 | Pravara Institute Of Medical Science , Loni |
| Dr. Atul Khalkar | Appointed on Board of Studies of PIMS Loni. | 2021 | Pravara Institute Of Medical Science , Loni |
| Dr. Abhijit Awari | Appointed on Board of Studies of MUHS, Nashik | 2023 | Maharashtra University Health Sciences, Nashik |
| Dr. Sunita Nighute | Appointed on Board of Studies of MUHS, Nashik | 2023 | Maharashtra University Health Sciences, Nashik |
| Dr. Shraddha Gunjal | Awarded Ph.D from DY Patil Vidyapeeth pune | 2022 | Dr. D.Y. Patil Vidyapeeth, Pune |
| Dr. Sunil Natha Mhaske | Awarded Ph.D from DY Patil Vidyapeeth pune | 2022 | Dr. D.Y. Patil Vidyapeeth Pune |
| Dr. Nagaraju Devarapalli | Awarded Ph.D from Malwanchal University | 2022 | Malwanchal University Indore, Madhya Pradesh |
| Dr. Urmila Dravid | Awarded Ph.D from MUHS, Nashik | 2023 | Maharashtra University Health Sciences, Nashik |



Dr. Vithalrao Vikhe Patil Foundation's
**Medical College & Hospital,
Ahmednagar**



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Institutional Achievements

| Name Of the Award/ Certificate | Year | By |
|---------------------------------------|-------------|--|
| ISO Certification | 2021 | Geotek Global Certification Pvt.Ltd. 9001:2015 |
| NABH CERTIFIACATE | 2022 | National accreditation board for hospital & health care providers, New Delhi |
| NABL CEDRTIFICATE | 2022 | National accreditation board for testing & calibration laboratories, Guru gram – 122003, Haryana |
| SOLAR PLANT | 2022 | Ministry of New and Renewable Energy (MNRE), Government of India. |
| NAAC ACCREDITATION | 2022 | NAAC Council, Bangalore |
| PET Scan unit | 2022 | Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar |
| Eat right campus certification | 2022 | Food Safety and Standards Authority of India (FSSAI) |
| Best Medical College Award | 2023 | Maharashtra University of Health Sciences, Nashik |



Pravara Institute of Medical Sciences

(Deemed to be University)

Loni Bk 413 736, Tal. Rahata, Dist. Ahmednagar (MS)

NAAC Re-accredited with 'A' Grade (CGPA 3.17)

Ref. No.: PIMS/R/BOS/2021/ 448 (103)

Date : 09/03/2021

To,
Dr. Gautam Aher
Prof. & HOD,
Dept. of Obstetrics & Gynaecology,
Dr. VVPMC, Ahmednagar
Mobile No. : 9422906977

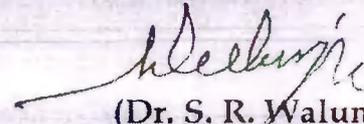
Subject : Nomination as a Member Board of Studies in Reproductive & Child Health under Faculty of Medicine.

Sir / Madam,

I am happy to inform you that, the Board of Studies under Faculty of Medicine has been re-constituted, and the University authorities have nominated you as Member, Board of Studies in Reproductive & Child Health under Faculty of Medicine for the period of three years (January 2021 to December 2023).

Please communicate your acceptance at an earliest and we look forward for your contribution to the development of academic programme of Pravara Institute of Medical Sciences, (DU), Loni.

Thanking You,


(Dr. S. R. Walunj)
Registrar


- Encl : 1) Proforma to be filled by nominee
2) Rules / Powers & Duties of Board of Studies



Pravara Institute of Medical Sciences
(Deemed to be University)

Loni Bk 413 736, Tal. Rahata, Dist. Ahmednagar (MS)
NAAC Re-accredited with 'A' Grade (CGPA 3.17)

Ref. No.: PIMS/R/BOS/2021/ 448 (85)

Date : 09 /03/2021

To,
Dr. Ashok M. Gaikwad,
Associate Professor,
Department of ENT,
Dr. PVVVF Medical College,
Ahmednagar
Mobile No. : 9822216670

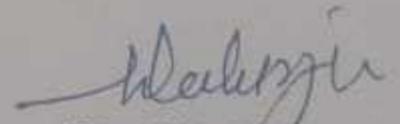
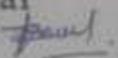
Subject : Nomination as a Member Board of Studies in Clinical Surgery & Allied Subjects Group-II under Faculty of Medicine.

Sir / Madam,

I am happy to inform you that, the Board of Studies under Faculty of Medicine has been re-constituted, and the University authorities have nominated you as Member, Board of Studies in Clinical Surgery & Allied Subjects Group-II under Faculty of Medicine for the period of three years (January 2021 to December 2023).

Please communicate your acceptance at an earliest and we look forward for your contribution to the development of academic programme of Pravara Institute of Medical Sciences, (DU), Loni.

Thanking You,


(Dr. S. R. Walunj)
Registrar


Encl : 1) Proforma to be filled by nominee
2) Rules / Powers & Duties of Board of Studies

Pravara Institute of Medical Sciences

(Deemed to be University)

Lonikandgaon, Tal. Rahata, Dist. Ahmednagar (MS)

NAAC Re-accredited with 'A' Grade (CGPA 3.17)

Ref. No.: PIMS R BOS/2021/448 (75)

Date: 09/03/2021

To
Dr. Atul Khalkar,
Professor,
Dept. of Surgery,
PDUVPEAMC,
Ahmednagar
Mobile No. 9966440000

Subject: Nomination as a Member Board of Studies in Clinical Surgery & Allied Subjects Group-I under Faculty of Medicine.

Sir/Madam,

I am happy to inform you that, the Board of Studies under Faculty of Medicine has been re-constituted, and the University authorities have nominated you as Member Board of Studies in Clinical Surgery & Allied Subjects Group-I under Faculty of Medicine for the period of three years (January 2021 to December 2023).

Please communicate your acceptance at an earliest and we look forward for your contribution to the development of academic programme of Pravara Institute of Medical Sciences, (DU), Lonik.

Thanking You,


(Dr. S. R. Walunj)
Registrar

Encl: 1) Proforma to be filled by nominee
2) Rules, Terms & Duties of Board of Studies

TRUE-COPY

DEAN
Dr. Vithalrao Vikre Patil Foundation's
Medical College & Hospital, Ahmednagar

REDMI K30 PRO

ATUL KHALKAR PICS

Pravara Institute of Medical Sciences Letter 2021-2023.doc



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539151/6659151 Student Helpline: 0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: election@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

Registrar

Ref. No. MUHS/ELN/A-78/2023

Date: 21/03/2023

To,

DR. AWARI ABHIJIT KISANRAO,
DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE,
OPP. GOVT. MILK DAIRY,
VADGAON GUPTA, M.I.D.C.,
DIST. AHMEDNAGAR - 414 111

Sub.-: Election to the authority of the University...

Sir/Madam,

I have pleasure to inform you that, you are **elected unopposed** as a member of the Board of Studies in **Para Clinical Medical Subjects for Group of Under Graduate and Post Graduate Subjects u/s 36(2)(b)** of the Maharashtra University of Health Sciences Act, 1998 (MUHS Act, 1998).

The term of the members of authority of the University as per Section 39 of the MUHS Act, 1998 is for the period of five years from the date of its first meeting, irrespective of the date on which a member enters upon such office. For the purpose of Term of office, Cessation and disqualification of membership, you are kindly requested to peruse Section 39, 40 and 41 of the MUHS Act 1998.

Your membership shall be governed by the Provisions of the MUHS, Act, 1998 and statutes, ordinances, rules, regulations and direction promulgated, thereunder.

You are requested to bring 3 passport size recent photographs while attending the first B.O.S. Meeting.

With warm regards.



Yours faithfully,

Dr. Rajendra Shivaji Bangal
Registrar

Copy to :- 1. The Dean, DVVPS, MEDICAL COLLEGE AHMEDNAGAR
2. Dy. Registrar (Academic Section U.G. & P.G.)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
B.O.S. IN PARA-CLINICAL MEDICAL SUBJECTS (UG & PG)

| SR. NO. | NAME OF THE MEMBER'S | NAME OF THE COLLEGE / ADDRESS | U/S | PHONE NO. |
|---------|--|---|-----------------|--|
| 1 | DR. MORE SANJAYKUMAR RAJARAM (CHAIRMAN) | DR. SCGMC. VISHNUPURI NANDED. - 431 601 | 36(2)(B) | 9970054432 drsanjaykumarmore@gmail.com |
| 2 | DR. AWARI ABHIJIT KISANRAO (FACULTY MEMBER) PG Teacher | DVVPS, MEDICAL COLLEGE AHMEDNAGAR - 414 111 | 36(2)(B) | 7057027826 abhijit.awari1975@gmail.com |
| 3 | DR. JAYANTI SHASHTRI | MUHS, NASHIK | 36(2)(A) | 9820549156 |
| 4 | DR. TAMBOLI S.B. | PROFESSOR & HEAD DEPT. OF PHARMACOLOGY GRANT GOVE. MEDICAL COLLEGE MUMBAI- 400 008 | 36(3)(A) | 9822377584 microbiopharma116@gmail.com |
| 5 | DR. SANDEEP B. KOKATE (FACULTY MEMBER) | ASSO. PROFESSOR DEP. OF MICROBIOLOGY GOVT. MEDICAL COLLEGE NAGPUR- 440 003 | 36(3)(B) | 9833216792 drsandeepkokate@gmail.com |
| 6 | DR. DEEPANJALI LOMTE (FACULTY MEMBER) | ASSO. PROFESSOR SHREE.BHAUSAHEB HIRE,GOVT MEDICAL COLLEGE, DHULE- 424001 | 36(3)(C) III(B) | 9422270411 dlomte@gmail.com |
| 7 | DR. UMESH SIDHESHWAR KANADE | PROFESSOR DEPT. OF PATHOLOGY VILASRAO DESHMUKH GOVT. MEDICAL COLLEGE, NEAR RAJASTHANI SCHOOL, GANDHI CHOWK, LATUR- 413 512 | 36(3)(C) | 9422468107 kanadeumesh31@gmail.com |





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539151/6659151 Student Helpline: 0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: election@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाल

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

Registrar

Ref. No. MUHS/ELN/A-78/2023

Date: 21/03/2023

To,

DR. NIGHUTE SUNITA GOVIND,
DR. VITHALRAO VIKHE PATIL
FOUNDATION'S MEDICAL COLLEGE,
OPP. GOVT. MILK DAIRY,
VADGAON GUPTA, M.I.D.C.,
DIST. AHMEDNAGAR - 414 111

Sub.-Election to the authority of the University...

