

**MANDYA INSTITUTE OF MEDICAL SCIENCES,  
MANDYA**

**UNDER SECTION 4(1) (B) OF  
RIGHT TO INFORMATION ACT 2005**

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**MANDYA INSTITUTE OF MEDICAL SCIENCES**

**(AUTONOMOUS INSTITUTE)**

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## **CHAPTER – I**

### **(1) The particulars of Mandya Institute of Medical Sciences, functions and duties:**

Mandya Institute of Medical Sciences, Mandya is a premier organization promoting Health Care Services. It is an autonomous body registered under Karnataka Societies Registration Act 1960 as Mandya Institute of Medical Sciences, Mandya, Karnataka on 17-06-2007 and aided by Government of Karnataka, since 2006. It is a non-profit organization located in its own premises located in Bangalore – Mysore Main Road.

### **The particulars of Mandya Institute of Medical Sciences, Mandya**

- District Hospital up to 2006
- College sanctioned in the year 2005
  - No. HFW 338 MPS 2005, Dt: 19th October 2005
  - No. U.12012/92/2004-ME (P-II), Dt: 12th July 2006
- Located on a 25 acre plot
  - College
  - Teaching Hospital (550 Bedded)
  - Hostels (UG and PG)
  - Staff Quarters (Faculty and Allied Staff)
- Started in the year 2006 (1<sup>st</sup> Batch admission)
- Affiliated to the Rajiv Gandhi University of Health Sciences
  - No. ACA/M-44/2006-07, Dt: 11th August 2005
- Permanent Recognition in the year 2011
- Under Graduate Intake – 100 (85 State Quota, 15 All India Quota)
- Post Graduate Courses in Pre and Para Clinical Courses (Started in 2010-11)

# **INFRASTRUCTURE**

## **Hostels**

- Separate for Men and Women
- Separate in house Kitchen
- Mess managed by students
- 154 rooms in each Hostel (Accommodation capacity of 616 Students)
- 2 students per room (attached bath facility)
- Recreation Room facility
- Proposed Aerobics facility for Women's Hostel and Gym for Men's Hostel
- In House Library (Proposed)
- Reading room
- Resident caretakers
- 24 hours Water and Electricity
- 24 hours Security

## **College**

- 22 Departments (including Radiotherapy)
  - 5 Lecture halls
  - 4 Lecture Halls (120 capacity)
- 1 Hall 250 Capacity (to be completed)
- Auditorium (600 capacity) to be completed
  - Library
  - 200 Seating capacity (separate staff section)
  - 8600 Books
  - 70 Journals

- Helinet
- E library
- Examination Hall (350 seating capacity) with CCTV facility
- Internet broad band (Wi-Fi) connectivity
- Central Stores
- Lounges for students (Male & Female separate)
- Basement Parking
- RHTC – PHCs Keragodu, Keelara and Shivalli (No Administrative / Financial Control)
- UHTC – PHCs Kyathmangere (No Administrative / Financial Control)

## CENTRAL LIBRARY, MIMS, MANDYA

Some of the details are listed below:

01.	Layout and Floor Area	1600 Sq.Mts
02.	Total Sitting Capacity: <ul style="list-style-type: none"><li>• For Students:<ul style="list-style-type: none"><li>U.G 132</li><li>P.G 48</li></ul></li><li>• For Staff: 20</li></ul>	200
03.	Sitting Capacity Own Book Reading Room	50
04.	Working Hours: <ul style="list-style-type: none"><li>• Monday to Saturday</li><li>• Second Saturday</li><li>• Sunday</li></ul>	9.00 am to 9.00 pm 9.00 am to 5.00 pm 9.00 am to 2.00 pm
05.	No. of Shifts:	02
	First Shift:	9.00 am to 4.00 pm
	Second Shift:	4.00 pm to 9.00 pm
06.	Library Collections:	
	• Books	8925
	• Journals	87
	• Back Volumes	300
	• CD's	620
	• E-Journals, E-Books	250
	• WHO Collections	100
	• Govt. of India	49
	• Kannada Books	29
	• General Books	30
	• SC/ST Books	301
07.	Library Sections:	Central Library consists of the following sections:
		Undergraduate Sections <ul style="list-style-type: none"><li>• Section-I</li><li>• Section-II</li></ul>
		Post-Graduate Section
		Staff Room

		Journals Section
		Own Books Reading Room
		Computer Room with Internet facility
		Newspaper Section
		Audiovisual Section
		Library Staff Section
08.	Library Services:	Reference Service
		Photocopying
		HELINET Service: <ul style="list-style-type: none"> <li>• E-books</li> <li>• E-Journals</li> <li>• Pub med</li> <li>• Online Search</li> </ul>
		Inter Library Loan
		SC/ST Book Bank Service
		Question Paper Bank Services
09.	Library Staff Position:	
	• Ananthnag.K	Chief Librarian
	• Krishna B.N	Deputy Librarian
	• Chandrakala M.N	Group 'D'
	• Ravichandra.K	Group 'D'
	• Prashanth T.N	Group 'D'
	• Hema	Supporting Staff
	• Mahadevi	

## **Hospital**

- 550 bedded
- OPD attendance 1200 patients / day
- Bed occupancy > 90% average
- Deliveries
  - Normal – 20 to 30 / day
  - Caesarian – 08 to 12 / day
- Surgeries
  - Major – 18 to 24 / day
  - Minor – 15 to 20 / day
- ICUs with Ventilators, Central oxygen & suction, Multi cardiac monitors, Etc
  - Medical – 10 beds
  - Cardiac – 6 beds
  - Surgical – 10 beds
  - Respiratory – 5 beds
  - NICU – 17 bedded level 3 facility
  - PICU (proposed)
- Dialysis
- Central Laboratory
  - 24X7 facility (Biochemistry, Microbiology, Pathology)
  - 1800 to 2000 investigations / day
  - Automated & Semi Automated instruments
  - Internal and External Quality Control Programmes (Biochemistry)

- Radiology
  - Digital X Ray facility
  - Ultrasound
  - ECHO
  - Color Doppler
  - Tread Mill
  - Endoscopy
  - Mammography
  - Telemedicine
- Blood Bank
  - 24X7, Licensed facility
  - Capacity 450 Units (20 to 25 issues / day)
  - Components (proposed)
- Casualty / Emergency
  - 20 beds with central oxygen & suction, crash trolley
  - Associated with EMRI (108)
  - College has 3 ambulances
- Central Sterilization Supply Department
  - Fully automated, 24X7
- Laundry
  - Mechanical
- Kitchen – catering to inpatients
- Effluent Treatment Plant
- Sewage Treatment Plant
- Biomedical Waste Management
  - MoU with Common Treatment Facility (Maradi) as per legal requirement



## **Programmes & Special Activities / Services**

- Ø All National Programmes
- Ø All State Health Schemes
- Ø ART Center with ICTC and PPTCT
- Ø Dedicated Antirabies Clinic (1st in State for IDRV and ERIG)
- Ø Audiometry Clinic
- Ø Nutritional Rehabilitation Center, Under 5 Clinic
- Ø Retinopathy of Prematurity Screening & Treatment (collaboration with Narayana Nethralaya)
- Ø ECT facility (Department of Psychiatry)
- Ø Radiotherapy with Cobalt Units
- Ø Suraksha and STI / RTI Clinic

## **Academic Achievements:**

- International Conference – 01 (MIMS / SEARO / RIA)
- National Workshop – 01 (MIMS / APCRI)
- Training of Teams from Indonesia, Bhutan and Nepal in Rabies Prophylaxis (MIMS / WHO)
- State level conferences – 01 (Dermatology MIMS / MSD)
- CMEs – 20
- Medical Education Unit – Activities in association with regional Center
- Publications – 60 in National and International Journals
- Faculty on National Expert Committees
- Trainings for Medical Officers in Biomedical Waste Management
- Trainings for Medical Officers in Obstetrics and Gynecology
- The college has consistently secured > 90% results in all phases of the UG Exams.

- The 1st PG Exams (MD Pathology) was held this year (2013)
- The process for starting PG courses in the clinical departments has been initiated

### **VISION:**

- To provide quality Medical Education with emphasis on Social Accountability and commitment to needs of the Nation and to promote Academic Excellence by encouraging research and professional growth.
- To cater to the Promotive, Preventive and Curative Health Care Needs of the people of the region, state and the country.
- To emphasize on our core values of; Honesty, Excellence, Team Work, Accountability, Innovation, Service and Community Focus

### **MISSION:**

The main functions of the Institute are to;

- (1) To provide comprehensive and quality care to medical patients.
- (2) Training of candidates in the specialty of Medical
- (3) Organise scientific meetings, seminars, symposia, workshops etc., in Medical Education.
- (4) Research programmes relating to diagnosis and treatment of Medical patients.

