

**RAJIV GANDHI UNIVERSITY OF HEALTH  
SCIENCES  
KARNATAKA  
4<sup>th</sup> 'T' Block, Jayanagar, Bangalore – 560 041**

**Form No. 3**

**APPLICATION FOR POST GRADUATE COURSES**

**FACULTY: MEDICAL**

**NAME OF THE INSTITUTE :**

**BELAGAVI INSTITUTE OF MEDICAL SCIENCES,  
BELAGAVI.**

**DATE OF SUBMISSION: 03-12-2014**

- 1. RENEWAL CONSENT OF AFFILIATION**
- 2. INCREASE IN INTAKE OF SEATS**
- 3. STARTING OF ADDITIONAL COURSE**

**YEAR - 2016-17**

**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA**

**4<sup>th</sup> 'T' Block, Jayanagar, Bangalore – 560 041**

To be filled in by the College. Please read carefully before you start filling up.

Please attach copies of supporting documents / Certificate etc., wherever necessary.

In case space is not sufficient, give particulars in a separate sheet. Please do not leave any column blank. (Fill whichever is applicable).

**1. RENEWAL FOR CONSENT OF AFFILIATION**

**YEAR**

<b>SL No</b>	<b>DESCRIPTION</b>	<b>Challan No.</b>	<b>DATE</b>	<b>AMOUNT</b>
1.	Renewal Fee	20900619131400111	19-11-2014	Rs. 1,000/-

**2. FOR INCREASE IN INTAKE OF SEATS**

**YEAR**

<b>SL No</b>	<b>DESCRIPTION</b>	<b>Challan No.</b>	<b>DATE</b>	<b>AMOUNT</b>
1.	Administrative & Service Charges for increase of intake seats:			

**3. FOR STARTING NEW COURSES:**

**YEAR**

**Course:**

**No of Seats:**

<b>SL No</b>	<b>DESCRIPTION</b>	<b>Challan No.</b>	<b>DATE</b>	<b>AMOUNT</b>
1.	Affiliation fee for new course	20900619131400112	19-11-2014	Rs. 1,000/-

## A. Particulars of college

1. Name of the College : **Belagavi Institute of Medical Sciences**

2a. College Address : **Dr. B.R. Ambedkar Road,  
Belagavi**

Pin Code : **590 001**

Telephone (Off. & Res.) : **0831-2421464**

Fax : **0831-2403126**

Telex : **--**

Email : **belgaum.bims@gmail.com**

2b. Year of Starting the College : **2005-06**

3. Title of Head of Institution : **Director, Belagavi Institute of Medical Sciences**

3a. Name of Head of Institutions & Address including telephone, fax, telex, Email :

**Dr. Ramaiah, Director, Belagavi Institute of Medical Sciences,**

**Dr. B.R. Ambedkar Road, Belagavi – 590 001.**

**Tel: 0831-2421464 Fax: 0831-2403126 Email: [dr.ramaiah.rims@gmail.com](mailto:dr.ramaiah.rims@gmail.com)**

4. Status of College (Independent Institution or a wing of another college rg.

Wing of a Medical College): **Independent Institution**

5a. Name of the Administrative authority managing the college and its address:

Furnish the details of members of Governing Body / Council

**Admn. Authority, Director, BIMS, Belagavi.**

**The details of Governing Body Council enclosed. (Anne-I)**

5b. If the same management is running other Health Science Colleges, Please give the name of college and courses conducted:

**Paramedical course from the Paramedical Board, Bangalore.**

**B.Sc. Nursing College affiliated to RGUHS, Bangalore.**

6. Name of the Authority or Public body that

a. Finances and : **Government of Karnataka**

b. Manages the funds of the college :

1. Annual Budget :

a. Recurring : **Government of Karnataka**

b. Non-recurring : **Government of Karnataka**

2. Deposits held by the college :

3. Amount of fee such as Tuition, Sports Union, Library etc. collected during the financial year

Tuition : **Rs. 42,000/-** Union :

Sports : **Rs. 8,400/-** Library :

Others : **Rs. 1,37,300/-**

4. Whether account books of the college showing financial transaction have been maintained. : **Yes**

5. Whether accounts of the college have been duly audited : **Yes**

6. Whether any donation, capitation fee etc., is levied apart from tuition fee, if so give details: **No**

Name of the courses offered (give separately degree courses (under graduate and post graduate) and diploma courses offered, year of starting and number of annual admissions)

Name of the course	Year of starting	No. of admissions		Remarks
		Sanctioned	Admitted	
MBBS	2006	100	100	State Quota (85%) by KEA Bangalore & All India Quota (15%) both through online counseling process