Sir/Madam,

I have pleasure to inform you that, you are **elected unopposed** as a member of the Board of Studies in **Pre Clinical Medical Subjects for Group of Under Graduate and Post Graduate Subjects u/s 36(2)(b)** of the Maharashtra University of Health Sciences Act, 1998 (MUHS Act, 1998).

The term of the members of authority of the University as per Section 39 of the MUHS, Act, 1998 is for the period of five years from the date of its first meeting, irrespective of the date on which a member enters upon such office. For the purpose of Term of office, Cessation and disqualification of membership, you are kindly requested to peruse Section 39, 40 and 41 of the MUHS Act 1998.

Your membership shall be governed by the Provisions of the MUHS, Act, 1998 and statutes, ordinances, rules, regulations and direction promulgated, thereunder.

You are requested to bring 3 passport size recent photographs while attending the first B.O.S. Meeting.

With warm regards.



Yours faithfully,

Dr. Rajendra Shivaji Bangal
Registrar

Copy to :- 1. The Principal, DVVPFS, MEDICAL COLLEGE AHMEDNAGAR
2. Dy. Registrar (Academic Section U.G. & P.G.)

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Shraddha Prasad Gunjal

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Medical Microbiology - Faculty of Medicine)

*(A cross sectional study to determine seroprevalence of brucellosis and pattern of hematological,
biochemical and immunological parameters in patients with febrile illness)*

*The said degree has been conferred on her at the
Thirteenth Convocation held on Twentieth May Two Thousand Twenty Two.*

In testimony whereof is set the seal of the said University.

Pawas

Vice Chancellor



Patil

Chancellor

Name of the Candidate:- Sunil Natha Mhaske

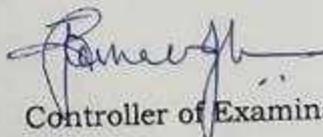
Vidyapeeth has accepted thesis submitted by the above mentioned candidate for award of Ph.D. as per report of referees and examiners of open defence of the thesis. Accordingly, it is hereby notified that, the above mentioned candidate is declared to have passed the examination of Ph.D. and has become eligible for the award of Ph. D. Degree.

Relevant details are as under:-

- 1] Faculty : Medicine
- 2] Subject : Paediatrics
- 3] Title of the thesis : Study of Prehypertension with special reference to biomarkers in Adolescent population
- 4] Place of Research : Dr. D. Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune- 411018.
- 5] Name and Address of the Guide : Dr. Vinceta Pande, Professor, Department of Paediatrics, Dr. D.Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune- 411018.
- 6] Date of Registration : 24th July, 2019
- 7] Date of Re-Registration : -
- 8] Date of declaration of Result: 25th March, 2023

Pimpri, Pune - 411 018.
Ref. No.: DPU/Exam/ 0358/2023
Date: 25th March, 2023




Controller of Examinations

Enrollment No.: MU19PhM019

Serial No. 229

MALWANCHAL UNIVERSITY

Committed To Excellence



Indore, Madhya Pradesh, India

मालवांचल विश्वविद्यालय

(A Private University Established by the Madhya Pradesh Niji Vishwavidyalaya Adhiniyam No. 17 to 2007)

Doctor of Philosophy

This is to certify that

Mr. Nagaraju Devarapalli

is awarded the Degree of

Doctor of Philosophy

in

Medical Microbiology

(Under The Faculty of Medicine)

in the year 2022.

Topic : "Assess the Microbiological Profile of Blood Stream Infections Among Patients with Blood Cancer: A Cross Sectional Investigation."

A green ink signature is written over a grey rectangular stamp.

N.K. Tilsal
VICE CHANCELLOR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरीरोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Tel : 0253-6659253

Website : <http://www.muhs.ac.in>, Email : pgexamallied@muhs.ac.in



स्वातंत्र्याचा अमृत महोत्सव

डॉ. संदीप सिताराम कादू

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), एम.बी.ए.,
पी.जी.डी.एच.एम., पी.जी.डी.एम.एल.एस., सी.एफ.एम.जे.

परीक्षा नियंत्रक

Dr. Sandeep Sitaram Kadu

M.B.B.S., M.D. (Forensic Medicine), M.B.A.,
P.G.D.H.H.M., P.G.D.M.L.S., C.F.M.J.

Controller of Examinations

MUHS/XPG-6/Ph.D./ 1091 /2023

Date: 13 /06/2023

Ph.D. Notification

It is hereby notified that Hon'ble Vice-Chancellor, Maharashtra University of Health Sciences in anticipation of the University Authority, has accepted the thesis submitted by the following candidate and declared her eligible for the award of the degree of 'Doctor of Philosophy' (Ph.D.) of the Maharashtra University of Health Sciences, Nashik in the subject concerned. The degree will be issued in due course. The relevant details are indicated below:

| | | |
|----------------------------|---|---|
| Name of Candidate | : | Urmila Rajkumar Dravid |
| Permanent Registration No. | : | 2713100074 |
| Faculty | : | Medicine |
| Subject | : | Medical Biochemistry |
| Title of Thesis | : | "Study to know the Relationship between the Saliva and Serum Enzyme Levels in Generalized Periodontitis." |
| Name of Guide | : | Dr. Shankar M. Pawar |
| Name of Research Centre | : | Government Medical College, Miraj. |
| Date of Ph.D. Viva Voce | : | 01 st June, 2023 |



(Dr. Sandeep Sitaram Kadu)
Controller of Examinations

Copy forwarded to:

1. The Secretary, UGC, Bahadur Shah Zafar Marg, New Delhi- 110 002.
2. The Secretary, Association of Indian Universities, AIU House, 16-kotla Marg, New Delhi- 110 002.
3. The Head, Human Resource Development Group, CSIR Complex, Library Avenue, Pusa New Delhi 110012.
4. The Editor, University News, AIU, AIU House, 16-kotla Marg, New Delhi- 110 002.
5. The Member Secretary, Indian Council of Social Sciences Research, 35, Firoz Shah Road, New Delhi.
6. The Director, Information and Library Network Centre, Inflibnet Centre Road, Opp. TCS, Infocity, Gndhinagar, Gujarat- 382421.
7. The Secretary/Director, Scientific & Industrial Research, CSIR, Anusandhan Bhawan, 2, Rafi Marg, New Delhi.
8. The Indian Sciences Abstract Section, Indian National Scientific Documentation Centre, Hillside Road, New Delhi.
9. The Hon'ble Vice-Chancellor Office, Maharashtra University of Health Sciences, Nashik.
10. The Controller of Examinations Office, Maharashtra University of Health Sciences, Nashik.
11. To, Dean/Principal/Director, Government Medical College, Miraj.
12. To, Urmila Rajkumar Dravid, Government Medical College, Miraj.
13. To, In charge Result Section, MUHS, Nashik

Certificate Of Registration

Geotek Global Certification Pvt. Ltd.

hereby certify that the organization

Dr. Vitthalrao Vikhe Patil Foundation's Medical College & Hospital

Address : Opp. Government Milk Dairy, Vadgaon Gupta, Post MIDC, Viladghat, Ahmednagar 414111, Maharashtra, India

has implemented and maintains a **Quality Management System** for

Scope :

Services Delivery of Medical Education for Under Graduate, Post Graduate and Allied Courses as per Maharashtra University of Health Science Syllabus

An audit was performed and proof has been furnished that the management system fulfils the requirements of international standard detailed below ...

Standard : ISO 9001:2015
Certificate No. : 19.GGCS.IN.091032
Certification Date : 01st April 2019
Re-Certification Date : 28th February 2020
Cert. Expiry Date : 27th February 2023



Reg. No. IN/QMS22/0511



A handwritten signature in black ink, appearing to read 'K. Mehru', is written over a horizontal line.

Chief Executive Officer

Geotek Global Certification Pvt. Ltd.
102, Raj Legacy, Near Bramhand Phase 5, Off. GB Road,
Thane (West), Pin 400607, Maharashtra, India

Geotek Global Certification Pvt. Ltd. is accredited by International Management Accreditation Board (Singapore)
51, Goldhill Plaza, #07-10/11, Singapore 308900

The continual validity of the certificate is conditional to compliance with the terms and the conditions of Geotek Global Certification Pvt. Ltd. - Certification Scheme Regulation. Validity of the certificate may be verified on following websites : www.geotek.co.in and accreditation body's website : www.imab.com

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATION

Dr. Vikhe Patil Memorial Hospital

Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital
Opposite Government Milk Dairy, Post : MIDC, Vadgaon Gupta
Ahmednagar - 414111, Maharashtra

has been assessed and found to comply with NABH
Entry Level -Hospital requirements.
This certificate is valid for the Scope as specified in the
annexure subject to continued compliance with the
Entry Level requirements.