## CHAPTER – II

- ii) The Powers and duties of Mandya Institute of Medical Sciences, Mandya, Officers and Employees The duties of the Director, Medical Superintendent, Resident Medical Officer, Administrative Officer, Assistant Accounts Officer, Nursing Superintendent, are as follows:

### **DIRECTOR:**

1. Setting up the high standard of professional conduct.
2. Planning and administering rules & regulations to maintain efficient medical services of the hospital.
3. Implementation of recommendations and regulations that are issued from time to time by the GOVT/DME or other regulatory authorities
4. Official correspondence for hospital administration
5. Planning Medical supervision and Co-ordination. Medical consultation / ward work.
6. Teaching.
7. Financial and Administrative functions - Administrative work should be performed specifically by the Director under the rules and cannot be delegated to lower levels, the matters of general principles and policy in hospital administration, sanction of all kinds of leave to gazette staff, appeals of Class III and Class IV staff against decisions at lower levels.

### **MEDICAL SUPERINTENDENT :**

1. Day to day routine medical administration of the hospital subject to the control and general supervision of the Director.
2. Medical Examination (Overall in-charge of Medical Examination Cell).
3. Sanction of free blood to indigent patients and routine, (Administrative matters of Blood Bank.
4. Arrangement of duty roster for Doctors, Nurses and Group D officials in
5. Consultation with RMO/Nursing Superintendent
6. Promotion of good relation between all categories of staff and public
7. Enforcing strict discipline in the subordinate teaching staff.
8. Matters concerning treatment of patients, enquiry's and, their complaints.
9. Supervising nursing staff in providing proper care
10. Arranging inter-departmental meetings to sort out any problems
11. Supervision and maintenance of statistics
12. Medical records for medico-legal cases and Court summons relating to them.
13. Matters relating to post-graduates and library.
14. Matters relating to Central Sterilization Room.
15. Matters relating to residents hostel.
16. Call duty after office hours.
17. Responsible for hospital Biomedical waste management.
18. Any other duty that may be specified by the Director from time to time.

### **RESIDENT MEDICAL OFFICER:**

1. He will look after the problems arising with regard to functioning of the hospital
2. He is in-charge of main stores and looks after distribution of drugs to the sub stores and department
3. He is the indenting officer for drugs and chemicals.
4. To casualty Pharmacist and nursing staff & Group D concurrence with Medical Superintendent/Nursing Superintendent.
5. He attends to legal matters concerned with treatment of patients and issues copies of documents concerned with treatment of patients
6. He is member of purchase committee
7. To support and guide students in their curricular and extra curricular activities, maintenance of the department and other subordinate staff
8. In case of emergency or any other official work his services should be available for 24 hours on any day including holidays as this is essential service.
9. Attending VIP & VVIP's as per protocol as and when required.
10. Sanitation.
11. Medical Stores responsibilities .
12. Surprise Stock verification of Stores.
13. Detailing of ambulances.
14. Casualty Emergency Service and O.P.D.
15. Security and fire fighting.
16. Call duty after office hours.
17. Any other duty that may be specified by the Director from time to time.

### **CHIEF ADMINISTRATIVE OFFICER**

1. Establishment matters.
2. Sanction of Casual leave and other kinds of leave to Class III Staff.
3. Fixation of pay of Class III and Class IV staff in consultation with Accounts Officer.
4. O & M, work study, Operational Research, etc.
5. Legal matters.
6. Maintenance of hospital buildings and liaison with Engineering Department.
7. Matters relating to hospital and residential accommodation. .
8. Assistance to Director in planning and development of the hospital and preparation of Capital budget.
9. Workshop and laundry.
10. General stores, linen stores and stationary stores responsibilities.
11. Transport - controlling, maintenance and repair of staff cars, station wagons, load carrying vehicles and other vehicles of the hospital. Detailing of ambulances, staff cars, station wagons, load carrying vehicles.
12. Such administrative matters as are specifically delegated to Administrative Officer in the bye laws of the institute by the Director or any other superior authority from time to time.

**ACCOUNTS OFFICER cum FINANCE ADVISOR:**

1. Preparation of the hospital Revenue Budget.
2. Drawing and disbursing officer for pay and allowances of the hospital establishment
3. Processing of cases, drawal and disbursement of various advances admissible to and claimed by staff.
4. Detailed scrutiny of store purchases /salary bills, passing of contingent bills, etc.
5. Financial advice
6. Maintenance of financial accounts and cash transactions.
7. Preparation of the hospital Revenue Budget with the guidance of Higher Authorities
8. Scrutiny of pay and allowances of the hospital establishment.
9. Processing of cases, drawal and disbursement of various advances admissible to and claimed by staff with the guidance of Higher Authorities.
10. Detailed scrutiny of store purchases / Salary bills, etc.,
11. Maintenance of accounts relating to Government funds.
12. Pension cases,,
13. Endorsement of service books of staff in token of having checked them with the pay bills.
14. Any other duties that may be specified by the Director or any other superior authority from time to time.

**NURSING SUPERINTENDENT GRADE- I:**

1. Regular rounds in hospital wards and departments, daily visits to seriously ill-patients and surprise night rounds.
2. Submission of daily reports regarding admissions, discharges and deaths complied by night sisters.
3. Assigning nursing staff to various wards and departments.
4. Organizing and conducting staff meetings of the nursing staff.
5. Co-ordination for administration work
6. Sanitation of wards and departments.
7. Leave roster of the nursing staff.
8. Maintenance of Linen.
9. Grievances of nursing staff.
10. Any other duty that may be assigned by the Director / Medical Superintendent or any other superior authority from time to time.

**NURSING SUPERINTENDENT GRADE - II:**

1. General supervision of the nursing care given to the patients and all nursing activities within the nursing unit.
2. Planning and Administering rules and regulations to maintain efficient nursing services.
3. Implementing , recommendation and regulation from time to time as directed by the Director.
4. Arrangement of duties of Group D servants
5. Cleanliness and order in her department and environment.
6. Regular rounds in her department including out-patient clinics and night rounds.
7. Maintenance of attendance register of Group D
8. Maintenance of leave register

9. Reporting defaulters and absentees.
10. Receiving reports from the night staff regarding the nursing care of the patient at night
11. Analyzing / evaluating the kind and amount of nursing services required in her unit.
12. Rotation of the nursing staff in her department to ensure good nursing care.
13. Staff meeting with the departmental staff.
14. Planning in co-operation with the sisters of each unit for effective administration.
15. Interpreting the principles of good management to ward sister, especially to those who are inexperienced and orientating them to apply these principles to their daily work.
16. Helping ward sister to ensure supplies and: equipment and rechecking their use and care.
17. Acting as the public relations officer for the unit and deal with problems if any specially with Class IV staff and patients attendants.
18. Keeping the Nursing Superintendent / Matron informed of the needs of the nursing unit and of any special problem.
19. Carrying out any other official work as directed by the Director or any other superior Authority.

### **Duties and Responsibilities of Medical Staff**

#### **HEADS OF DEPARTMENTS:**

The heads of Departments will be responsible for the proper and efficient functioning of their departments, keeping in view of the overall requirements of the institution and specific needs of hospital services. For this purpose they are authorised:

1. To deploy and utilize staff and equipment, etc., and to delegate functions in any manner as and when they consider necessary in the best interest of the institution and functioning of the constituent units. In this matter they are expected to keep close liaison with the Medical Superintendent. In all major matters prior consultation / concurrence of the Medical Superintendent should be obtained.
2. To sanction casual and restricted leave of the non-gazetted staff working in their departments in accordance with the existing rules and order for which they will keep proper record.
3. Departmental correspondence as well as leave applications of the staff (excluding casual leave) and including their own casual leave applications will continue to be submitted to the Medical Superintendent. While sanctioning casual leave and submitting other leave, applications / proposals in respect of the staff and their own, it will be ensured that satisfactory internal arrangements have been made and these will be recorded on the application. In case satisfactory internal arrangements are not possible, the leave should not be recommended. In genuine / deserving cases such applications / proposals should however be submitted with specific recommendations / suggestions / forwarding of applications / proposals will be presumed as NO OBJECTION to the acceptance of the proposals / request etc.

The Head of Department will, in addition, perform duties as assigned by the Medical Superintendent from time to time.

### **HEAD OF UNITS (PROFESSOR):**

1. The Heads of the units will be responsible for the medical care and attention of all patients, admitted to their units (indoor, emergency wards, etc).
2. The heads of units must see all patients as soon as possible after admission. For serious cases the heads of the units must ensure immediate consultation / examination as considered necessary and the same should be properly recorded.
3. During the stay of patients in the wards, the heads of units should exercise continuous personal attention to all seriously ill cases as also to other cases and should be available for consultation in cases of need in respect of patients in their units.
4. No patient should ordinarily be discharged from the hospital except on instructions from the head of the units.
5. It would be the special responsibility of the head of the unit to ensure that the case sheets of the patients are maintained properly and in chronological order and a true and faithful record of various events in connection, with his treatment, referrals and progress in the hospital is kept.
6. Patients should be placed on the 'Seriously III List' or 'Dangerously III List' as the case may be by the head of the unit, and such list should be sent to the enquiry (Central Admission Registry) daily. In all these cases heads if units must explain to the relatives about patients condition.
7. The Head of the Unit should ensure consultation with his colleagues in case of need. The consultant requested would similarly record his observation in the case sheets. Urgent consultations should be so mentioned and consultations arranged without delay.
8. In case of surgical operations adequate operation notes regarding the surgical approach used, findings at the operation and operative procedure done, and post-operative orders should be written.
9. The head of the units will be responsible for the proper maintenance and up-keep of the ward in his area and also ensure submission of timely indents of the Various articles required for the treatment of the patients in the ward. The head of the units under guidance from the Head of the Department of the specialty should lay down definite procedure to be adopted in case of emergencies and also ensure that the staff working under him has been thoroughly drilled in the techniques to be followed.
10. To attend teaching, training and research activities.