Name of the course	Year of starting	No. of admissions		Remarks
		Sanctioned	Admitted	
<b>PG</b>				
Anatomy	2011	2	2	All India Quota (50%) by online counseling &

				State Quota (50%) by RGUHS Bangalore through counseling
Physiology	2011	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Biochemistry	2011	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Pathology	2011	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Microbiology	2011	1	1	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Pharmacology	2012	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Forensic Med.	2012	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Community Med.	2012	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Dermatology	2012	2	2	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Paediatrics	2012	1	1	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Name of the course	Year of starting	No. of admissions		Remarks
		Sanctioned	Admitted	
Diploma in General Nursing	1917	51	51 (2013-14)	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling

B.Sc. Nursing	2011	60	69 (2013-14)	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling
Paramedical Course	2007	80	52 (2013-14)	All India Quota (50%) by online counseling & State Quota (50%) by RGUHS Bangalore through counseling

Particulars of sanction, inspection and affiliation (please attach the following documents for every course, separately.)

Permission of Government of Karnataka with sanctioned intake: **Enclosed (Anne-II)**

Permission of the concerned Council / Apex Body (for eg. Medical Council, Dental Council, AICTE etc.,) with number of admissions permitted. **Enclosed (Anne-III)**

Last affiliation granted by RGUHS with sanction intake: **Enclosed (Anne-IV)**

Permission of Government of India wherever applicable.

**D. Action Taken Report:**

Give particulars of action taken to correct the deficiencies if any pointed out during the previous inspection by any of the bodies mentioned in section B of part 1. Please attach a copy of the relevant report.

Deficiencies pointed out in the last inspection by	Extent to which remedied
<b>No</b>	

**E. Is there a Governing Council / Advisory Committee in case of Government Colleges? : Yes**

If Yes give details of membership and meetings held : **Anne-I**  
**Last meeting held on 15-10-2014.**

**F. Service Registers & Pay Scale**

1. Give details of pay scales (norms followed eg., UGC, Karnataka Govt. etc., for different cadres of staff (Enclose separately the details)

- i. Teaching Staff : **AICTE**
- ii. Non-Teaching staff : **State Government**
- iii. Office Staff : **At present working on outsource basis**

2. Whether following registers are maintained

i. Service Register as [prescribed from time to time for each member of the staff

: **Yes**

ii. Acquittance registers : **Yes**

3. Provident fund benefit provided (give details) :

### Part II : ACADEMIC MATTERS

**Academic performance of students in previous University examination. Please furnish particulars course wise.**

Name of the course : **PG Course in Anatomy, Physiology, Biochemistry, Pathology & Microbiology**

Year	Name of students appeared		Number of			Remarks
	Regular	Repeater	Pass %	First lass	Distinction	
<b>1</b>	<b>2</b>		<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
1 <sup>st</sup> Year	6/6			5	1	
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year						
Final Year						

**b. Students : Staff ratio for theory classes available as per RUGHS**

**c. Course curriculum:**

Please include (Give details separately)

- 1. Teaching schedule :
- 2. Time table :
- 3. Working hours :
- 4. Vacation period : **As per RUGHS, Bangalore**

5. Scheme of Examination :

i. Internal Assessment :

ii. University Examination :

**d. Student Records**

Whether following registers and records are maintained:

i. Register of intake of students, admissions & withdrawal : **Yes**

ii. Register for student attendance in various subjects : **Yes**

iii. Register of fee paid showing dates : **Yes**

iv. Counterfoil of receipt book : **Yes**

v. Counterfoil of transfer certificates : **Yes**

vi. Register of marks obtained by each student in the  
internal assessment at the terminal examination  
for theory and practical : **Yes**

vii. Accounts books showing the financial transaction of  
the college as separate from those of the management.  
The accounts shall show transaction in full : **Yes**

viii. Register of scholarships and concessions of all kinds  
whether of tuition, boarding or lodging : **Yes**

ix. Register of address of students : **Yes**

**e. Education Unit**

Year of starting : **29-05-2007**

(Furnish details) **1<sup>st</sup> teacher training programme MEU workshop**

List of Members :

1	Dr. Ramaiah Director BIMS, Belgaum,	Chairman	





Nature of activities : **Basic workshop methodologies, Interns Research Methodologies, PG Orientation, Mentorship programme.**

List of continuing Education and faculty Development Programmes conducted in last one year:

No. of Workshop	Topic	Speaker	No. of Participants
05-04-2013	Interns Orientation Programme	Dr. Ramaiah, Dr. S. T. Kalsad; Dr. Padmaja S. Rajashekar; Dr. Uma ; Dr. Aiash Parande ; Dr. Rekha Harvi; Dr. Sudhakar Dr. R. R. Walwekar; Dr. Jayashdree Naik ; Dr. S. T. Ved Bhushan; Dr. Archana Dambal; Dr. Shailesh Patil; Dr. Sanjay Karpur; Dr. K. S. Gurudut; Dr. R. G. Viveki ; Dr. Vasant Kabbur; Dr. Shopha Karikatti	79
18-09-2013	P. G. Orientation Programme	Dr. Ramaiah, Dr. Rajashekar R.K.; Dr. Arun S. Desai; Dr. Aruna Bhushan; Dr. Archana Dambal; Mrs. Sunanda Halki; Dr. R. G. Viveki; Dr. Chandrashekar T. R. Dr. Umesh K. Kulkarni; Dr. Basavaraj C. K.	17
31-10-2013	Interns Orientation Programme	Dr. Ramaiah, Dr. Kiran kumar Gude, Dr. Shailesh Patil, Dr. Giridhar Patil, Dr. S. N. Sathihal, Dr. Walvekar, Dr. S. S. Karalatti, Dr. R. R. Godbole, Dr. Archana Dambal, Dr. Basavaraj Kotinatot, Dr. Meena Jadhav, Dr. Rupali Shinde, Dr. B. N. Malawadi, Dr. Eranna Palled, Dr. M. N. Patil, Dr. Pushpa M. G, Dr. Praveena Gunagi	13
19-11-2013	Review of PG Synopsis -2013-14 Synopsis Review Committee Members: Dr. Ramaiah, Dr. S. T. Kalsad, Dr. Rajashekar R.K, Dr. V.B.Hukkeri, Dr. Shashikant V. Nikam, Dr. B.G.Mantur, Dr. S.K.Kittur, Dr. Basavaraj C.K, Dr. A.B.Halappanavar, Dr. Ashok kumar Shetty, Dr.		15

	Arun S. Desai, Dr. M.N. Patil,		
28-03-2014	Interns Orientation Programme	Dr. Ramaiah, Dr. Kiran kumar Gude, Dr. Archana Dambal, Dr. R. R. Walvekar, Dr. Gurudut K. S., Dr. Aruna Bhushan, Dr. S. K. Kittur, Dr. Aisha Parande, Dr. Padmaja S. Nikam, Dr. Sudhakar Dr. M. N. Patil, Dr. R. G. Viveki	66
21 <sup>st</sup> & 22 <sup>nd</sup> Aug 2014	Workshop on Research Methodology	Dr. Ramaiah, Dr. R. N Raichur , Dr. Rajashekar R. K.Dr. Basavaraj Kotinatot, DR. ARun Desai, Mrs. Sunanda HALki, Dr. Gajanan Pise, Dr. Archana Dambal, Dr. Gurudutt K. S., Dr. Aruna Bhushan, Dr. R. G. Viveki, Dr. Shobha Karikatti	61
25 <sup>th</sup> Sept 2014	Interns Orientation Programme	Dr. Ramaiah, Dr. Kiran kumar Gude, Dr. Archana Dambal, Dr. Giridhar Patil, Dr. Gurudut K. S., Dr. Aruna Bhushan, Dr. Amit Gaikwad, Dr. Roopali Shindhe, Dr. Suman Doddamani, Dr. Sudhakar Dr. Shilpa Dastikop, Dr. R. G. Viveki	34
12 <sup>th</sup> Nov. 2014	Review of PG Synopsis -2014-15 Synopsis Review Committee Members: Dr. Ramaiah, Dr. S. T. Kalsad, Dr. Rajashekar R.K, Dr. V.B.Hukkeri, Dr. Shashikant V. Nikam, Dr. B.G.Mantur, Dr. S.K.Kittur, Dr. Basavaraj C.K, Dr. A.B.Halappanavar, Dr. Ashok kumar Shetty, Dr. Arun S. Desai, Dr. M.N. Patil,		13

f. Research and Publication

i. Publication during last 3 years – total No = **15 (10 National + 5 International)**

(enclose a list giving references in respect of papers published by staff in standard indexed journals)

ii. Research projects actually undertaken or in progress by

1. PG students : -----

2. Staff members along with title and funding agency. ( Previous 3 or 5 years)

g. Academic Committees: list the Academic Committees, their functions and names of members (list to be enclosed) : **List enclosed (Anne-V)**

h. Anti – Ragging Committee:

whether a committee for controlling ragging in the College is formed? **Yes .**

i. Library :