Valid from : January 04, 2022
Valid thru : January 03, 2024



Certificate No.
PEH-2022-1760

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 006573



ORGANISATION

NABH as an organisation is ISQua Accredited





National Accreditation Board for
Testing and Calibration Laboratories

CERTIFICATE OF ACCREDITATION

**DR. VIKHE PATIL MEMORIAL HOSPITAL - DEPARTMENT
OF LABORATORY**

has been assessed and accredited in accordance with the standard

ISO 15189:2012

**"Medical laboratories - Requirements for quality and
competence"**

for its facilities at

VADGAON GUPTA (VILAD-GHAT), POST: M.I.D.C., TAL-NAGAR, AHMEDNAGAR, MAHARASHTRA,
INDIA

in the field of

Medical Testing

Certificate Number: MC-3453

Issue Date: 06/07/2020

Valid Until:

05/07/2022

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued satisfactory compliance to the above standard & the relevant requirements of NABL.
(To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Identity : Dr. VITHALRAO VIKHE PATIL FOUNDATION

Signed for and on behalf of NABL



N. Venkateswaran
N. Venkateswaran
Chief Executive Officer

NAAC

Institutional Assessment and Accreditation

(Effective from July 2017)

Accreditation - (Cycle: 1)

**DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL
COLLEGE AND HOSPITAL, AHMEDNAGAR, Ahmednagar,
Maharashtra, 414111**

Track ID : MHCOGN109968

AISHE-ID : C-13832

Visit dates : 07 - 03 - 2022 to 08 - 03 - 2022

Grade Sheet



NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

An Autonomous Institution of the University Grants Commission

P.O. Box No. 1075, Nagarbhavi, Bengaluru - 560 072, INDIA

Name of the Institution: DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE AND HOSPITAL, AHMEDNAGAR
 Type of the Institution: Medical college
 Dates of Visit: 07 - 03 - 2022 to 08 - 03 - 2022

| No | Criteria | Weightage (W _i) | Criterion-wise weighted Grade Point (CrWGP _i) | Criterion-wise Grade Point Averages (CrWGP _i / W _i) |
|--------------|---|-----------------------------|---|--|
| 1 | Curricular Aspects | 80 | 235 | 2.94 |
| 2 | Teaching-learning and Evaluation | 280 | 943 | 3.37 |
| 3 | Research, Innovations and Extension | 120 | 325 | 2.71 |
| 4 | Infrastructure and Learning Resources | 100 | 341 | 3.41 |
| 5 | Student Support and Progression | 120 | 411 | 3.43 |
| 6 | Governance, Leadership and Management | 100 | 356 | 3.56 |
| 7 | Institutional Values and Best Practices | 100 | 325 | 3.25 |
| 8 | Medical Part | 100 | 322 | 3.22 |
| Total | | $\sum_{i=1}^7 (W_i) = 1000$ | $\sum_{i=1}^7 (CrWGP_i) = 3258$ | 3.26 |

$$\text{Institutional CGPA} = \frac{\sum_{i=1}^7 (CrWGP_i)}{\sum_{i=1}^7 (W_i)} = \frac{3258}{1000} = 3.26$$

Grade: A+

| No | Criteria and Key Indicators | Key Indicator Weightage (W _i) | Key Indicator Wise Weighted Grade Points (KIWGP) _i |
|--|---|---|---|
| Criterion 1: Curricular Aspects | | | |
| 1.1 | Curricular Planning and Implementation | 15 | 40 |
| 1.2 | Academic Flexibility | 20 | 50 |
| 1.3 | Curriculum Enrichment | 25 | 75 |
| 1.4 | Feedback System | 20 | 70 |
| Total | | ∑ W₁=80 | ∑ (KIWGP)₁ =235 |
| Calculated CrGPA₁ = ∑ (KIWGP)₁ / ∑ W₁ = 235 / 80 = 2.94 | | | |
| Criterion 2: Teaching-learning and Evaluation | | | |
| 2.1 | Student Enrollment and Profile | 20 | 60 |
| 2.2 | Catering to Student Diversity | 25 | 90 |
| 2.3 | Teaching- Learning Process | 45 | 165 |
| 2.4 | Teacher Profile and Quality | 50 | 150 |
| 2.5 | Evaluation Process and Reforms | 45 | 180 |
| 2.6 | Student Performance and Learning Outcomes | 45 | 150 |
| 2.7 | Student Satisfaction Survey | 50 | 148 |
| Total | | ∑ W₂=280 | ∑ (KIWGP)₂ =943 |
| Calculated CrGPA₂ = ∑ (KIWGP)₂ / ∑ W₂ = 943 / 280 = 3.37 | | | |
| Criterion 3: Research, Innovations and Extension | | | |
| 3.1 | Resource Mobilization for Research | 17 | 35 |
| 3.2 | Innovation Ecosystem | 10 | 30 |
| 3.3 | Research Publications and Awards | 23 | 30 |
| 3.4 | Extension Activities | 50 | 170 |
| 3.5 | Collaboration | 20 | 60 |
| Total | | ∑ W₃=120 | ∑ (KIWGP)₃ =325 |
| Calculated CrGPA₃ = ∑ (KIWGP)₃ / ∑ W₃ = 325 / 120 = 2.71 | | | |
| Criterion 4: Infrastructure and Learning Resources | | | |
| 4.1 | Physical Facilities | 25 | 100 |
| 4.2 | Clinical, Equipment and Laboratory Learning Resources | 20 | 80 |
| 4.3 | Library as a Learning Resource | 20 | 61 |
| | | | |

| No | Criteria and Key Indicators | Key Indicator Weightage (W _i) | Key Indicator Wise Weighted Grade Points (KIWGP) _i |
|---|--|---|---|
| 4.4 | IT Infrastructure | 15 | 40 |
| 4.5 | Maintenance of Campus Infrastructure | 20 | 60 |
| Total | | ∑ W₄=100 | ∑ (KIWGP)₄ =341 |
| Calculated CrGPA₄ = ∑ (KIWGP)₄ / ∑ W₄ = 341 /100 = 3.41 | | | |
| Criterion 5: Student Support and Progression | | | |
| 5.1 | Student Support | 45 | 176 |
| 5.2 | Student Progression | 40 | 100 |
| 5.3 | Student Participation and Activities | 25 | 100 |
| 5.4 | Alumni Engagement | 10 | 35 |
| Total | | ∑ W₅=120 | ∑ (KIWGP)₅ =411 |
| Calculated CrGPA₅ = ∑ (KIWGP)₅ / ∑ W₅ = 411 /120 = 3.43 | | | |
| Criterion 6: Governance, Leadership and Management | | | |
| 6.1 | Institutional Vision and Leadership | 10 | 40 |
| 6.2 | Strategy Development and Deployment | 10 | 40 |
| 6.3 | Faculty Empowerment Strategies | 30 | 103 |
| 6.4 | Financial Management and Resource Mobilization | 20 | 73 |
| 6.5 | Internal Quality Assurance System | 30 | 100 |
| Total | | ∑ W₆=100 | ∑ (KIWGP)₆ =356 |
| Calculated CrGPA₆ = ∑ (KIWGP)₆ / ∑ W₆ = 356 /100 = 3.56 | | | |
| Criterion 7: Institutional Values and Best Practices | | | |
| 7.1 | Institutional Values and Social Responsibilities | 50 | 185 |
| 7.2 | Best Practices | 30 | 60 |
| 7.3 | Institutional Distinctiveness | 20 | 80 |
| Total | | ∑ W₇=100 | ∑ (KIWGP)₇ =325 |
| Calculated CrGPA₇ = ∑ (KIWGP)₇ / ∑ W₇ = 325 /100 = 3.25 | | | |
| Criterion 8: Medical Part | | | |
| 8.1 | Medical Indicator | 100 | 322 |
| Total | | ∑ W₈=100 | ∑ (KIWGP)₈ =322 |
| Calculated CrGPA₈ = ∑ (KIWGP)₈ / ∑ W₈ = 322 /100 = 3.22 | | | |

| No | Criteria and Key Indicators | Key Indicator Weightage (W _i) | Key Indicator Wise Weighted Grade Points (KIWGP) _i |
|-------------|-----------------------------|---|---|
| Grand Total | | 1000 | 3258 |

$$\text{Institutional CGPA} = \frac{\sum_{i=1}^7 (CrWGP_i)}{\sum_{i=1}^7 (W_i)} = 3258 / 1000 = 3.26$$

NAAC

PROFORMA INVOICE

| | | |
|---|--|-----------------------------|
|  Telemed Systems 1st Floor, Niwaran Scan Center Opp. Nana-Nani Park Latur-413512 GSTIN/UIN: 27AAGFT4507K1ZY State Name : Maharashtra, Code : 27 | Invoice No. PI/TMS/22-23/041 | Dated 23-Mar-2023 |
| | Delivery Note | Mode/Terms of Payment |
| | Supplier's Ref. | Other Reference(s) |
| Buyer Sai Nuclear Imaging Att. Dr Sushil Nemane Ahmednagar State Name : Maharashtra, Code : 27 | Buyer's Order No. | Dated |
| | Despatch Document No. | Delivery Note Date |
| | Despatched through | Destination |
| | Terms of Delivery | |

| SI No. | Description of Goods | HSN/SAC | Quantity | Rate | per | Amount |
|--------|--|---------|--------------|--------------|-----|---------------------|
| | Gamma Camera <i>Simens dual head e cam</i> | 9022 | 1 Nos | 53,57,142.86 | Nos | 60,00,000.00 |
| | CGST 6.00% | | | | 6 % | 3,60,000.00 |
| | SGST 6.00% | | | | 6 % | 3,60,000.00 |
| | Total | | 1 Nos | | | 72,00,000.00 |

Amount Chargeable (in words)

Indian Rupees Sixty seven lakh twenty thousand only.

E. & O.E

| HSN/SAC | Taxable Value | Central Tax | | State Tax | | Total Tax Amount |
|--------------|---------------------|-------------|--------------------|-----------|--------------------|--------------------|
| | | Rate | Amount | Rate | Amount | |
| 9022 | 60,00,000.00 | 6% | 3,60,000.00 | 6% | 3,60,000.00 | 7,20,000.00 |
| Total | 60,00,000.00 | | 3,60,000.00 | | 3,60,000.00 | 7,20,000.00 |

Tax Amount (in words) : **Indian Rupees seven lakh twenty thousand only.**

Company's VAT TIN : **27AAGFT4507K1ZY**
 Company's PAN : **AAGFT4507K**

Company's Bank Details
 Bank Name : **HDFC Bank**
 A/c No. : **50200064633985**
 Branch & IFS Code : **31-1 M G Road, Latur & HDFC0000360**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for **Telemed Systems**



Authorised Signatory

SUBJECT TO LATUR JURISDICTION This

is a Computer Generated Invoice

DR VIKHE PATIL MEMORIAL HOSPITAL

TABLE OF CONTENTS

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1. Introduction:

Nuclear medicine is the specialty of medicine using unsealed radioisotopes for either diagnosis or treatment of patients. The specialty can be grossly divided into 3 sub streams according to techniques involved i.e. (i) General nuclear medicine (ii) PET/CT & (iii) Radionuclide therapy.