### **ASSOCIATE PROFESSOR:**

1. The Associate Professor of the unit in collaboration with the Assistant Professor / Senior Resident / Tutor of the unit and supervise the day to day work of the Assistant Professor / Senior Resident / Tutor / PG's.
2. He will accompany the Professor / Head of the Unit for ward rounds.
3. On the day the Professor / Head of the Unit is not available for ward rounds, the Associate Professor will take rounds of his own ward. It would be his sole responsibility to contact the Professor / Head of the Unit and discuss about the serious cases in the ward and if necessary to show these cases to the Professor / Head of the Unit.
4. He will scrutinize the clinical documents completed by the Assistant Professor / Senior Resident / Tutor / PG's and make corrections where necessary.
5. The duty roster will be hung up in the duty rooms on the board indicating the name and unit. The next on duty will be shown in the same list. In case the duty officer is not available for urgent reasons. The next day on duty will act for him. .
6. He will ensure that all patients have received attention and report to the Professor / Head of the Unit.
7. He will also attend to referred cases till evening.

8. He will go through all the case notes written by the Assistant Professor / Senior Residents / Tutors & will make corrections wherever necessary.
9. To attend teaching, training and research activities.

### **ASSISTANT PROFESSOR:**

1. The Assistant Professor will work in collaboration with the Senior Resident / Tutor / PG's of the unit and supervise the day to day work with them.
2. He will accompany the Associate Professor / Head of the Unit for ward rounds.
3. On the day, the Associate Professor / Professor / Head of the Unit is not available for ward rounds, the Assistant Professor will take rounds of his own ward. It would be his sole responsibility to contact the Associate Professor / Professor / Head of the Unit and discuss about the serious cases in the ward and if necessary to show these cases to the Professor / Head of the Unit.
4. He will scrutinize the clinical documents completed by the Senior Resident / Tutor / PG's and make corrections where necessary.
5. The duty roster will be hung up in the duty rooms on the board indicating the name and unit. The next on duty will be shown in the same list. In case the duty officer is not available for urgent reasons. The next day on duty will act for him. .
6. He will ensure that all patients have received attention and report to the Associate Professor / Professor / Head of the Unit.
7. He will also attend to referred cases till evening.
8. He will write case notes of the patients as directed by the Associate Professor / Professor / Head of the Unit.
9. To attend teaching, training and research activities.

### **TUTORS :**

1. He will co-operate with the ward staff to maintain discipline in the ward.
2. The Tutors will be directly responsible for supervision of patient care in his unit with the assistance of Assistant Professors.
3. He will be contacted by the Associate Professor / Professor / Head of the Unit on duty in case of emergency, if he thinks necessary, he should consult the Associate Professor / Professor / Head of the Unit.
4. Besides taking round in the wards during day time, he will daily take round late in the evening with the Assistant Professor.
5. On admission days he will attend to cases referred for medical opinion from other Wards. If necessary, he may contact the Associate Professor / Assistant Professor for necessary advice.
6. In case of death it is his responsibility to scrutinize that documentation is complete in every respect and will write a brief summary of the case, before it is sent to the Medical Records Section.
7. He will maintain a book to indicate the patients in his charge who would need attention after the night rounds and he will apprise the duty house staff of such cases.
8. He will maintain a register to indicate .that the relatives of seriously ill patients are informed through the central registration office. of the hospital. This is applicable in case of patients absconding from the ward and also in case of death .

### **DUTIES & RESPONSIBILITES OF PG'S / JR & SR. RESIDENTS :**



1. PG's/ Sr. Residents will take advice from Associate Professor Asst. Professors/Professors for guidance and efficient execution of professional care of the patients.
2. In OPD Jr. Residents/PG's will refer the case to the Sr.Residents/faculty or the duty doctors with a short history and physical findings of the case written on the OPD book.
3. Jr.Residents/Sr.Residents are primarily responsible for the case allotted to him. Besides, he/she would have a general idea of all the cases in the ward. As soon as a case is admitted, patient will be examined by the PG students/Jr.Residents/Sr.Residents who will complete the case sheet in all details. He will see that all necessary investigations are done in time, and entered in the case sheet.
4. In case of acutely ill patients, it is his responsibility to show the case immediately to the Senior faculty. He will see that all necessary investigations are done in time, and entered in the case sheet.
5. He will enter the daily follow up of the case in case-sheet. In case of seriously ill patients the progress of the case will be recorded every time the patient is examined and suitable opinion is taken by Sr.faculty in time in the management of case and the same is recorded in the case sheet.
6. On admission days one PG student/Jr. Resident/Sr.Resident will be physically present on duty in Accident and Emergency Department during OPD timing for attending to cases admitted there. After the OPD closes, two Jr.Residents/Sr.Residents will be present on duty throughout the day and night in Accident and Emergency Department.
7. On Sundays and gazette holidays all Residents will come for rounds in the forenoon. In the afternoon and thereafter only one Resident with other duty doctor will be on duty.
8. From 4.00pm to 09.00am next day Residents from each unit will be on emergency duty in the night for the respective units in addition to one Resident staying in Accident and Emergency Department. The Residents on night duty will apprise by direct contact with the Professor or other Sr.faculty about cases admitted during that day.
9. Laboratory and X-ray investigations -- Requisition forms for Laboratory and X-ray investigations should be filled in the previous evening with full clinical notes for all routine cases. In emergency it should be done immediately. The reports for investigations should be collected in time to be useful during rounds.
10. Log Book with work done satisfactory report about PG students/Jr.Residents/Sr.Residents signed by the Unit Chief should be submitted to the Director on or before 26th of every month.
11. He will be on duty in the ward of the accident and emergency department round the clock to receive patients and to carry out treatment as advised by the Assistant Professor / Associate Professor / Professor.
12. He will write the case sheet neatly without omitting any detail.
13. He will seek the advice of the Assistant Professor / Associate Professor in the treatment of seriously ill patient as often as warranted.
14. He will be present at the time of death of the patient.

## **Duties and Responsibilities of Nursing Staff**

### **I. STAFF NURSE / SENIOR STAFF NURSE.**

The staff nurse is responsible for the complete nursing care of the patients assigned to her. The following duties would be shared with nursing students, if any, and auxiliary staff such as nursing orderlies, ward-boys, Ayas, sweepers as the situation warrants.

#### **(i) General care of the patients :**

1. Admission and discharge of patients.
2. Assistance and instructions to patients and their relations.
3. Bathing patients including daily care of mouth ,nails and pressure points.
4. Four hourly, or more frequent attention to pressure points.
5. Giving and removing of bed pans and urine ports. . .
6. Giving and removing of hot water bottles
7. Bed makings
8. Feeding of patients.
9. Distribution of diets milk etc.
10. Preparation of special foods eggs, milk, F-75, F-100 etc.
11. Technical nursing care of patients;
  - a. Administration of medicine.
  - b. Administration of injections.
  - c. Assistance in administration of intravenous injections.
  - d. Preparing for injections and clearing up.
  - e. Recording of medicines and injections given.
  - f. Taking and charting T.P.R.
  - g. Rounds with doctor.
  - h. Technical procedures eg., enema, catheterization, dressings, irrigation's, oxygen therapy, preparing for the clearing up after procedures.
  - i. Preparation for the assistance in clinical tests and medical procedures.
  - j. Pre-and post-operative care. .
  - k. Urine Testing.
  - l. Collecting labeling and dispatching of specimens.
  - m. Escorting patients to and from departments.
  - n. Giving and receiving reports.
  - o. Indent of drugs, Date entry

#### **(ii) Ward Management :**

1. Handling over and taking charge of shift.
2. Keeping the ward clean and tidy.
3. Preparation of surgical supplies, bandages and splints.
4. Routine care & cleaning of dressings trolleys, cupboards, apparatus, makintosh, etc
5. Care of clean and soiled linen.
6. Dis-infection of linen beds floor and bed pans.

**(iii) General :**

1. Demonstration and guidance to students nurses.
2. Supervision of domestic staff.
3. Assistance in orientation of new staff nurses.
4. Participation in staff education and staff meeting.
5. Participation in professional activities.
6. Any other duty that may assisted from time to time.