1. Central library

**1. Collection Development (Departmental Library) :**

<b>Type of Documents</b>	<b>Total as on current year</b>	<b>Added in previous year</b>
1. Books	<b>8361</b>	<b>33</b>
2. Current Journals ( No. of Titles)	<b>92</b>	
3. Bound Volumes of Journals	<b>--</b>	
4. Monographs	<b>50</b>	
5. Govt. Publications	<b>--</b>	
6. Thesis / Dissertation	<b>10</b>	
7. Reports / Pamphlets	<b>--</b>	
8. Microfilms / Microfiche	<b>--</b>	
9. Slides	<b>--</b>	
10. Audio Cassettes	<b>680</b>	
11. Video Cassettes		

**II. Building:**

Whether the library is housed in an independent building Yes or **No**  
Total floor area in Sq. Mtrs: **1900.77 Sq.mtrs.**

**III. Library equipments:-**

- |                             |            |
|-----------------------------|------------|
| 1. Type of Computer         | <b>Yes</b> |
| 2. E-Mail                   | <b>Yes</b> |
| 3. Connected to any network | <b>Yes</b> |
| 4. Photocopying Machine     | <b>Yes</b> |
| 5. Microfilm reader         | <b>Yes</b> |
| 6. Audio Visual             | <b>Yes</b> |
| 7. Telephone                | <b>Yes</b> |
| 8. Telex                    | <b>No</b>  |
| 9. Fax                      | <b>No</b>  |
| 10. Bindery                 | <b>Yes</b> |
| 11. Others i.e.             |            |

#### IV. Library Finance:- (Please Specify)

1. Total Budget proposed (Rupees in Lakhs): **Rs. 50.00 lakhs**
2. Expenditure proposed for library equipment:

ITEMS	EXPENDITURE PROPOSED
BOOKS	30
CD-ROM DATABASE	--
MICROFILMS	--
MICRO FICHES	--
AUDIO – CASSETTES	--
VIDEO – CASSETTES	--
BINDING WORKS	--

Technical Processing:-

Classification scheme YOU use : **DDC (Dewey Decimal Classification)**

Subject Headings YOU use : **DDC**

Cataloguing Code YOU use : **A A CR II**

Type of Catalogue YOU use : **OPAC**

#### VI Library Services : (Please Specify)

1. Literature Search **Yes**
2. Compiling Bibliography on request **No**
3. Compiling Bibliography in anticipation **No**
4. Selective Dissemination of Information **No**
5. Abstracting Services **No**
6. Indexing Services **No**
7. Translating Material for users **Yes**
8. Current awareness **Yes**
9. Do you use MEDLARS / MEDILINE **No**
10. E.Mail **Yes**
11. Internet **Yes**
12. Consultancy
13. Photocopying Facility

#### VII. Users:

Category of Users	Total Number
No. of teaching staff	100
No. of Research Scholars / Assistants	02
No. of Post Graduate Students	56
No. of Under graduate Students	100
No, of Administrative Staff	10
No. of Para-Medical Staff	40

No. of Outsiders	--
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Do you provide any User Education Programmes?: **Yes**

### VIII. Library Staff:

SI No	Name	Designation	Qualification	Experience	Pay Scale	Category
1.	Mrs. M.G. Metri	Lib. Asst. I/c Librarian	MLISC	9 Yrs.	14550-26700	SC
2.	Mr. K.S. Hedduri	Lab. Asst.	MLISC	8 Yrs.	10400-16400	III-B
3.	Mr. Sanjeev K. Metri	Lab. Asst.	DLIS, BA	8 Yrs.	10400-16400	SC

### 2. Departmental Library

Name of the Department	Total Number of Books	No. of Books added during the year	No of Current Journals	Library Staff
Anatomy	1067		92	07
Biochemistry	460			
Physiology	669			
Microbiology	673			
Pathology	1232			
Comm. Medicine	126			
Orthopaedics	348			
Ophthalmology	81			

Name of the Department	Total Number of Books	No. of Books added during the year	No of Current Journals	Library Staff
Paediatrics	314			
OBG	468			
Gen. Medicine	820			
Forensic Medicine	177			
Skin	59			
Gen. Surgery	474			
Anaesthesia	91			
Pharmacology	550			
Psychiatry	56			
Radiology	123			
Medical Record	09			
ENT	116			

### j. Any Other Special features or achievements you want to mention.

(please attach a separate sheet).

### PART III: STAFF

Particulars of staff consisting of name of individual, designation, qualification, teaching experience (both under graduate and post graduate where applicable),

Number of posts, recommended by Council or University sanctioned and filled to be given separately as required in Section II for the relevant course.