2. Purpose

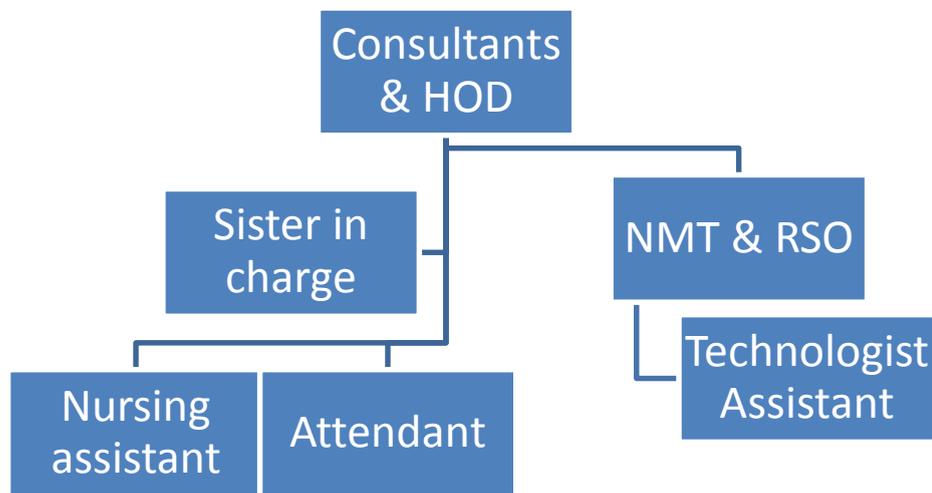
1. The Department of Nuclear medicine of the hospital provides comprehensive services in the following sub specialities:
 - i. General nuclear medicine: A gamma ray emitting radio-pharmaceutical is administered to the patient. This radio-pharmaceutical mimics the physiological processes in body & emits gamma rays during the same. These gamma rays are captured by specialized instrument called gamma camera & clinical images are generated. The images so generated & processed & interpreted by nuclear medicine physician.
 - ii. Positron emission tomography with computed tomography (PET/CT): In PET/CT imaging a positron emitting radiopharmaceutical is injected in patient's body. This positron forms two annihilation photons which are captured by PET scanner. The images formed by PET scanner are processed & interpreted by the physician.
 - iii. Radionuclide therapy: For radionuclide therapy radio-pharmaceuticals are tagged with beta particle emitting radioisotope. The radiopharmaceutical carries this radioisotope to the desired place in patients body & exerts radiation induced therapeutic effects.

2. Scope: Provision of comprehensive services in following areas

- i. General nuclear medicine
- ii. Positron emission tomography
- iii. Radionuclide therapy

3. Abbreviations:

1. IP: In patient
2. OP: Out patient
3. NM: Nuclear Medicine
4. Rph: Radiopharmaceutical
5. NMT: Nuclear medicine technologist
6. RN: Radionuclide
7. PET/CT: Positron emission tomography / computed tomography
8. RSO: Radiation safety officer
9. AERB: Atomic Energy Regulatory Board



4. Hierarchy:

5. Duties and responsibilities of the staff:

5.1 Nuclear medicine physician: The nuclear medicine physician shall

- (a) have the responsibility of dosage administration and maintenance of records providing name of the patient, nature of procedure, radiopharmaceutical prescribed, quantity prescribed, name of the nuclear medicine physician with signature and date, and name of the person administering the radiopharmaceutical with signature and date;
- (b) prevent any possibility of misadministration and promptly report to the licensee and the competent authority in the event of any misadministration, adverse reaction or death of a patient administered with radioactivity;
- (c) consider factors such as proper choice of radiopharmaceuticals, monitoring of procedure and immobilisation of the patient in order to minimise absorbed dose to the patient;
- (d) consider justification of diagnosis/therapy on pregnant patients/ lactating mothers in order to limit the exposure to the foetus/infant not exceeding an absorbed dose of 1 mGy;
- (e) consider appropriate measures for dose fractionisation, in order to minimise non-stochastic effects following radionuclide therapy;
- (f) adopt specific dosimetric consideration in paediatric patients to ascertain the risk-benefit ratio;
- (g) inform patient on safety measures to be observed to avoid radiation exposure to the family members and others;
- (h) ensure that where the quantity of radioactivity administered to a patient is in excess of the limits specified by AERB for radiopharmaceuticals emitting gamma radiation or for radiopharmaceuticals emitting beta radiation as given in Table-1, (i) patient is hospitalised and kept isolated, (ii) spread of contamination prevented and (iii) exposure of staff, other patients and public minimised;
- (i) instruct nursing and ancillary staff on radiation safety and precautions in nursing / management of therapy patients;
- (j) obtain an informed consent from the relatives of the patient, prior to administration of therapeutic dose; and
- (k) instruct on the time duration for avoidance of pregnancy following radionuclide therapy such that the absorbed dose to the conceptus shall not exceed 1 mGy

5.2 Nuclear medicine technologist: The nuclear medicine technologist shall

- (a) ensure proper functioning of all nuclear medicine equipment, carry out periodic calibrations, quality assurance checks and maintenance;
- (b) ensure the radiopharmaceutical quality requirements, the route of administration and the accuracy of dosage before giving it to a patient and take precautions to avoid misadministration;
- (c) avoid spillage of radioactivity or contamination of the patient, premises, persons and material by exercising care during dispensing/administration of radioactivity;
- (d) report to RSO and the nuclear medicine physician of any mishap in dispensing / administration of dosage to the patient or any unusual incident; and
- (e) assist the RSO in maintaining records of sources and radioactive waste as specified in AERB manual.

5.3 Radiation Safety Officer:

RSO shall

- (a) advise and assist the licensee to organise a radiation protection programme appropriate for the facility and ensure that staff observe safe work practices;
- (b) ensure safety, security and containment of radioactive sources, carry out radiation and contamination monitoring of work areas, patient waiting areas, radioactive waste disposal sites and public areas, and maintain record;
- (c) ensure that radiation monitoring instruments are kept in proper working condition and are calibrated at regular intervals;
- (d) establish procedures for management of emergency situations and conduct periodic drills to ensure their effectiveness;
- (e) report any unusual incident in writing to the licensee, with a copy endorsed to the competent authority and take remedial measures to mitigate consequences of the incident and to prevent recurrence;
- (f) maintain records of the doses of workers, the inventory of sources received, used and disposed off, any unusual incident, cause of such incident and remedial measures taken;
- (g) ensure segregation and monitoring of the waste prior to interim storage or final disposal;
- (h) advise and assist the licensee in ensuring regulatory compliance for obtaining authorisation from the competent authority for procurement, use, transport or disposal of radioactive material;
- (i) inform the competent authority of his/her leaving the institution;
- (j) advise and assist the licensee in transport of radioactive material / radioactive waste in the public domain;
- (k) ensure urgent processing of personnel dosimeters in cases of suspected overexposure; and
- (l) display advisory notices in the nuclear medicine departments to avoid unintentional exposures to pregnant women/lactating mothers. RSO attached to therapy centers shall, in addition to the above shall
 - (i) ensure that patients administered with radioisotopes for in-patient therapy are hospitalised in the approved isolation wards;
 - (ii) carry out regular monitoring of therapy patients, patient areas and nurse's station areas;
 - (iii) ensure that effective dose to the patient's comforter shall not normally exceed 5 mSv during the period of a patient's treatment;
 - (iv) ensure that dose to any family member other than comforter does not exceed 1 mSv/year, prospectively estimated prior to discharge of the patient;
 - (v) ensure that radiation level at 1 m from patient being discharged does not exceed 50 μ Sv/h at the time of discharge. Provide detailed instructions in English and local language on the safety precautions to be followed by the comforter and other family members so as to keep the doses below the levels specified in (iii) and (iv) respectively;
 - (vi) ensure that activity limit for discharge of patients administered with beta emitting radionuclides is as given in AERB manual
 - (vii) ensure sampling and monitoring of effluents from therapy wards prior to their release to public sewers;
 - (viii) ensure liquid effluents released to public sewer does not exceed authorised discharge limits;
 - (ix) maintain a separate logbook for data on monitoring of therapy patients from the time of hospitalisation until discharge from the ward;
 - (x) segregate and monitor patient linen prior to interim storage or reuse;
 - (xi) provide personnel monitoring to patient's comforter(s), if required, and maintain appropriate records;
 - (xii) give appropriate instructions for radiation safety and precautions to patient comforters in management of therapy patients;
 - (xiii) restrict entry of visitors to isolation wards;
 - (xiv) issue necessary written instructions at the time of discharge of therapy patients to minimise radiation exposure of family members especially to children and pregnant women; and
 - (xv) decide, in consultation with the physician-in-charge, the safety precautions to be followed, regarding disposal of cadavers containing radionuclides in accordance with the procedures approved by the competent authority.

5.4. Sister in charge:

Sister in charge shall be responsible for

- a) Providing & supervising all possible nursing care to patients referred to the department of Nuclear medicine.
- b) Maintaining proper duty roster for nursing staff & attendants in the department
- c) Regular survey & updating the non-radioactive pharmaceuticals used in department
- d) Daily survey of crash cart & patient monitoring instruments used in the department

e) Maintain proper dialogue & mediate communications between physician & other nursing staff whenever required