**II. WARD SISTER**

The ward sister is responsible to the nursing superintendent / matron for the management of the wards and supervision of the nursing and domestic staff. She should be assisted in carrying out the following duties by staff nurse, clinical and domestical staff as the case may be. The main aim of the staff sister should be foster team spirit in her area of work

**(i) Nursing Care of patients :**

1. Admission and discharge of patients
2. Efficient nursing care: personal comfort and toilet of patients, administration of drugs and treatment, observation and recording.
3. Patients diet.
4. Rounds with medical staff
5. Assistance to medical staff in examination of patients and treatment.
6. Assistance at or supervision of clinical investigations, pre- operative and post-operative care.
7. Maintenance of patients records. .
8. Care of patients personal affects in accordance with hospital rule~.
9. Following of prescribed rules. regarding accident or death of a patient.
10. Giving and receiving reports.
11. Information to relatives and friends.
12. Intimation to Nursing Superintendent I Matron of any special emergency in the ward

**(ii) Ward Staff :**

1. Assignment of work and management of duties by taking roll calls of nursing and domestic staff.
2. Co-ordination and facilitating work of other staff, e.g. : occupational therapist, social worker, dietician, voluntary worker.
3. In-service training.
4. Orientation of new staff.
5. Maintaining of good relationships among all categories of staff and with patients and their relatives.
6. Discipline of nursing and domestic staff. Reporting on absence of staff.
7. Confidential reports.

**(iii) Ward Management :**

1. Cleanliness of ward, its annexes and environments.
2. Linen and ward equipment - up keep and repairs.
3. Custody of dangerous drugs. Record of their administration.
4. Indents for drugs, surgical supplies, stores diets.
5. Maintenance of stock registers, inventories.
6. Interpretations of hospital policies and regulations and their implementation.
7. Investigation of complaints. .
8. Issue of stores, etc.
9. Control of visitors.

**(iv) General :**

1. Rounds with medical staff and Nursing superintendent / Matron.
2. Taking round special visitors.
3. Participation in staff education and staff meetings.
4. Participation in professional activities.
5. Any other duty as may be specified from time to time.

**Duties and Responsibilities of Technical Staff**

**I. X-RAY TECHNICIAN :**

1. Taking diagnostic radiographs of the patients as required by medical officers.
2. Advising patients or ward staff regarding preparation of patient before X-ray.
3. Developing and drying the exposed X-ray films.
4. Loading cassettes with X-ray films.
5. Storing unexposed X-ray films properly.
6. Keeping account of X-ray films and other supplies.
7. Maintaining record of X-ray reports of the patients referred.
8. Sending radiographs and the opinions of the Radiologist to the department concerned.
9. Receiving back the X-ray films after the discharge of the patient and filing them in such a way that retrieval is easy.
10. Taking precaution to protect himself, patients and other workers of the department from the hazards of X-ray.
11. Assisting the Radiologist in the deep X-ray treatment.
12. Assisting the Radiologist in the training of X-ray technicians.
13. Wearing the film badge at all times of working in the department.
14. Carrying the portable X-ray apparatus to other departments of the hospital and taking the radiographs of the patients seriously ill. .
15. Keeping the premises of the department clean and adequately stocked with forms and stationary required.
16. Maintaining cordial public relations.
17. Performing duties as may be assigned by the hospital authorities.

**II. LABORATORY TECHNICIAN (HISTOPATHOLOGY) :**

1. Helping the histopathologist in grossing.
2. Processing specimens, i.e., dehydrating, cleaning and embedding.
3. Preparing and cutting the paraffin blocks.
4. Fixing the blocks in objective holders.
5. Sharpening the instruments used for cutting.
6. Doing routine haematoxylin and eosin staining.
7. Doing special staining.
8. Undertaking screening of cytology smears for the detection of malignant cells.
9. Helping the histopathologist in post-mortem work.
10. Receiving specimens from operating theatres.
11. Doing clerical work related to the laboratory.
12. Doing any other work that may be specified by the hospital authorities.

### **III. LABORATORY TECHNICIAN (BACTERIOLOGY) :**

1. Collecting specimens.
2. Preparing smears for examination.
3. Dialing with centrifugation and preparation of urine deposit for smear examination.
4. Doing sensitivity test of pathogenic organisms.
5. Preparing and maintaining stock media.
6. Pouring media. in plates.
7. Sterilizing and maintaining glassware.
8. Inoculating specimens on various isolated organisms.
9. Investigating cases of infection in the hospital.
10. Checking the efficiency of autoclaving in central sterilization room, laundered linen, etc.,
11. Doing related clerical and public relation work.
12. Doing any other duty that may be specified by the hospital authorities.
13. Inoculating specimens on various media and processing them, for culture.

### **IV. LABORATORY TECHNICIAN (BIO-CHEMISTRY) :**

1. Collecting specimens.
2. Doing clinical tests like blood sugar, blood urea, bile-protein, bile- cholesterol, urine, stools S.G.O.T., S.G.P.T. etc.
3. Doing related clerical and public relations work related to the task.
4. Doing any other duty that may be specified by the hospital authorities.

### **V. LABORATORY TECHNICIAN (HAEMATOLOGY) :**

1. Collecting specimens.
2. Counting the cellular constituents of blood estimating haemoglobin 3; Testing the coagulation mechanisms of bloods.
3. Knowing the use of haematological apparatus and preparing small pieces of apparatus.
4. Maintaining routine records connected with the laboratory work.
5. Maintaining cordial public relations.
6. Doing any other work that may be assigned by the hospital authorities.

### **VI. TECHNICIAN (BLOOD BANK) :**

1. Controlling all nursing orderlies and sweepers and maintaining cleanliness and discipline in the department.
2. Grouping of all donors, paid or voluntary .
3. Bleeding of donors and arranging subsequent rest.
4. Labeling documenting, storing and issuing blood. .
5. Grouping and matching of all samples from the wards, outside, etc., and issuing matched blood as and when needed.
6. Doing Rh factor test of referred cases and maintaining their records.
7. Preparing distilled water and sterile parental solutions of various kinds for use in the hospital.
8. Arranging cleaning preparing assembling and sterilizing of blood and giving infusion sets for the whole hospital. .
9. Maintaining and accounting for various stores and equipment's.
10. Preparing the annual indent of stores indenting and receipt of stores and their maintenance.
11. Preparing and dispatching monthly progress reports.
12. Doing any other work that may be assigned by the hospital authorities.
13. Proper Disposal of used Blood Bags.

**NOTE:** Laboratory assistants will assist the lab. Technicians and function as their deputies. Laboratory attendants will look after the laboratory in the matter of cleanliness, washing of glassware, dusting the laboratory area and will be constantly learning the Job of, laboratory assistant through in-service training.

#### **VII. OPERATION THEATRE TECHNICIAN :**

1. Supervising the working of the domestic staff working in the operation theatre and recovery room.
2. Being responsible for storage, maintenance and accounting of instruments tables and other supplies belonging to the operating theatre and recovery room
3. Arranging needles, syringes dressings gloves, ward and theatre instruments catheters, robber tubing, etc.,.
4. Sharping needles preparing pot dichromate solution.
5. Keeping proper account of receipt and issuing of various articles dealt with in the central sterilization room.
6. Doing a weekly check up losses and institute measures to reduce the losses.
7. Maintaining relevant records and charts
8. Doing any other duty that may be assigned by the hospital authorities.

#### **VIII. PHARMACIST :**

1. Compounding and dispensing prescriptions according to the hospital formulary or

- prescriptions of doctors in the hospital.
2. Being responsible for initiating the indents, storage and maintenance of stocks and accounting of medical supplies and appliance under his charge.
  3. Providing first-aid to the injured and repeat prescriptions of physicians when ordered.
  4. Compiling statistics of hospital in accordance with the instruction of the hospital authorities.
  5. Attending to the work of the clinical side room and doing the routine tests of urine, faeces and blood, provided he has under gone adequate training.
  6. Performing such other duties as may be assigned by the hospital authorities.

### **Duties and Responsibilities of Medical Record Staff**

#### **I. MEDICAL RECORD OFFICER & ASSISTANTS**

1. Compilation of data for research from records.
2. Preparation of statistical reports.
3. Review of medical records to ensure presence of all component parts.
4. Coding diseases and operations according to the accepted classifications.
5. Maintenance of indexes according to the planned procedures.
6. Preparation of Daily Hospital Census.
7. Analysis of records of discharged patients.
8. Analysis of admissions.
9. Compilation of monthly and annual statistical reports.
10. Computation of rates, percentages, etc.
11. Maintenance of death registers.
12. Scrutiny of birth and death reports received from the wards.
13. Supervision of incomplete records control desk.
14. Supervision of filing area.
15. Instructing new employees in the procedures of their jobs.
16. Checking the work of employees directly under his supervision.
17. Taking records to the court. .
18. Attending to Medico-legal works while working in the Medical Records Department, as under:
  - a. Receiving medico-legal registers from the Casualty Medical Officer when such registers are complete.
  - b. Getting those medico-legal reports which a-e left incompletely the doctors, duly completed in all respects.
  - c. Preparing a list of all those medico-legal reports which are not completed in spite of personal efforts, doctor-wise and submitting the same to DMS for necessary.
  - d. Controlling issue of medico-legal registers by maintaining a register.
  - e. Issuing medico-legal reports to the police authorities as and when required.
  - f. Providing assistance to police officials in obtaining X-ray films and other documents required by them.
  - g. Supply of blank medico-legal registers to the Casualty Medical Officer, on request after numbering it with the automatic numbering machine.
  - h. Attending courts and producing records there, as and when summons are received.
  - i. Keeping all the medico-legal documents.
19. Participation in the training programmes of the department.