**a. Principal**

Name	Qualification with date & Where obtained	Experience and Previous post held – from to
Dr. Ramaiah Director	MD Anatomy August 1990, Bangalore University, Bangalore	26 Years Director, RIMS, Raichur from 12-09-2008 to 03-07-2012

Please attach relevant certificates.: **Enclosed (Annex-VI)**

**b. Teaching staff (please give development wise break up) eg. Anatomy.**

**Name of Department / Sections and subjects attached to them (Anne.VII)**

**1. Full time.**

SI No	Post	Name	Qualification with date & Where obtained (University)	Teaching experience in year & Month				Responsibilities & work load per week
				UG		PG		
				From	To	From	To	
			Separate list enclosed (Anne.VIII)					

**II. Part time. No**

SI No	Post	Name	Qualification with date & Where obtained (University)	Teaching experience in year & Month				Responsibilities & work load per week
				UG		PG		
				From	To	From	To	

**III. Medical Subjects (in case of Dental Sciences, Physiotherapy, Nursing etc.,)  
N.A.**

SI No	Post	Name	Qualification with date & Where obtained (University)	Teaching experience in year & Month				Responsibilities & work load per week
				UG		PG		
				From	To	From	To	

**IV. Supervision in Field practice Area (Health Centers)**

SI No	Post	Name	Qualification with date & Where	Teaching experience in year & Month		Responsibilities &
				UG	PG	

			<b>obtained</b>	<b>From</b>	<b>To</b>	<b>From</b>	<b>To</b>	<b>work load</b>
1.	Lady Medical Officer	Dr. Smita Godse	MBBS	2007	Till date	-	-	Uchagaon
2.	Lady Medical Officer	Dr. Hemalata	MBBS	2010	Till Date	-	-	Khasbag
3.	Asst. Professor	Dr. Majula Patil	MD (P&SM) RGUHS, Bengaluru	Feb. 2003	Till Date	May 2012	Till Date	RHTC Incharge
4.	Asst. Professor	Dr. A.V. Joshi	MD (P&SM) RGUHS, Bengaluru	May 2005	Till Date	May 2012	Till Date	UHTC Incharge

**C. Furnish particulars regarding number of posts, Qualification and teaching experience recommended by the respective Councils / Apex Bodies, Department / Subject wise in Section II.**

**d. If there is shortage of staff, give list vacant posts, reasons and arrangements made to recruit:**

#### **PART IV: PHYSICAL INFRASTRUCTURE (AT PROPOSED COLLEGE)**

##### **COLLEGE LAND BUILDING:**

###### **a. General Facilities**

**land: 33 Acres**

a. Whether the minimum standard requirement of land prescribed by concerned Councils / Apex bodies is available. (produce documents). **Yes**

If Yes give details:

If no, what are the (I) Plans and purchase, (II) Budget provision made for construction.

b. Whether the land for building has enough space for expansion according to future needs: **Yes**

##### **BUILDING**

c. Whether the buildings for conducting the course is available as per the minimum standard requirement if the Councils / Apex bodies :

d. Give details whether land and building are owned by the institution or is taken by way of rent or lease:



Land : **33 acres** Building : **12712 in Sq.ft.**

e. Floor area of building : **12712 Sq.ft.** No. of Blocks:**5 floors** No of Floors: **5 floors**

Year of construction: **2005-06**

**Administrative Section - PHYSICAL FACILITIES AVAILABLE:**

- a. Principal Chamber : **68 Sq.mtr.**  
(Specify in sq ft)
- b. Office Room : **128 Sq.mtr.**  
(Specify in sq ft)
- c. Total No. of Department staff room : **21**  
(Specify in sq ft)
- d. Total No. of Lecture Hall : **4+1**  
(Specify in sq ft)
- e. Total No. of Laboratories : **Central Lab. 5 Dept. Lab. Total = 6**  
(Specify in Sq ft) **1945.68 Sq.mtr.**
- f. Seminar Hall : **36.26 Sq.mtr.**  
(Specify in sq ft)
- g. Auditorium : **1920 Sq.mtr.**  
(Specify in sq ft)
- h. Museum : **230.84 Sq.mtr.**  
(Specify in sq ft)
- i. Examination Hall : **2+1 = 3**  
(Specify in sq ft) **374.68 Sq.mtr. each**
- j. Animal House : **60 Sq.mtr.**  
(Specify in sq ft)
- k. **Workshop** (give particulars) : i. **staff**      ii. **Equipment**      iii. **Scope of Work**
- |              |   |   |
|--------------|---|---|
| (1) Tech.    | : | 1 |
| (2) Attender | : | 1 |
| (3) Sweeper  | : | 1 |



b. Sanctioned bed strength and the distribution of beds in each discipline / subject:

**Copy enclosed (Ann.XI)**

c. Whether the hospital is possessed by

the applicant or has a tie-up please

furnish details and supportive documents : **N.A.**

d. Daily average outdoor patients : **1000 per day**

e. Daily average indoor patients : **475 per day**

f. Distance between hospital & College : **300 mtrs.**

g. Particulars of the hospital including a plan :

1. Details regarding administrative block of hospital and its location

2. The Staff working (both hospital and administrative staff

3. Details of clinical departments for training and teaching purpose, outpatients section and indoor section, both accommodation and distribution of beds for different clinical departments.