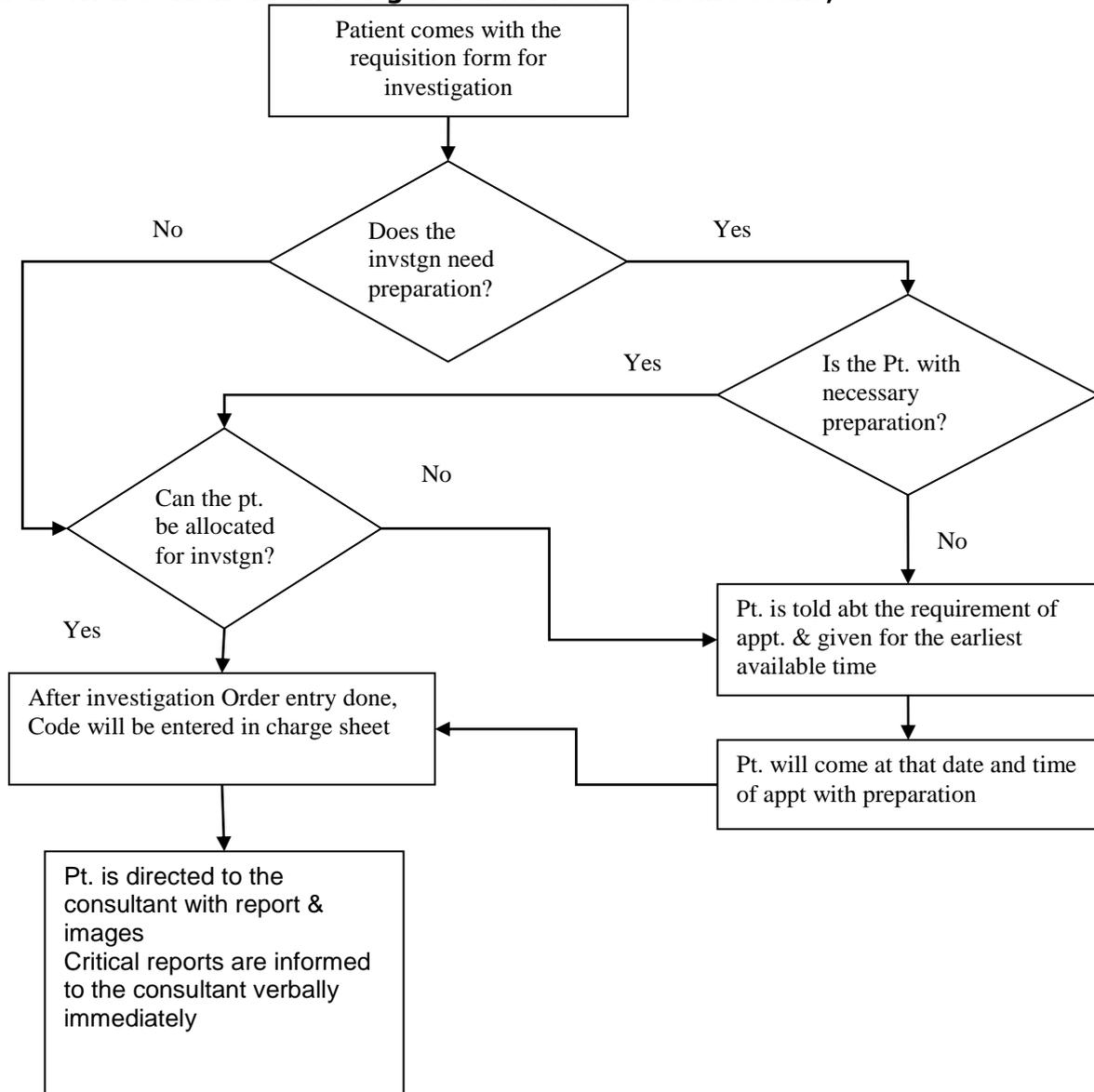
1. Technologist assistant: The technologist assistant shall work under supervision of NMT & provide required assistance in dispensing of radiopharmaceuticals, scan preparation & image acquisition.

6. POLICIES & PROCEDURES OF THE DEPARTMENT:

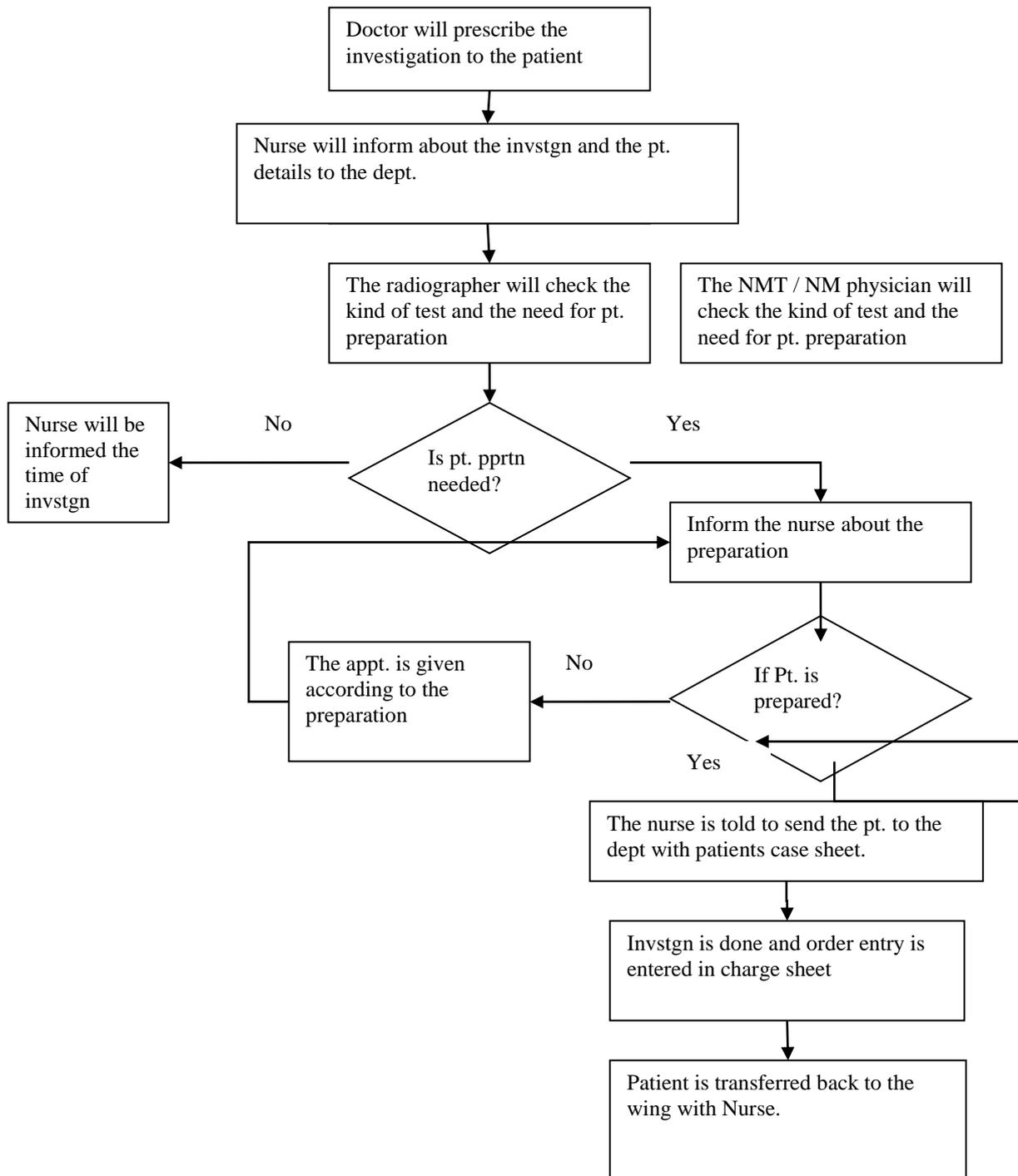
1. The Nuclear medicine Department operates within all applicable legislation, regulations and Registration requirements.
2. All laws, regulations, directives, guidelines and registration requirements of Atomic Energy Regulatory Board (AERB) & Health & Family Welfare Office, Maharashtra will be met and followed.
3. The hospitals Radiology Department have a valid and current Radiology AERB Registration & they are posted in public view.
4. All staff members are provided with Thermo luminescent Dosimeter to measure (Radiation received during working hours) Occupational exposure
5. All required records are maintained by the department in accordance with AERB guidelines.

6.1 Departmental Procedures

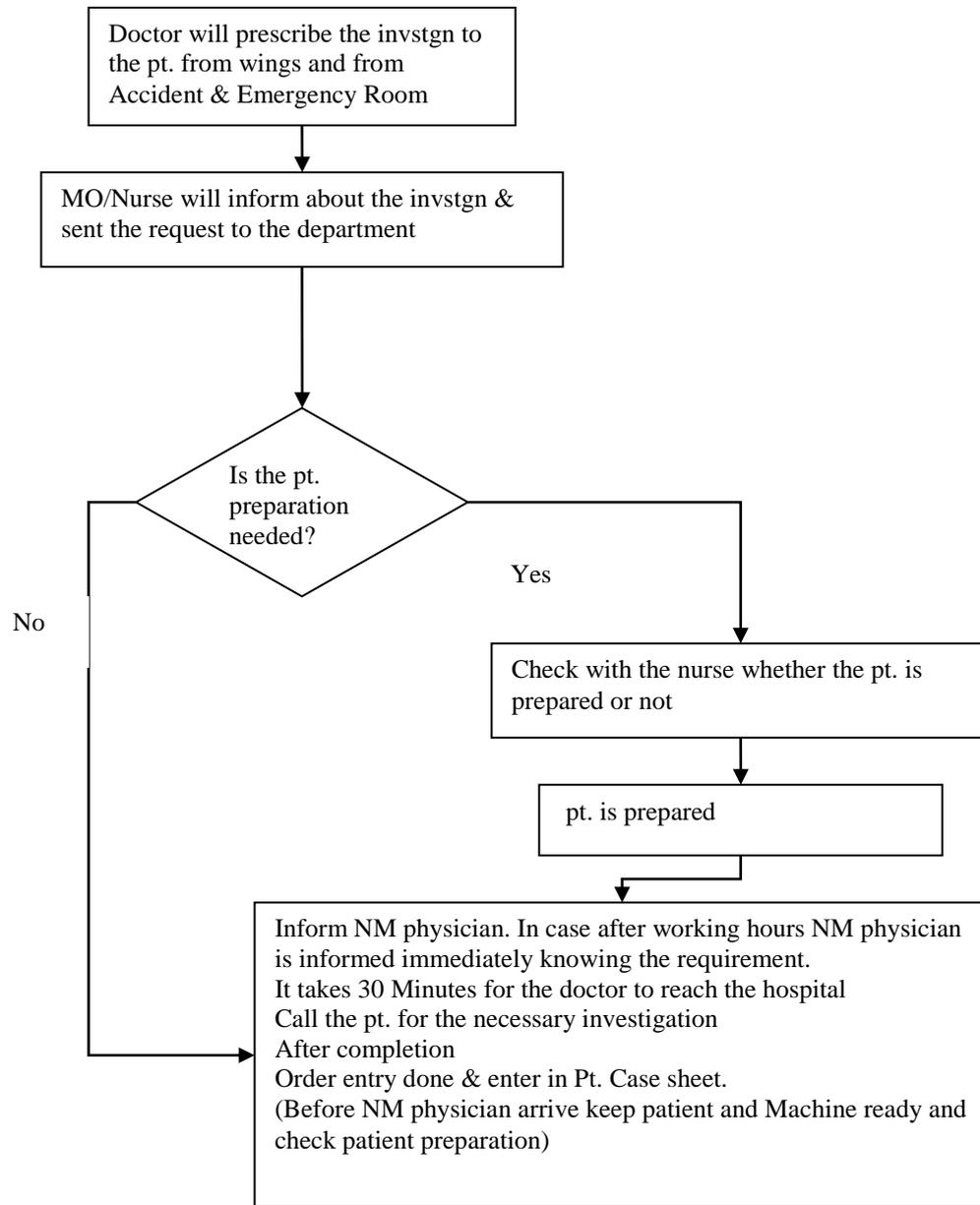
i. Out Patient with Consultation: For general nuclear medicine scans;