#### **II. RECEPTIONIST / REGISTRATION ASSISTANTS (CENTRAL ADMISSION AND ENQUIRIES :**

1. Guiding patients to various OPD's I Clinics I Departments in relation to their diseases. Preparation of Admission Records of all patient to be admitted.
2. Attending to enquiries.
3. Maintenance of Index Cards of patients and Medical Officers. .
4. Maintenance of Central Admission Register.
5. Arranging funeral vans on request.
6. Sending messages to patient's relatives, doctors and phonograms.
7. Maintenance of furniture, equipment, stationery medical records forms, etc., lying in the Central Admitting and Enquiry Office.
8. Announcement on paging system.
9. Supervision of the staff working in the Central Admitting and Enquiry Office.

### **STENOGRAPHER**

1. To attend the duties as promptly as per instructions given from time to time by the Director
2. Any other duties that may be specified by the Administrative Officer from time to time.

### **TYPIST**

1. To attend the typing work as promptly as per instructions given from time to time by the higher officers.

### **DRIVER**

1. He will ensure that the vehicles are on the road.
2. He will bring to the notice for prompt repairs and maintenance problems
3. He will get the vehicles serviced from agencies, approved as per office orders and norms issued from time to time
4. He will give details of vehicle for bonafide Government duty within the municipal limits
5. Ambulance driver will recover bill charges from the patient/attendants and credit them to the hospital promptly
6. He will request for indent for petrol/diesel/lubricant as per mileage
7. He will park the vehicle promptly in the garage.
8. He will attend the duties as promptly as per instructions given from time to time by the higher authorities
9. Any other duties that may be specified by the higher officers from time to time

### **PLUMBER:**

1. He will attend tap, sunk and other items leakage on his daily rounds
- 2.



3. He will attend water supply and sump services and monitor the borewell on/off maintenance
- 4.
5. He will inform the meter readings promptly
- 6.
7. He will maintain a record book of his work
- 8.
9. Indent for required items

### **GROUP `D` :**

1. He will be on duty half an hour before the working hours of the office in which he works and leave half an hour after the office hours.
2. He will attend to dusting of the tables and walls, and furniture in the area of the office allotted to him and see that the stationery items kept on the desk are always ready for use.
3. He will see that the sweeper allotted to the area cleans floors, walls, toilet, etc., daily before the office hours.
4. He will be on call during the allotted time.
5. He will announce the arrival of visitors to the officer concerned and help them to the officer concerned in an orderly manner. .
6. He will attend to the telephone calls when the officer is not in his seat.
7. He will carry 'IN' correspondence and files from the main office to the officer's desk and carry the 'OUT' correspondence to the main office from the officer's desk.
8. He will run errands on official business within the hospital and outside, if necessary.
9. He will bring tea and other refreshments from the canteen to the officer concerned whenever required.
10. He will expeditiously deliver the outgoing mail to the addresses and post office and, bring the incoming mail from the post office and other officers.
11. He will assist in moving stores from one place to another within the hospital when ordered by responsible personnel. He will move stores from and to the hospital or go to bank to cash cheques, etc.
12. He will assist in packing parcels, closing and stamping of letters.
13. Whenever necessary and authorised by the responsible personnel. He will also do the duties of a chowkidar or a gate peon.
14. He will take only half an hour for his midday lunch and promptly return to duty after the lunch break.
15. He will do such other duties as may be allotted to him by the hospital authorities.

### **ADMINISTRATION DUTIES OF THE HEAD OF THE SECTION**

The duties are:

- (a) to exercise general supervision over his Section in regard to the despatch of business ;
- (b) to help the inexperienced clerks by guiding them in their day-to-day work ;
- (c) to be conversant with the more important files pending in his Section and see that these are not delayed ;
- (d) to concentrate his attention where it is most required and see that his Section works smoothly and efficiently ;
- (e) to see that the case-worker maintains his 'Case Register' properly and up-to-date ;
- (f) to make certain that the despatch of outgoing periodicals is not delayed and that incoming

periodicals are obtained by timely reminders;

(g) to be responsible for the proper maintenance of special registers ;

(h) to ensure that the monthly arrear lists of cases and the weekly arrears statements of pending papers are properly compiled and duly submitted ;

(i) to advise the staff under him on all difficult and intricate cases and to help them in drafting important references ;

(j) to see that the case-worker has arranged papers in order in a file, stated briefly the issues to be decided, pointed out the deficiencies or omissions in the correspondence and quoted the standing orders and precedents applicable to the case ;

(k) to ensure that whenever reports called from subordinate officers, the specific points on which information or comments are required are clearly stated by the case-workers in the reference to be issued ;

(l) to ensure that the time limit is kept by the case-workers in respect of urgent cases and to provide guidelines for the disposal of important cases ;

(m) to deal personally with complicated cases ;

(n) to do some original work himself where the duty of supervision is not a fulltime job ;

(o) to ensure that whenever there is a transfer of a case-worker in his Section, a detailed charge list of all the pending papers is prepared and full responsibility assumed by the incoming official ; and

(p) to inspect the work of every case-worker under him once a month.

### **DUTIES OF CASE WORKERS**

The duties are:

(a) to be in-charge of and be responsible for the work connected with one or more compilations entrusted to him/her ;

(b) to arrange papers and cases in order, state briefly the issues to be decided, point out the deficiencies found in the correspondence and quote the standing orders and precedents applicable to the case ;

(c) to be conversant with the laws, rules and regulations, standing orders, circulars, precedents, etc., relating to the compilations entrusted to him/her ;

(d) to ensure that the papers and files he/she is dealing with are promptly submitted for orders and not delayed ;

(e) to maintain all the prescribed registers for the proper accountability and disposal of the papers received and dealt with by him ;

(f) to be well acquainted with the prescribed procedure ;

(g) to ensure that all the petitions received by him/her are properly stamped with the requisite court-fee stamps as required under law ;

(h) to compare fair copies, ensure their correctness and see that these are delivered for dispatch ; and

(i) to prepare, whenever there is a transfer of charge, a detailed charge list of all the papers and cases pending with him/her with reference to the Special Registers, Periodical Register and Case Register and hand over complete charge of these records and registers to his successor.

### **Clearance Section**

Every office shall have a Section called 'Clearance Section'. Its functions are :

- (a) to register tappal received in the office and to maintain the General Receipt Register.
- (b) To ensure that court-fee stamps affixed to petitions are adequate, deface them and affix the date stamps on the petition before these are handed over to the concerned Section / case worker, for further action ;
- (c) To distribute tappal after its receipt, to the caseworker immediately and, in any case not later than 24 hours ;
- (d) To fair copy approved drafts and return them to the case-workers concerned ;
- (e) To dispatch outgoing correspondence ;
- (f) To maintain the registers prescribed for the Section and
- (g) To maintain the Record Room.

### **CHAPTER - III**

#### **iii) The procedure followed in the decision making process, including channels of supervision and accountability;**

The Institute has two main constitutional bodies, namely, the General body and Governing Council. The General body formulates overall policies while the Governing Council is responsible for the management and administration of the Institute. Both these bodies comprise members nominated by the Government of Karnataka from time to time. The Chairman of the General Body is the Chairman of the Governing Council. The Director of the Institute is its administrative and academic Head.

The Finance Committee, Building Committee are constituted by the Governing Council to consider and to recommend matters for approval of the governing council with regard to matters related to the respective committees. Tender Inviting Committee and Tender Accepting Committees shall take decision for the procurement of goods and services.

### **CHAPTER - IV**

#### **iv) The norms set by MIMS, Mandya for the discharge of its functions:**

1. The Department is open round the clock.
2. The accident and emergency department is maintained for treatment of patients suffering from any surgical and medical condition requiring immediate care
3. The department deals with lacerations, foreign bodies, septic conditions, sprains, fractures, dislocation, collapse shocks, hemorrhage, poison cases , extensive burns, multiple injuries heart condition, acute abdominal conditions, acute severe pain or distress, dog bite, medico-legal cases and any other emergency condition
4. The casualty medical officer will ensure that each case brought into the casualty is attended to at once and he will not 'pass the buck' . Specialists' advice may be sought depending upon the nature and severity of the patient's disease.
5. Cases requiring admission will be sent to the concerned emergency ward
6. Cases requiring observation will be sent to the observation ward
7. Doctor in-charge Registrars/medical officers will admit into the wards all patients requiring hospitalization, Cases requiring intensive therapy will be promptly admitted into the intensive care unit and immediate treatment.
8. The unit chiefs are responsible for complete clearance of the ward by 8am every day when their

emergency duty is over

9. Casualty medical officers will stitch minor wounds. Dressing will, however, be done either by the nurse on duty or dresser or experienced nursing orderly.