Furnish information in Section II

Outdoor : **Available**

Indoor : **Available**

4. Facilities like Radiology, Ultra Sound, Clinical Laboratory, Blood Bank, Operation : **The above facilities are available.**

5. Facilities like Central Sterile Service, Kitchen, Laundry, Canteen, Pharmacy, Workshop, Stores, Medical records keeping : **Available**

6. Casualty / Emergency Service : **Available**

7. Mortuary and Central Cold Storage facility : **Available**

7a. Facilities for disposal of Hospital waste : **Available**

(eg. Incinerator or any other method. Specify): **Outsourced to Indian**

**Medical Association, Belagavi.**

8. Any other special services and special clinics

9. Equipments (please provide a list of major equipments necessary for patient care and teaching in annexure – II): **Separate list enclosed(Anne.IX)**

**h. Details of Tie-up with other hospital (where necessary) attach supporting documents.** (Eg. Psychiatry and Mental Health teaching)

Tuberculosis	:	}	<b>Facility available in-house</b>
Leprosy	:		
Burns etc.	:		

**i. Proposed plan for future developments**

**PART VI : FIELD PRACTICE AREA (HEALTH CENTRES) FOR COMMUNITY HEALTH PLANNING**

Please give details under the following headings for (1) Rural and (2) Urban centers separately.

a. Location and address	:	}	<b>Enclosed (Annex.XII)</b>
b. Managed by	:		
c. Staff – (list of the personnel working)	:		
d. Population served	:		
e. Activities and services provided – outdoor, Indoor, outreach, domiciliary, emergency	:		
f. Records maintained by the centers, eg. Family folders, type of registers	:		
g. Equipments available	:		
h. i. Details of Residential . Non Residential training activities	:		
ii. How supervision is done	:		
iii. Accommodation available for trainees	:		

and supervisors :

## **PART VII : VEHICLES**

a. For students	:	} <b>Enclosed (Annex.XII)</b>
b. For interns	:	
c. Ambulance	:	

## **PART VIII : STUDENT AMENITIES**

### 1. In the college

a. Common room for men students	:	<b>Yes</b>
b. Common room for lady students	:	<b>Yes</b>
c. Any other	:	<b>Yes</b>

### 2. Hostel

Give details of facilities	:	
For Men students	:	<b>328</b>
For lady students	:	<b>328</b>
Whether own or rented	:	<b>Own</b>
Space given to each student in sq Meters furniture provided for	:	
Sleeping	:	<b>Available</b>
Sanitary and bathing facilities	:	<b>Available</b>
Dining hall	:	<b>Available</b>
Common room	:	<b>Available</b>
Visitors room	:	<b>Available</b>
Kitchen & pantry	:	<b>Available</b>
Warden's office	:	<b>Available</b>
Enquiry or Reception counter	:	<b>Available</b>

### 3. Facilities provided for games and recreation including play ground:

**Volley Ball, Cricket, Football etc.**

### 4. Facilities provided for Medical Examination and Health Services: **Available**

**Part IX:**

Any other matter the management would like to furnish

**ANNEXURE – I**

Name of the Department :

Subject :

List of Equipment available

<b>SI No</b>	<b>Name of Equipment</b>	<b>Number Required as per Norms</b>	<b>Number available</b>	<b>Remarks</b>
	<b>Separate list enclosed (Anne.IX)</b>			

Place:

Signature of Principal / Dean / Director

Date:

**RAJIV GANDHI UNIVERSITY OF HEALTH  
SCIENCES  
KARNATAKA  
4<sup>th</sup> 'T' Block, Jayanagar, Bangalore – 560 041**

LIST OF PG /SS (RENEWAL/INCREASE IN INTAKE /ADDITIONAL COURSES)