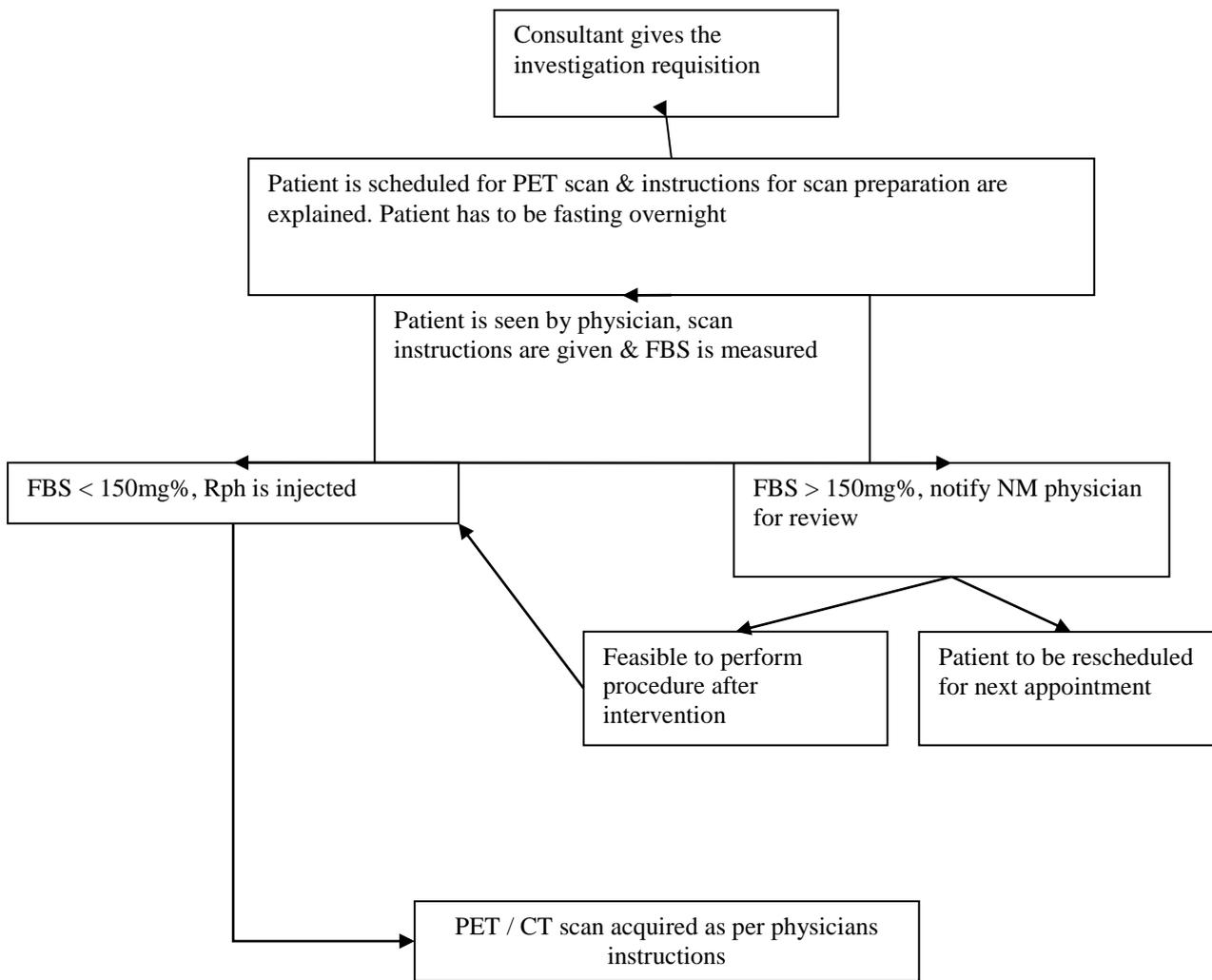
6.2 IN PATIENTS



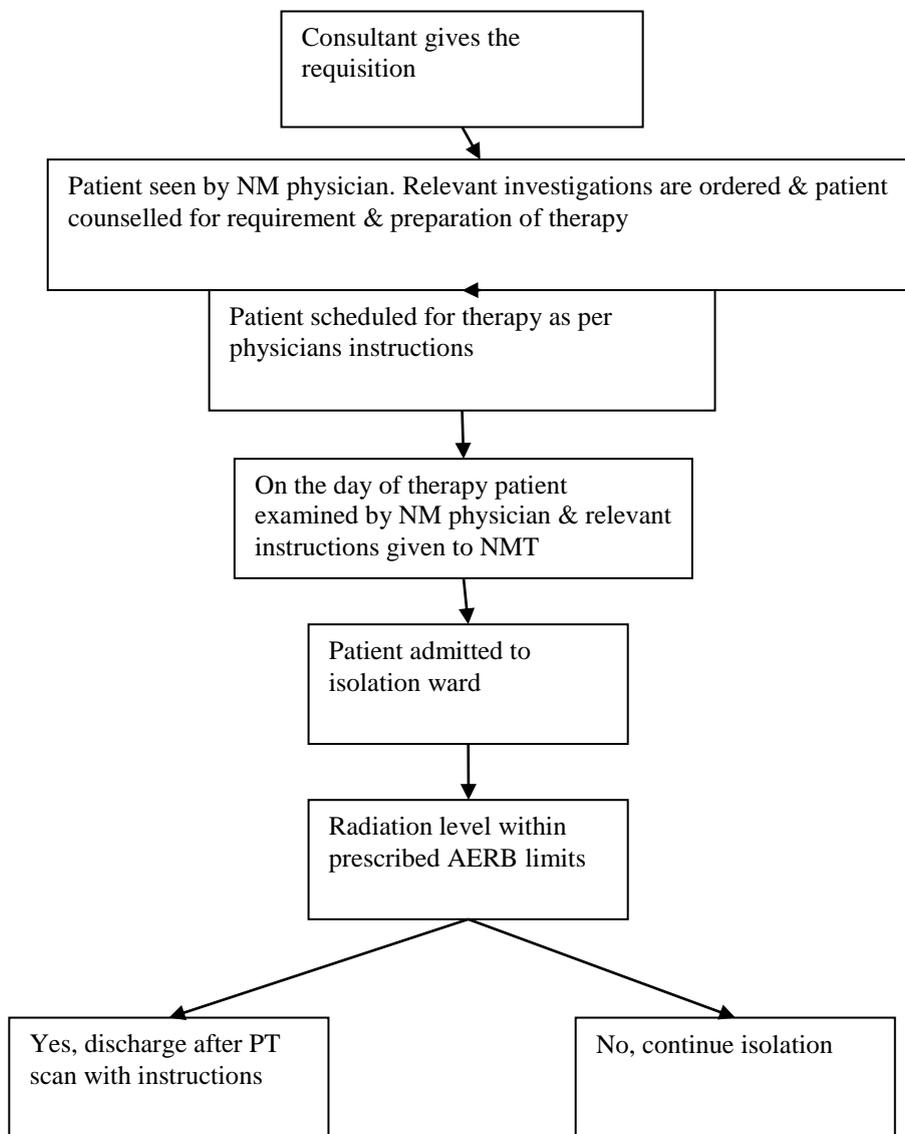
6.3 In-patients / Emergency patients (For all NM Procedures) After Duty Hours



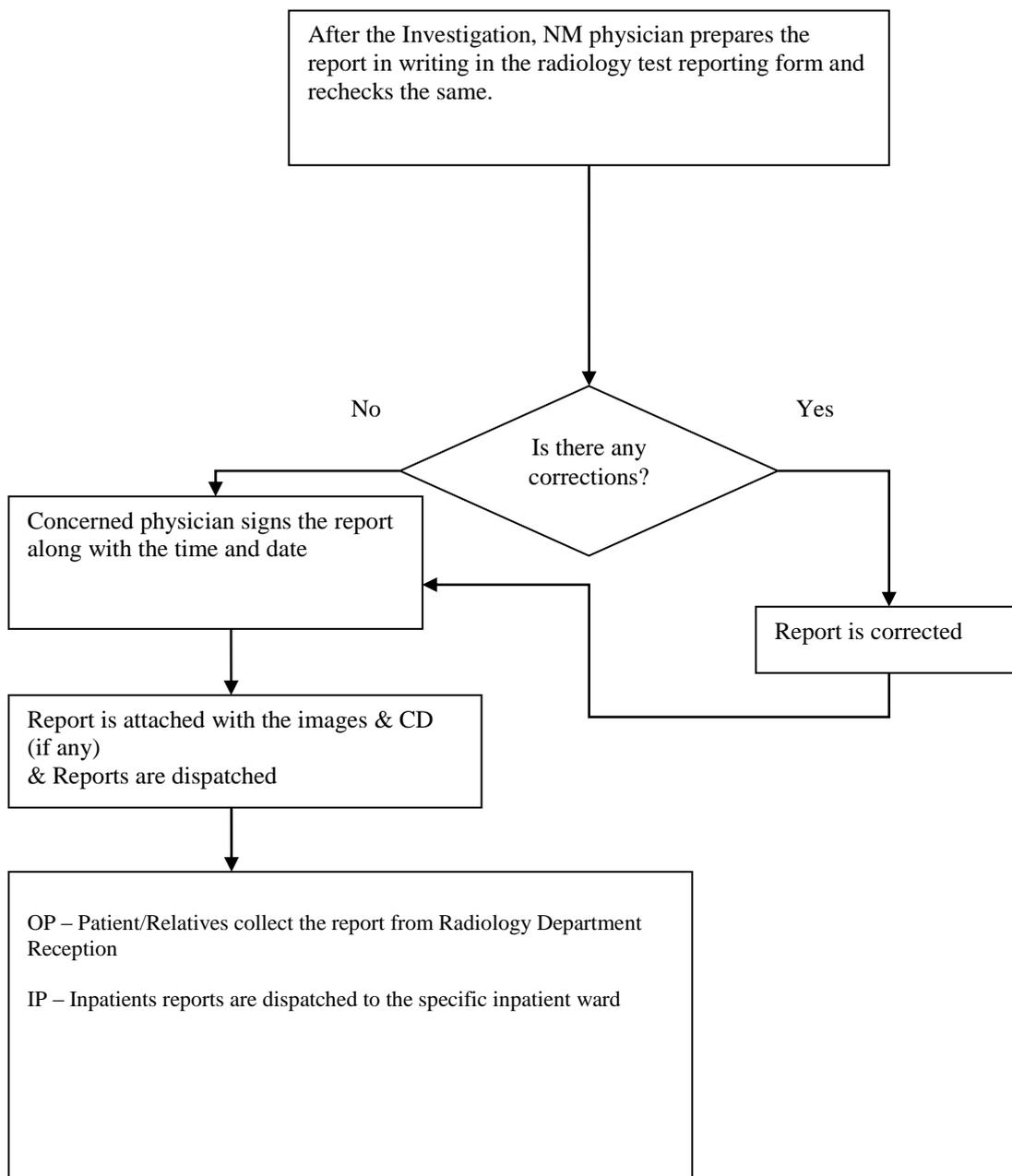
6.4 For PET/CT scans:



6.5 For high dose I-131 treatment:



6.6 Report Generation:



7. SAFETY MEASURES ADOPTED FOR THE STAFF & DEPARTMENT:

Radiation safety of the staff as well as general population is given utmost importance at the Department of Nuclear medicine, ABC hospital, Aurangabad. The department is equipped with relevant technologies & employs stringent work practices to ensure radiation safety of its staff in accordance with AERB safety code for nuclear medicine facility (AERB SAFETY CODE NO. AERB/RF-MED/SC-2 (Rev. 2)).

- The facility is designed in accordance to AERB guidelines & the layout is approved by AERB.
- The site has been licensed to carry out nuclear medicine exposure after radiation safety survey by onsite AERB inspection.
- All staff members are provided with TLD for routine monitoring & record keeping of occupational radiation exposure received.
- All staff members are trained in basic principles of radiation safety & work under supervision of qualified radiation worker.
- All radiation handling areas are lined by concrete / lead shielding of sufficient thickness as per AERB guidelines.

- All areas in radiation facility are routinely surveyed by RSO to monitor background radiation exposure rate & records are maintained.
- Annual report concerning radiation safety is submitted to AERB.

8. QUALITY OBJECTIVES:

The main objective of quality control is to enhance the quality of results by checking the precision, accuracy and consistency of tests done. Validation of examination procedure technically and clinically will be done by qualified and well trained radiologist. Quality Assurance is done with the following monitoring

- a. Tracking Turnaround time and waiting times
 - i. Methodology: turnaround time is tracked by manually tracking the in and out time of the patient for each modality in the department
 - ii. A suitable sample (7 days) will be taken for this study.
- b. Grading of images is done by the Radiologist
 - i. Grading is done by the following criteria
 - Positioning - 1
 - Artefacts. - 1
 - Image intensity & counts - 1
 - ii. Grading - scores
 - Total score of 3 for each Patient to be documented for images.
 - In case the quality is graded 1, image is to be repeated on NM physicians opinion and more care to be taken during repeat acquisition.
 - Grading score should not be less than 90%.
 - Below 90 % reason should be evaluated & discussed with NM physician and to be rectified immediately.
- c. Reject rates for images:
It should not be less than 3% of the Monthly consumption.

9. Confidentiality of Reports: Confidentiality of patients and their test reports are ensured through the following:

1. In the course of Performing work responsibilities all information with regard to patient, their family, their physician and / or the hospital is kept confidential.
2. All the staff of the department is cautioned not to discuss any such information with others.
3. Personnel are expected and ensured to conduct themselves with professional dignity at all times.
4. NM physician is the only persons authorized to inform reports to the doctors.

10. Patient Education and Safety:

- a. All patients are welcomed and explained about the process of the diagnostic investigation in detail before starting the process.
- b. All Patients are explained when and how their reports can be collected.
- c. While undergoing the investigation, all necessary precautions related to patient safety is explained & followed.
- d. Special care is taken while undergoing Investigations of infants/neonatal and Geriatric patients. The parent / next to the kin of such patients are kept informed of the process before investigations are started.
- e. Attention of the patient/ customers will be drawn to the hygiene and safety aspects before undergoing the Investigation.

- f. Consent will be taken whenever required in the appropriate forms.
- g. All necessary steps will be taken to reduce /minimize /eliminate discomfort /pain while conducting the Investigation.
- h. In the course of performing work responsibilities all information with regard to patient, their family, their physician and / or the hospital is kept confidential. The staff of the department is cautioned not to discuss any such information with others.

11. Reporting of Imaging Test Results:

a. All reports of imaging test (except PET/CT) conducted before 1230 noon will be dispatched to the front office of the department (for OPD cases) or to the respective inpatient wards (for IPD cases) before 1400 hrs on the same day.

b. All test reports (except PET/CT) conducted after 1230hrs will be dispatched to the front office of the department (for OP patients) or to the respected inpatient wards (for IP patients) before 10 :00 hrs in the morning the next day.

d. Reports of all PET/CT scans done for OP will be dispatched next day morning before 10:00 hrs in the morning.

e. Reports of PET/CT scan done for IP before 1300 hrs will be dispatched to the respective inpatient wings prior to 1500 hrs on the same day .Reports of PET/CT scans done for IP after 1300 hrs will be dispatched to the respective inpatient wings next day morning before 10 :00am

f. All critical reports are verbally informed to the concerned consultant immediately by the NM physician.

g. In case of any unavoidable delay, patients are kept informed for the reason for the delay and by what time the investigations/delivery of reports are likely to be completed.

h. Any patient query regarding the reports will be dealt with immediately and clearly explained, and further consultation arranged.

i. No test results are given to Patient verbally or over telephone.

i. Patient Reports are to be treated as completely confidential.

Reporting of Emergency Cases:

1. In case of an emergency report, the NM physician will see the image and give a verbal report to the referring consultant by phone.

2 . If the patient is referred or wants to go to some other hospital (on request or against medical advice), Reports will be generated within 30 minutes.

12. Criteria for Fixing of Appointments:

- i. According to "First Come First Serve" basis for routine NM investigations.
- ii. According to the number of patients available on that particular day for the investigation.
- iii. According to the availability of the radiopharmaceutical.
- iv. Depending on the time gap required for the preparation
- v. Considering the patients existing health conditions.

Please note that even in case of given appointments patients from the critical care areas of the hospital like the Emergency Department, OT and other patients requiring emergency imaging investigation etc are given priority for all procedures.

13. Maintenance of Equipment:

13.1 Guideline Instructions: General

- a. All staff will clean the Machine in their Posted unit. Staff will conduct daily check on its working condition daily & do regular warm up. Shutdown of machine should be done after working hours.
- b. Night Shift person is responsible for the machine till the handover to the next day Morning shift person.
- c. Never keep any fluids over or near equipments.
- d. Monitor Housekeeping staffs during cleaning mainly with wet mops.
- e. Monthly cleaning record should be maintained for all equipments in Instrument History card.
- f. In case of continuous power fluctuation shut down all the Machines, till proper power supply is observed.
- g. In daily Briefing Working condition & Breakdowns of machine should be handed over without fail.

13.2 Infection control:

- h. Machines should be cleaned with Antiseptic Solution after handling infectious patients.

13.3 Breakdown management:

- i. During breakdowns shutdown and restart the unit, check all Input & cables for loose connections. In case this fails, complaint should be logged into Instrument History Card and Work order should be raised and given to the Biomedical In charge mentioning the Machine Name, time of breakdown.
- j. The Biomedical engineer will inspect the machine & take necessary action as per their protocol.
- k. It is the duty of the Radiographer to inform the Head of the Department of Nuclear medicine, Registration Counter ,ED , ICCU and other patient care areas the breakdown time and follow up on rectification till it's working time every 12 Hours the status of the breakdown .
- l. In case of Major Breakdown the Chief Executive Officer should be informed.
- m. After rectification service report is received and filed & the same is entered in Instrument History Card.
- n. Incident Report is raised for all Breakdowns more than 24 hours.

14.THE TRAINING OF DEPARTMENTAL STAFF :

The training of staff (for both existing and new staff) is of utmost importance to prepare professionals who have high specific knowledge in their area and who could give the best quality of care to their patients. Therefore training in Radiology is a very complex and difficult task mainly due to wide spectrum of radiological applications in the total care process and variety of imaging modalities .Hence the department lays special emphasis on training of the employees to acquaint them with the knowledge and skill pertaining to their job. The approach to training of the staff adopted by the department is as follows:

- a. One week department Induction for every new employee (Transferred or Fresh Recruit) joining the department.
- b. One week department Induction to learn department policy & procedures and safety training will be conducted for the new employee in the department.
- c. Training in Safety procedures to follow if equipment malfunction occur.
- d. Training relating to the operation of any new equipment is given prior to the usage of the equipment by company engineers to ensure its proper and safe handling.
- e. All professional personnel are expected to be competent and proficient in all performance of all procedures by the end of the training program.
- f. The training program will serve as verification of initial personnel competency and ability to satisfactorily perform patient care and services.
- g. Those areas felt to be requiring additional focus by the trainee will be identified as personal goals, for which improved performance will be emphasized.
- h. All staffs should attend and do regular training.