10. Doctor In-charge will not examine a lady patient alone in the examination room. A nurse or the patient's attendant will be present on such occasions.

**DISASTER:**

1. In the case of disasters, a special casualty clearing center will be created preferably in OPD.

**MEDICO LEGAL CASES:**

1. All medico – legal cases will be stamped MLC

2. Two copies of the medico legal case report will be prepared. Original copy will be handed over to the concerned police officer and the duplicate will be filled and kept in safe custody. The report will be written by the medical officer who first examines the patient. He will sign and date the report, and print his name and designation underneath.

3. The medical officer who first examines the case is responsible for the completion and handing over the medico-legal report to the police within 48 hours of the arrival of the patient.

4. First aid treatment for the casualties will promptly be given before documentation.

5. The radiologist report should be attached to the relevant medico legal papers by the medical officer who initially examines the patient. He is also responsible for collecting additional information regarding medico legal cases admitted to the hospital from the specialists concerned.

6. Completed medico legal report only should be given to the police. Preliminary or interim report should not be given to anyone or to the police.

7. Comatose patients of suspected accident, poisoning, burns should invariably be made medico legal cases. If conscious patient refuses the case to be made M.L.C and if his conditions is not serious, the fact should be recorded in the casualty register with reasons under his signature. However, if such a patient is admitted the case will be made M.L.C.

8. M.L.C., X-ray reports should be handed over to the M.O. Incharge or the sister incharge accident and emergency department and diagnostic value of the wet films should be seen by the radiologist before the are sent out of the X-ray department.

**EMERGENCY BEDS:**

The following documents will be maintained in this department:

i) Ward inventory of non- expendible stores

ii) Expendible stores register

iii) Linen register

iv) Call book

v) Night report

vi) Treatment register

vii) M.L.C register and

viii) Duty list M.O. I/c.

#### **DUTY LIST OF CASUALTY MEDICAL OFFICERS:**

1. Doctor In-charge / Assistant Professor should be calm, polite, tactful and courteous at all time and should give no room for any complaint from any quarter.

2. He will record in the relevant register the name of the patient with complete address, time of his arrival, provisional diagnosis and treatment given. He will also record the procedure carried out in the minor OT attached to the accident and emergency department either under general anaesthesia or local anaesthesia or without anaesthesia neatly under his signature.

3. He will be primarily responsible for giving initial treatment to the patient promptly.

4. He will refer cases to registrars/specialists judiciously and with speed.

5. He will certify the death of patient under his care.

#### **SWEEPER:**

1. He will keep the area spick and span.

2. He will promptly give spotlessly clean urinals and bed pans as and when required by the patients.

3. He will collect urine and stool specimens, take them to the laboratory for investigation and being the reports.

4. He will transport dead bodies to mortuaries and dispose of specimens and organs removed during operations.

5. He will assist in cleaning and disinfection of soiled linen, mattress and other articles.

6. He will do any duty as asked by his superiors in the interest of patient care.

7. He will assist the nurse in looking after the patient

8. He will transport the patient to the various areas of the hospital as and when asked.

9. He will run errands and carry messages.
10. He will clean and dust beds, doors, window and other furniture
11. He will render first-aid to patients when required.
12. He will prepare dead bodies, arrange their transportation to the mortuary and assist in terminal disinfection.
13. He will do any duty as desired by his superiors in the interest of patient care.
14. He will be polite and courteous under all circumstances.

### **WARD MANAGEMENT – I**

1. Admissions through OPD or otherwise to the hospital should be centralized where possible. If no central admitting office exists, clerks posted to the wards concerned will deal with the records relating to admission of patients. Admissions outside OPD hours will be the responsibility of nursing staff on duty in the accident and emergency department.
2. Patients should be advised not to bring valuable things to the hospital.
3. Temperature, pulse rate and respiration rate should be charted by the attending nurse while admitting the patient.
4. Transfer of a patient to another ward in the hospital will be done only under the order of the senior medical officer in-charge.
5. On transfer of the patient, his medical records and belongings will be sent to the area concerned.
6. The receiving staff nurse will inform enquiry, telephone operator and the business office of the admission of all paying patients.

### **TREATMENT**

1. Treatment will commence only on the advice of the registrar, general duty medical officer or the specialist. There should, however, be no delay in the commencement of the treatment.
2. Oral or telephonic orders regarding treatment by the specialist will be committed to writing by the house officer and got signed by the specialist at the earliest opportunity.
3. Specialist when he visit the patient should record also the time and date of his visit in the case record.
4. The specialist will ensure that this instructions orders are meticulously compiled with by the junior medical staff and nursing staff.
5. The Nursing staff will write in the treatment book the prescription ordered by the register or specialist and carry out the orders as directed.
6. Nursing staff will give sub-cutaneous and muscular injections
7. Septic cases should be separately received and managed in the ward

8. Periodical bacteriological test should be done and appropriate measures taken to control infection by the ward sister.

### **DISCHARGES**

1. Paying patients will normally be discharged before 5 pm. If they are discharged before 1 PM , they will not be charged. If they are discharged after 1pm, they will be charged for a full day.

2. Discharge order will be given only by he attending senior medical officer, on the case record.

3. Discharge order will be signed by the house officer and instructions for the patient will be clearly indicated in the order.

4. Discharge order for paying patient will be not be given unless all dues are paid by the patient to the business office.

5. Discharge against medical advice should be done after taking in writing from the patient or his relation appropriate undertaking, The medical and nursing staff should however Endeavour to see that the patient goes out of the hospital satisfied.

### **DEATHS:**

1. Attending medical officer should be present at the bed side in the case of dying patients

2. Attending medical officer will pronounce the patient as dead.

3. Death report will be given by the House Officer only after lapse of an hour of pronouncing death.

4. Copy of the death report will be sent to the local authorities without delay.

5. The nearest relative of the patient will be informed of the death by the nurse or the house officer promptly either through a messenger or by phonogram.

6. The hospital should aim to do 25% autopsies in a year.

7. The pathologist will associate the medical officer incharge of the expired patient and undergraduates and postgraduates while performing autopsies.

8. Autopsy reports must be discussed in the death committee over which the Chief of the hospital or his nominee will preside.

9. The following documents will be maintained by sister incharge.

i) Ward inventory of non-expendible stores.

ii) Expendible stores register

iii) Linen Register

iv) Call book

v) Bight report book

vi) Treatment register and

vii) Case records



## **WARD MANAGEMENT – II**

### **SURGICAL WARD**

1. Intimation regarding operation of patient will be received by the sister incharge of the ward, 12 hours before the commencement. The operation list will include name of patient, bed number , ward diagnosis and operating theatre number. This will be written neatly in block letter or type written.
2. No operations will be scheduled on Sundays and holidays except emergency cases
3. Patient should be admitted to the hospital at least 12 hours before the day of operation.
4. Preoperative routine like arranging blood, collecting laboratory and x-ray reports , writing the history in the case record, is the responsibility of house officers. Clear instructions in this regard should be given to them by the registrars of the unit concerned.
5. Patients should be sent to the operating theatre on receipt of a message from the theatre and should not be allowed to remain in the corridor of the theatre unnecessarily.
6. The case record of the patient should accompany the patient to the theatre and returned to the ward with the patient after the operation with clear instructions regarding post operative treatment for pain, hemorrhage, catheterization, surgical shock, dilatation of the stomach etc.,
7. Medical officer should take special precautions to avoid post-operative infection generally and particularly in the case of Orthopedic burns and other major surgical cases.
8. No visitor will be allowed in the nursery. Doctors and nurses entering the nursery must wear gowns and if they are suffering from upper respiratory infections, they must also wear masks.
9. Babies suffering from infection or other abnormal conditions will be kept in isolation nursery on the advice of the pediatrician.
10. Premature babies will be put in an incubator on the advice of the pediatrician.
11. Babies should be properly identified. Sex of infant, date and time of birth, mothers index finger print should be recorded on water proof and oil proof bands and fastened on wrist or ankle. Simultaneously unsmudged foot print of the baby is recorded on the case record of the mother.
12. Adequate security measures should be taken to prevent baby lifting.
13. Children over 12 years will not be admitted to the paediatric ward
14. One of the parents preferably the mother will be allowed to stay with the child patient
15. Dietician will prescribe the feeding formula for children in consultation with the pediatrician.

### **OUT-PATIENT DEPARTMENT**

1. Every patient seen in the OPD must be registered and an OPD card given by the clerk or the house

officer, concerned.