APPLIED FOR THE YEAR: **2016-17**

Name of the College: **BELAGAVI INSTITUTE OF MEDICAL SCIENCES,**

**Dr. B.R. Ambedkar Road, BELAGAVI – 590 001**

Telephone: **0831-2403126** Fax: **0831-2403126**

SI No	Name of the course and amount of fee paid for Renewal consent of affiliation	Name of the subjects with intake and amount of fee paid for increase in intake	Name of the subjects with intake and amount of fee paid for additional course	Grand Total of amount paid
1)	Anatomy		General Medicine – 4 seats	Rs.1000/-
2)	Physiology		General Surgery – 6 seats	
3)	Biochemistry		OBG – 4 seats	
4)	Pathology		Ophthalmology - 2 seats	
5)	Microbiology		ENT – 2 seats	
6)	Pharmacology		Orthopaedics - 3 seats	
7)	Forensic Medicine		Anaesthesia - 3 seats	
8)	Community Medicine			
9)	Dermatology			
10)	Paediatrics			

**Note:** The fee paid for each subject should be mentioned in detail both in the application form (3 sets) as well as in the form and submit them to the University.

**PART X: PARTICULARS FOR INCREASE IN NUMBER OF SEATS**

1. Give details regarding the course and increase in number of seats proposed:

		Number of admissions		Remarks
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Name of the course	Year of starting	Permitted	Admitted in previous year	Proposed increase in No. of seats	
MD. Anatomy	2011	2	2	Not applicable	
MD Physiology	2011	2	2		
MD Biochemistry	2011	2	2		
MD Pathology	2011	2	2		
MD Microbiology	2011	1	1		
MD Pharmacology	2012	2	2		
MD Forensic Medicine	2012	2	2		
MD Community Medicine	2012	2	2		
MD Dermatology	2012	2	2		
MD Paediatrics	2012	1	1		

2. Particulars of sanction / permission by competent authority.

(Enclose copies of documents): **Yes**

3. Full justification for increase in number of seats : **Yes**

4. Staff: **List enclosed (Annex.VII)**

4.1. Give particulars of proportionate increase in the staff pattern of each department teaching the course.

**i. Full Time :**

Existing staff strength by Designation		Proposed additional staff		Remarks
Name of Post	Number	Name of Post	Number	
1	2	3	4	5
<b>List enclosed (Anne.XIII)</b>				

**ii. Part Time : No**

Existing staff strength by Designation	Proposed additional staff	Remarks



Name of Post	Number	Name of Post	Number	
1	2	3	4	5

**iii. Medical Subjects: N.A.**

Existing staff strength by Designation		Proposed additional staff		Remarks
Name of Post	Number	Name of Post	Number	
1	2	3	4	5

**iv. Supervisors in field Practice Area :**

Existing staff strength by Designation		Proposed additional staff		Remarks
Name of Post	Number	Name of Post	Number	
1	2	3	4	5
<b>Enclosed (Anne.XIV)</b>				

**4.2. Qualification and Teaching Experience and work load of Additional staff**

Please give details as per particulars given in Part III, b (I to iv) of this form.

**4.3. Does the additional staff conform to the staff pattern and number recommended by the**

Council / Apex Body : **Yes**

**4.3.1. Please produce evidence to the effect that appointments have been made or appointments have been accepted**

: Walk-in-Interview has been conducted on 26-09-2014 and list has been submitted to Govt. for approval.

**4.3.2. If there is shortage proposed action for filling up the post and the time period by which it will be done** : --

**5. PHYSICAL INFRASTRUCTURE : (At the college)**

What proportionate increase in accommodation at college level and hospital level have been made please give relevant details as per particulars give in section 1.

Part IV

(C,D,E,F,G,H,J,K,L and M)

## 6. CLINICAL AND HOSPITAL FACILITIES:

6.1. What proportionate increase in bed strength and other facilities have been made for increasing the number of seats? Please give relevant details.

6.2. Bed Strength : Total number of beds required for 150 admission annually is 700. Our hospital has 740 beds.

Name of the Department.	Existing number of beds / units	Additional number of Beds	Remarks
Gen. Medicine	120/4	30	2 units will be added
Paediatrics	60/2	30	1 unit will be added

Name of the Department.	Existing number of beds / units	Additional number of Beds	Remarks
Tuberculosis & Respiratory Diseases	20/01	30	--
Dermatology, Venereology & Leprosy	30/01	-	--
Psychiatry	20/01	-	--
General Surgery including Paediatrics surgery	120/4	30	2 units will be added
Orthopaedics	63/02	27	1 unit will be added
Ophthalmology	30/01	-	--
Oto –rhino-laryngology	30/01	-	--
Obestritics	120 / 2	-	1 unit will be added
Gynaec	80	-	--

