

**POST GRADUATE DIPLOMA IN DIALYSIS TECHNOLOGY (PGDDT)**

26. Details of infrastructure facilities available in the institute

SNo	Details	detailed area in sq.metre	Available No.
a	Built in area of building proposed for the course (after excluding common area mentioned in the general proforma)		
b	Number of Lecture hall (With its available / proposed facilities).		
c	Number of students Practical laboratory (With its available / proposed work bench area for each student).  <i>Attach details of available/proposed equipments in the students' laboratories</i>		
d	Seminar room with facilities i) Table ii) Chair iii) Audiovisual aids –OHP iv) LCD projector v) Computer		
e.	General store with facilities		
f	Common toilet-a) for Boys b) for Girls		
g	Faculty rooms & staff rooms		

27. Whether the institute has an own multispeciality hospital:  
If yes, Name the specialties available :

28. Whether the hospital has Nephrology department :  
If yes,  
a) Total no. of out patient in the department /month :  
b) Total no. of in-patient in the department/month :  
c) Total number of dialysis machine and its make :  
d) Total number of Haemo-dialysis /month :  
e) Total number of peritoneal-dialysis /month :  
f) Total number of peritoneal dialysis /month :

29. Whether the hospital has urology department :  
If yes,  
a) Total no. of out patient in the department /month :  
b) Details of cases done in the last 2 years :

30. Whether the hospital has renal transplant surgery :  
If yes, Average number of cases/month :

31. Whether the hospital has blood bank facility :  
If yes, Total number of transfusion /month :

32. Whether the staff members are posted :  
If yes, give the details :

Teaching faculties

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time
1	Course Director					
2	Assistant Professor in Nephrology					
5	Tutor technician					
Non-teaching staff						
1	Technicians					
3	Administrative Officer					
4	Assistant					

33. Give the detailed list of staffs presently available in the concerned department.

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time

34. Enclose the list of Equipments (with its make/model,year of installation,working status etc) available for the conduct of the concerned course in the institute /hospital.

**DECLARATION**

I,.....on behalf of ..... do hereby state that the information given above is true to the best of my knowledge. Further I do agree to abide by future direction of the state Government/Paramedical council regarding mode of selection, minimum standards and fee structure of the proposed course.

Place:

Date:

Signature of the applicant

(Seal)