Departmental Orientation programme for the new employees (Fresh recruits or transferred; emphasizes on the following):

- a. Overview to various equipments operated by the department in detail
- b. Radiation safety & quality Assurance Practices
- c. Basic unit maintenance and trouble shooting
- d. Documentation and record keeping.
- e. Uses of TLD badge & how to use Hand out given.
- f. Turn Around time for different types of cases (Normal , Urgent etc).
- g. Safety procedure and Policy of the department.
- h. Various forms and Reporting formats used by the department

15.DEPARTMENTAL INVENTORY MANAGEMENT:

The responsibility for proper management of the departmental inventory rests with the NMT & sister in charge.

- a. A stock book for the various items including the medicines / Rph used by the department is maintained.
- b. Physical verification of the stock is done every alternate day by the NMT.
- c. Replenishment of stock is done using the appropriate indent request book.
- d. All medicines subject to expiry are returned to the pharmacy store and indent request for fresh Stock is placed.

16. REPORTING FORMAT FOR DAILY / MONTHLY STATISTICS:

The NMT & NMT assistant are responsible for completion and submission of the daily statistic to the Head of the Department of Nuclear medicine in the specified format .The Head of the Department of NM monitors the performance of the department and forwards a monthly report about the same to the CEO.

Format for Reporting Daily Activities

| | |
|--------------------------------|--|
| | |
| IP | |
| DATE | |
| Gamma camera procedures | |
| I-131 scans | |
| Low dose I-131 therapy | |
| High dose I-131 therapy | |
| PET/CT scan | |
| Total patients | |
| | |
| OP | |
| Gamma camera procedures | |
| I-131 scans | |
| Low dose I-131 therapy | |
| High dose I-131 therapy | |
| PET/CT scan | |
| Gamma camera procedures | |
| Total patients | |

17. QUALITY PLAN

Quality Indicator:

a. Indicator: Turnaround time for reports

| Date | Pt. Name | MRN | Procedure Done | Received request time | Patient taken for procedure | Duration In Minutes |
|------|----------|-----|----------------|-----------------------|-----------------------------|---------------------|
|------|----------|-----|----------------|-----------------------|-----------------------------|---------------------|

b.

Benchmark:

a. Other quality initiatives:

Reject rates for NM images

18. FORMS AND REGISTERS:

18.1 Patient related forms

| S No: | Form |
|-------|---|
| 1 | Request Form with consent for procedures |
| 2 | Request form with consent for I-131 therapy |

18.2 Registers

19. LIST OF EQUIPMENTS IN THE DEPARTMENT:

Radiation detectors:

Imaging instruments:

- Gamma camera: 1
- PET/CT scanner: 1

Non-imaging instruments:

- GM survey meter: 2
- Area survey monitor: 1
- Dose calibrator: 3
- Direct digital dosimeter: 2

Others:

- Fume hood: 2

fssai

FOOD SAFETY AND STANDARDS
AUTHORITY OF INDIA

Inspiring Trust, Assuring Safe & Nutritious Food
Ministry of Health and Family Welfare, Government of India

Dr. Vittalrao Vikhe Patil Foundations Medical
College, Thane Zone-10

is certified as



as per guidelines established by
Food Safety and Standards Authority of India



Very Good

A handwritten signature in black ink, appearing to be 'Arun Singhal'.

Shri Arun Singhal
Chief Executive Officer
FSSAI



Auditing Partner
ASTRALEUS SERVICES PRIVATE
LTD

Training Partner
Sagar Mohan Patil

Implementation Partner
STATE FDA MAHARASHTRA

Valid up to: 19 January 2024

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



Best College Award

Nashik Revenue Division

Certificate

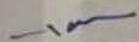


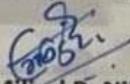
This certificate is awarded to

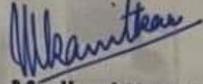
*Dr. Vithalrao Vikhe Patil Foundation's Medical
College & Hospital, Ahmednagar*

for its excellent performance in 2022 - 2023 under the Faculty of Medicine
affiliated to MUHS.

This is Awarded on 10th day of June 2023 at Silver Jubilee Function of
Maharashtra University of Health Sciences, Nashik


Dr. Rajendra S. Bangal
Registrar


Prof. Dr. Milind B. Nikumbh
Pro Vice-Chancellor


Lt. Gen. Madhuri Kanitkar (Retd)
Vice-Chancellor

Pet Scan Photos

Dr. Vithalrao Vikhe Patil Foundation's
Medical College & Hospital, Ahmednagar

Inauguration of
**Dr. Vikhe Patil Radiation And Cancer Centre &
 Nuclear Medicine Centre (PET Scan)**

at the auspicious hands of
Dr. Mansukh Mandaviya
 Hon'ble Union Minister for Health & Family Welfare and
 Chemicals & Fertilizers, Government of India

President of Function
Shri. Radhakrishna Vikhe Patil
 Hon'ble Minister for Revenue, Animal Husbandry and
 Dairy Development, Government of Maharashtra

In the august presence of

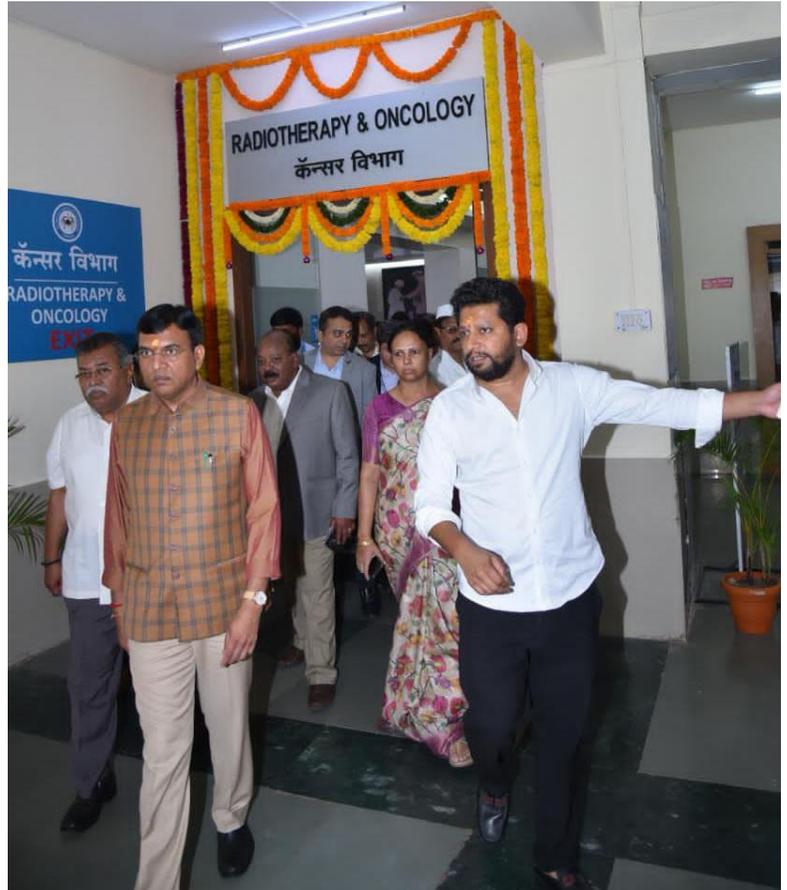
| | | | | | | |
|--|--|---|---|--|--|--|
| Shri. Ram Shinde Hon'ble Union Minister for Health & Family Welfare and Chemicals & Fertilizers, Government of India | Dr. Sujay Vikhe Patil Hon'ble Minister for Health & Family Welfare and Chemicals & Fertilizers, Government of India | Shri. Sadashiv Lokhande Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Shri. Babarao Pachpute Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Smt. Manika Rajale Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Shri. Sangram Jogtap Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Shri. Shivrajrao Kardiye Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra |
| Shri. Arun Mundhe Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Shri. Rajendra Gondkar Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Shri. Mahendra Gondhe Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Sau. Shalinitai Vikhe Patil Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Dr. Rajendra Vikhe Patil Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | Adv. Vasantao Kapare Hon'ble Minister for Revenue, Animal Husbandry and Dairy Development, Government of Maharashtra | |

Thursday, 20th October 2022 at 10:00 AM











 **GPS Map Camera**

Ahmednagar, Maharashtra, India

Off, Manmad Rd, Opp government Milk Dairy, Vilad Ghat, Ahmednagar, Pimpalgaon Malvi,
Maharashtra 414111, India

Lat 19.179037°

Long 74.698331°

23/06/23 10:49 AM GMT +05:30



Google



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Google

| Five year perspective plans 2019-2024 | | |
|--|---|----------------------------|
| Goal to be achieved | Arrangements to be made | Remark |
| Sports complex infrastructure development | Improvement complex infrastructure and sufficient equipment and recruitment of training staff. | Completed |
| Adequate infrastructure for the library and classrooms | Purchase of computers & internet connectivity appliances – 2016 | Completed |
| Purchase vehicle / Ambulance | Two (2021) | Completed |
| Extension of hospital building | 3 floors | Under process |
| Diesel generators | 500 KV | Under process |
| Increasing no. of PG seats | <ol style="list-style-type: none"> 1. Medicine from 3 to 8 2. Surgery from 4 to 8 3. Ophthalmic from 2 to 6 4. Anaesthesia from 4 to 6 5. Radiology from 4 to 6 6. Paediatrics from 4 to 8 7. Obstetrics & Gynaecology from 3 to 8 8. Dermatology from 1 to 2 9. Orthopaedics from 2 to 6 10. Pathology from 2 to 4 | Partly Completed (2020-21) |
| Increasing no. of UG seats | From 150 TO 200 | Completed (2021) |
| Research activities | Organising CMEs – 10 Conference -2 Workshops - 4 ICMR STS projects - 6 | Completed |
| Indexing of VIMS Journal | Scopus/ PubMed/DOAJ | Under process |
| Laboratory expansions | expansions and standardization | Completed |
| Starting Super-specialization course /PHD/MSC courses | Under dept. of CVTS/OPHTHALM | Under process |
| Approval of teachers | MUHS Approval | Completed |
| Organ transplant centre | Starting Organ transplant centre by 2020 | Completed (2021) |
| Getting accreditation of NABL | Accreditation of NABL by 2020 | Completed (2021) |
| Getting accreditation of NABH | Recruitment of staff and Purchase instruments with Training of staff | Entry level completed |
| Getting accreditation of NAAC | SSR Documentation filing and compilation of data | Completed NAAC A+ (2022) |
| NAAC Cycle 2 AQAR 2 ND year | AQAR Documentation filing and compilation of data | UNER PROCESS |