### 6.3. Number of Units:

Name of the Department.	Existing number of beds	Additional number of Beds	Remarks
Medical	120	30	4 units
TB & Chest Disease	20	30	1 unit
Surgical	120	30	4 units
Paediatrics	60	30	2 units
Orthopaedics	63	27	2 units

**6.4.** Does the additional beds and units conform to the recommendations of Council / Apex Body : **Yes**

**6.5.** If there is shortage, give proposals to make up and the time frame :

**7.** Field Practice area (Health Centre) : **Rural PHC, Uchagaon,  
Tal & Dist: Belagavi.  
Urban UHC, Khasbag, Belagavi.**

What additional facilities proportionately would be made for training and supervision as well as hostel facilities. Give details

### **8. Equipments :**

What proportionate increase in equipment would be required. Please provide relevant details : **Tender Process**

### **9. Library**

What proportionate increase in number of books, journals and other facilities would be Made, give particulars.: **Tender Process**

### **10. Student Amenities**

Additional hostel facilities for : **Proposal sent to the Government of Karnataka**

Men Students: **50** } **Proposal submitted to Government of Karnataka**  
Lady students: **50** }

### **11. Transport Facilities**

Additional Vehicles –

Particulars of provision made additional vehicles for students and staff **1) 28+1**

**Seater Eicher Vehicle No. KA 01 G 8172**

**2) 28 +1 Seater Eicher Vehicle No. KA 01 g 8179**

**3) 3 + 1 Seater Tata Sumo Mobile Vehicle KA 22 G 198**

**4) 32 +1 Seater Eicher Vehicle No. KA 22 G 4571**

**5) 32 + 1 Seater Eicher Vehicle No. KA 22 G 462**

**6) Bajaj Ambulance Vehicle No. KA 22 G 223**

**7) Bajaj Ambulance Vehicle No. KA 22 G 432**

**Sufficient transport facility is available.**

## **PART XI : STARTING OF A NEW COURSE**

## **A. Particulars of proposed New course**

1. Name of the proposed Course : **1) General Medicine**

**2) General Surgery**

**3) OBG**

**4) Ophthalmology**

**5) ENT**

**6) Orthopaedics**

**7) Anaesthesia**

2. Proposed year of starting : **2016-17**

3. Number of Admission per year :	<b>1) General Medicine</b>	-	<b>4 seats</b>
	<b>2) General Surgery</b>	-	<b>6 seats</b>
	<b>3) OBG</b>	-	<b>3 seats</b>
	<b>4) Ophthalmology</b>	-	<b>2 seats</b>
	<b>5) ENT</b>	-	<b>2 seats</b>
	<b>6) Orthopaedics</b>	-	<b>3 seats</b>
	<b>7) Anaesthesia</b>	-	<b>3 seats</b>

## **B. Particulars of permission obtained**

1. Permission of Government of Karnataka with sanctioned intake (Attach copies of Government Order): **(Anne.-II)**
2. Permission of Concerned Council / Apex Body (Attach copy of permission) **(Anne.-III)**
3. Permission from Government of India, where applicable (Attach copy).  
**For the academic year 2015-16 applied to the MCI, New Delhi for above mentioned Post Graduate courses but it is disapproved by Medical Council of India.**

## **C. Special Reasons regarding the 'need' and suitability of the locality for establishing the proposed course:**

1. Score and nature of employment opportunities: Belgaum is the regional centre and it is one of the education hub of Karnataka. Our hospital is 740 bedded and it was earlier attached to KLE Society's J.N. Medical College, Belgaum and it is presently catering services to more than 1000 out-patients

and nearly 100 in-patients daily. Hence for patients care and research Post Graduate courses are necessary.

By this poor meritorious students will be benefited

2. Are there similar courses in the neighbored? **Yes**

If yes, give particulars : (Attach separate sheet it necessary)

1. Name of institution: **KLE Society's J.N. Medical College, Belgaum  
(Deemed University)**

2. Course: **MBBS, PG & Supepspeciality courses**

3. Student Strength

4. Distance in Kms from your college: **2 kms**

**D. Financial Resources proposed to be utilized for starting the course i.e. for additional building, staff equipment, vehicles and student amentias.:**

**Government of Karnataka**

(please give details)

E. Balance sheet of assets and liabilities : **Copy enclosed (Anne.XV)**

F. Income and expenditure account: **Copy enclosed (Anne.XVI)**

G. Budget for next three years and provision made to the possible deficit therein.:

**(Anne.XVII)**

H. has the college been inspected earlier for starting this course and not allowed to start the course **Yes**

If yes give details and attach a copy of reports including action taken report.:

**(Anne.XVIII)**