2. The OPD consultation should be organized in such a way that there is continuity of treatment to the patient from the outdoor to the indoor. This is particularly for labour cases.
3. Drugs should be prescribed only with reference to hospital formulary.
4. OPD dispensary, x-ray department and laboratory should be located so as to conform to patient flow. Their timings should be prominently indicated.
5. Special clinics will see cases only by appointment. Medical Record department or the medical officer or the nursing staff attached to the clinics will give the appointment.
6. Proper seating and cooling / heating arrangements should be arranged for OPD patients.
7. Doctor Incharge OPD and the sister incharge OPD should frequently take rounds to ensure smooth working of the OPD
8. Clinical sheets, presentation chits, request blanks for laboratory x-ray and other ancillary service, charges slips should be adequately stocked.

### **MINOR OPERATING THEATRE**

1. This should be kept infection free. It is desirable that there is one room for septic cases and one room for aseptic cases
2. A list of minor operations undertaken in the minor OT should be prominently exhibited.
3. House surgeons may do minor surgery under the supervision of the registrars.

### **INJECTION ROOM**

1. Nursing staff who administer injections should watch allergy or shock or untoward reactions and take appropriate remedies as advised by the medical officers
2. Nursing staff should keep proper record on the OPD card of the injection given. Any death occurring as a result of injections should be enquired into by the officer incharge OPD and the preliminary report submitted to the Chief of the hospital.

### **DRESSING ROOM**

1. Major dressing are done preferably by medical or nursing staff. In case of minor dressing dressers or trained orderlies may do the dressing.
2. Aseptic precautions are strictly enforced in the dressing room.
3. Dispensary counter should be located on the way of the OPD
4. A list of drugs issuable from the dispensary should be prominently displayed
5. At no time drugs issuable from the dispensary should be out of stock
6. At a time not more than three days dosage should be given. For more than three days upto seven days the Head of the unit should authorize the issue. For more than seven days Head of the Department

should authorize the issue.

7. Proper account should be maintained for the receipt and issue of drugs. Receipt entries will be supported by the indents and issue entries will be supported by the number of doctors prescription.

#### **X-RAY SECTION:**

1. X-ray will be taken of OPD cases, particularly of the orthopaedic department with reference to the prescription of the hospital medical officers of the rank of Registrars and above.
2. It will be ensured that charges where leviable are paid first before X-ray are taken
3. Nursing staff or a female attendant should be present when X-ray of the female patients are taken
4. Types of X-rays taken in the OPD X – ray department will be prominently exhibited.

#### **OPD LABORATORY:**

1. The work of the department should be organized by appointment system and/or on ‘first come, first served’ basis.
2. Laboratory investigations will be made only with reference to the prescriptions of the hospital medical officers not below the rank of registrars.
3. It will be ensured that charges where leviable are paid first before investigations are done.
4. Types of investigations done in the OPD laboratory should be prominently exhibited.
5. Responsibility should be fixed for erroneous laboratory reports and remedial action taken.

#### **OPERATING THEATRES:**

1. Duties of all categories of staff working in the theatres, labour rooms, recovery rooms should be specified and exhibited. Technicians besides attending to proper sterilization and arrangement of theatre equipment, should be familiar with their routine maintenance and repairs as well.
2. Duty roster of the subordinate staff should be prepared by the nurse incharge of each theatre, labour room, recovery room.
3. All the staff working in the theatres, labour rooms and recovery rooms should be given periodical exposure to aseptic procedures practiced in the hospital
4. Operating list for the next day should be consolidated at about 3pm in the afternoon of the previous day and prominently exhibited on the notice boards of the theatres and reception office.
5. Arrangements should be made for informing the relations of patients about the progress of the operations.
6. In case of death of a patient on the operating table, labour room or recovery room, the Chief of the Hospital should be informed by the officer incharge theatres for holding an immediate enquiry and for taking into his custody all relevant records of the case. This should be done in case of deaths in the hospital whether suspicious or otherwise by the unit concerned.
7. In the case of postponement of scheduled operations for reasons other than medical, the officer

incharge theatres should send a weekly written report to the Chief of the Hospital together with reasons

8. The officer incharge of theatres should clearly issue written administrative and technical instructions for dealing with emergency operation as well as daily scheduled operations. He would also specify ward and theatre responsibility for preparing patients.

9. Consent for operations and for anaesthesia to be administered should be obtained from the patient or from the nearest relation in case of unconscious patients by the nursing staff in the prescribed form and attached to the case sheet. If no consent is forthcoming, the surgeon

concerned should decide the matter on merits of the case. In the case of a minor, written consent of either of the parents or the guardian of the patient is essential.

10. Radio opaque gauze should not be used for dressings

11. The scrubbed nurse should control the number of swabs on the table

12. The surgeon should keep the scrubbed nurse informed of the location of swabs in the operational field to facilitate her counting

13. After the first count has been taken in the scrubbed nurse and the surgeon should carefully check the swabs still in use. After the closure of the wound a final count should be made.

14. The scrubbed nurse should check all the instruments on the operating table and the haemostats immediately before the operation.

15. As a rule the scrubbed nurse should not part with the second table till the first is returned to her by the surgeon

16. X-ray facilities should promptly made available to operating theatres on request.

17. Foot wears used by the staff and visitors inside the operating theatres should be daily washed and cleaned. Different types or identifiable foot wears should be issued to the staff and to the visitors.

18. The following documents should be maintained in the operating theatres, labour rooms and recovery rooms as the case may be:

i) Operating register

ii) Operating list file

iii) Inventory of dead stock articles and equipment

iv) Indent books for expendible and non-expendible stores

v) Planned preventive maintenance schedules and

vi) Linen account

### **RADIOLOGICAL SERVICES:**

1. This service should be organized conforming to work flow. Congestion of patients at any point of time or place should be avoided.

2. Duty roster should be prepared by the senior technician designated for the purpose by the officer incharge of the department and prominently exhibited and should be available for patients perusal.

3. The Officer incharge radiological service should issue clear instructions in easily understandable language regarding preparation of patients for examination or X-ray.
4. The Officer Incharge should have control of all X-ray machines located in the hospital. He should take particular care to see that all portable X-ray machines are in working order all the time.
5. The technicians should be familiar with routine maintenance of X-ray machines.
6. The medical officers viewing the films should indicate on the report whether the exposure was satisfactory. If unsatisfactory, he should inform in writing to the officer incharge of the department who will record the fact in the confidential dossier of the technician concerned, if warranted.
7. Instructions of the Atomic Energy Commission relating to radiation protection should be faithfully compiled with.
8. Storage of exposed X-ray films should be so done that retrieval of the required film is easy and quick. It is advisable that time limits are laid down for the destruction of unwanted films taking into consideration local requirements.
9. The following documents will be maintained in the department:
  - i) X-ray register
  - ii) Deep X-ray treatment register
  - iii) Cobalt bomb treatment register
  - iv) Inventory of non-expendible stores and equipment
  - v) Linen inventory
  - vi) Film account
  - vii) Radium needles account
  - viii) Expendible stores account
  - ix) Indent books

#### **LABORATORY SERVICES:**

1. The organization of the services should be done in such a manner that repetitive non-time consuming tests are done near the patients in the wards or in the out patient department. For this purpose besides employing laboratory technicians, hospital residents/house surgeons should be trained appropriately.
2. No test should be conducted in the laboratory without a written requisition of a medical officer/resident/junior resident. House surgeon should not send the requisitions except in emergencies. Whosoever send the requisition should print his name and designation and sign thereon. He should also indicate therein clinical notes of the patient in brief.
3. Requests for laboratory tests for emergency cases should be attended to expeditiously. Officer incharge of the division should see that this facility is not misused by wards and out patient departments. For this purpose he should arrange periodical discussions with the clinical staff particularly in the junior ones.

4. Laboratory reports should be signed by the person who did the procedure and countersigned by the medical officer concerned.
5. Responsibility for rendering reliable laboratory reports rests totally on the technician/house surgeon/junior resident who does the procedure.
6. Responsibility of the specialist in the field is to guide the juniors whenever required, besides organizing the service in the interest of patient care.
7. It is desirable to organize refresher course for all technicians periodically to keep them well informed in the advancement of laboratory practices.
8. Technical procedure manuals should be written for standardizing laboratory techniques. Instructions for preparing the patients should be prepared in easily understandable language.
9. It is desirable that technicians are rotated in the various disciplines of the laboratory periodically so that they may gain all round experience.
10. Every effort should be made to introduce appointment system so that the patient called has not to wait for long.
11. Procedure for collection of laboratory charges where leviable should be streamlined and made convenient for the patients.
12. In the interest of efficiency, automation should be introduced wherever possible
13. Distribution of laboratory reports should be systematized to ensure that no report is misplaced for lost and the practice of giving duplicate copy of the report is minimized.
14. Preventive maintenance of all laboratory equipment should be done wherever possible.

## **BLOOD BANK**

1. Efforts should be made to associate Red Cross agencies, Voluntary Blood Transfusion Services or genuine social welfare agencies for the collection of blood. Professional donors should be eliminated as far as possible.
2. Though the Blood Bank is technically under the Division of haematology it should function with a fair amount of independence in its day-to-day working as it has no show good amount of initiative for attracting voluntary donors.
3. Routine instructions of the Blood Bank about the collection and issue of blood should be strictly compiled with except in the case of real emergencies.
4. Blood Bank should be closely associated with operating theatres and emergency departments. The manner of association should be decided by the Chief of the Hospital taking local factors into account
5. It is imperative that resident/house surgeons are posted to Blood Bank by rotation for learning the techniques of Blood Bank and blood transfusion service.
6. The following documents will be maintained in the laboratories as the case may be;
  - i) Laboratory examination register

- ii) Inventory of non-expendible stores and equipment
- iii) Expendible stores account
- iv) Indent books
- v) Blood donation register
- vi) Blood issue register
- vii) File of blood requisitions

## **PHARMACY**

1. The policies of the Department should be to collate information relating to the formulation to medicaments in appropriate forms, new dressing materials, new disinfectant processes, etc., and make it available to the hospital staff on demand. The department should under take production wherever possible and supply of medicaments for the patients, supply of sterile materials required for the general treatment of patients like syringes, dressing , instruments, infusions etc.,
2. The Pharmacy should have dispensaries in the various areas of the hospital as required for distributing medicaments.
3. It is desirable that the nursing staff is relieved of the responsibility of storing and issuing medicaments in ward cases
4. Service points should be organized separately for staff and patients where needed.
5. Tablets, liquids, ampules, powders, ointments etc., should be stored in appropriate easily accessible containers.
6. Separate counters should be organized for ladies in the dispensary located in the out patient department,
7. Issue counters should be stocked with medicaments in readily issuable packages/containers wherever possible so that time consumed in issuing them to the patients is cut down to the minimum
8. Work studies should be conducted as and when needed to regulate the working of this department
9. This department should have its dispensary located in the OPD as the last point of contact for the out patients
10. Pharmacy working hours should conform to OPD hours of work. It is desirable that after office hours, services are provided in the pharmacy.
11. Provision of drugs should conform to the hospital formulary.
12. Hospital formulary should be prepared by hospital management and circulated to all clinicians working in the hospital
13. All drugs particularly narcotics should be kept under safe custody

14. Doctors prescriptions should normally be handed over to the outpatient after service but in the case of paying patients duplicate copies should be made out and retained in the pharmacy.

15. Time expired drugs should be weeded out systematically

16. Provision of emergency purchase of life saving drugs by the pharmacy from the open market should be made by the hospital administration

17. checks and counterchecks should be devised for avoiding mistakes in compounding prescriptions.

18. Internal organization chart of the pharmacy and the duties of pharmacist working in the department should be prominently exhibited

19. The following documents will be maintained in this department:

a. Non-Expendible stores ledger

b. Expendible stores ledger

c. Indent file

d. Formula file for manufacturing medicaments

e. Costing returns

f. Report File

g. Stock verification return file..

## **MEDICAL RECORDS**

1. The organization of this department will be divided into various desks as follows:

a) Central admitting and enquiry services and preparation of patients name index cards

b) Census of inpatients

c) Assembly of records

d) Typing out discharge list of internal use

e) Admission and discharge statistical analysis

f) Completing of records

g) Coding of disease and operative procedures

h) Indexing- diagnostic and operations coding

i) Filing

2. Court summons for production of medical records should be honoured. This is the personal responsibility of the technician concerned

3. The department will compile a monthly report of medical statistics required by hospital administration

4. The department will assist the medical staff in their research work when needed



5. There should be a regular task force for weeding out old records. The minimum recommended period of retention is ten years
6. This department should not part with their records to any outside agency without permission of hospital administration
7. Medical records should not be issued to hospital staff indiscriminately. They should be issued only on the written requisition of the Head of departments or hospital administration
8. This department should not divulge the contents of any medical record to anyone without the permission of hospital administration
9. Medical officer only will be competent to sign the report/certificates. All other routine certificates like birth certificate, death certificate may be signed by a trained medical record officer if they do not infringe any statutory requirement.

## **CHAPTER V**

### **The rules, regulations, instructions, manuals and records held by Mandya Institute of Medical Sciences, Mandya under its control and used by its employees for discharging its functions;**

1. The Karnataka Societies Registration Act 1960 and Rules 1961
2. MIMS, Mandya (Society) Rules & Regulations and Bye-laws of the Institute.
3. Karnataka Civil Service Rules
4. Karnataka Financial Code
5. Karnataka Tender Transparency in public procurement act 1999 and rules 2000
6. Karnataka Government Servants (Medical Attendance) rules 1963.
7. Rajiv Gandhi University of Health Sciences – Curriculum regulations.
8. National Board of Examinations, New Delhi and its guidelines
9. Medical Council of India regulations
10. Medical Ethics (Medical Council of India)
17. Government orders issued in respect of reservation for appointments and for education under article 16(4) and 15(4) respectively.
18. Hand book of office procedure

## **CHAPTER VI**

### **A statement of the categories of documents that are held by MIMS, Mandya and under its control**

1. Attendance Registers, Doctors, Paramedical, Ministerial & other employees.
2. From & To Register
3. Stamp Register
4. Case Register
5. Files pertaining to various compilations (Establishment, Accounts, Audit and Affiliation)
6. Files pertaining to Property (Land & Building) of the Institute
7. Cash Book / Cash Voucher File/ Letter/Receipts and Payment Book.
8. Aquittance Roll
9. Recovery Register
10. Bank Reconciliation Register

11. Quarterly Financial Reports
12. Audited Statement of Accounts File
13. Register of Assets
14. Measurement Books
15. Bill Register
16. Receipt Books
17. E.S.I. Stoppage File
18. Chief Minister Medical Relief's Fund Register File/CMMRF cash Bank/Ledger Receipts & Payment Book
19. Furniture Stock Book Register
  
20. Stationery Stock Book Register
21. Linen Stock Book Register
22. Library Stock Register
23. Log Book of Vehicles
24. Log Book of Generators
25. Governing Council Meeting Proceedings File
26. Finance Committee Meeting Proceedings File
27. Building Committee Meeting Proceedings File
28. Tender Inviting & Tender Accepting Proceedings File
29. Selection Committee Proceedings File
30. Teaching Programme Register
31. Students Admission Register
32. Increment Register
33. Service Books of Officers and Employees
34. Biomedical Waste Management file
35. Pollution Control Board Authorisation file
36. MCI recognition file

### **O.P.D.**

37. Out Patient Register
38. OPD Doctors Register
39. Drug Dispensing Register

### **I.P.D.**

40. In Patient Register
41. In Patient Stoppage Files
42. Register of Major Operation
43. Register of Minor Operation/Diagnostic procedure

### **LABORATORY**

44. Laboratory Examination Register
45. Inventory of Non-Expenditure Stores and Equipments
46. Indent Books

### **BLOOD BANK**

47. Blood Donation Register

- 48. Blood Issue Register
- 49. File of Blood Requisition
- 50. Master Record Register
- 51. Indent Books

#### **RADIOLOGY**

- 52. X-Ray Register
- 53. Ultra Sonography Register
- 54. Indent Books
- 55. Film Account

#### **PHARMACY**

- 56. Stock Register of Drugs
- 57. Drugs Issue Register
- 58. Stock Register of Lab Chemicals
- 59. Lab Chemicals Issue Register
- 60. Stock Registers of Equipments & Apparatus
- 61. Stock Verification Return File
- 62. Indent Books

#### **MEDICAL RECORD DEPARTMENTS**

- 63. Case Record File of In-Patient
- 64. Completed Returned Out Patient Registers
- 65. Completed Returned In Patient Registers
- 66. Census of In-Patients
- 67. Completing of Records
- 68. Coding of Diseases
- 69. Indexing – Diagnostic Coding
- 70. Medico Legal Cases
- 71. Statistics (Monthly & Yearly)
- 72. Register of Absconding Patients
- 73. Death Register

#### **WARDS**

- 74. Indent Book
- 75. Ward Inventory of Furniture
- 76. Ward Inventory of Equipments
- 77. Ward Inventory of Linen
- 78. Death Register
- 79. Medico Legal Cases Register

## CHAPTER VII

**The particulars of any arrangement that exists for consultation with, or representation by the members of the public in relation to formulation of its policy or administration thereof;**

1. A citizen charter has been displayed in the enquiry counters containing the details of facilities available in the hospital and also 'citizen charter – a guide' has been published.
2. Suggestion boxes are exists in prominent places of the hospital to receive representation by the members of the public.

## CHAPTER VIII

**A statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part of the purpose of its advise, and as to whether meetings of those boards, councils , committees and other bodies are open to the public, or the minutes of such meetings are accessible for public.**

### GOVERNING COUNCIL COMMITTEE

<b>MEMBERS OF GOVERNING COUNCIL</b>		
<b>1</b>	<b>Minister for Medical Education.</b>	<b>Chairman</b>
<b>2</b>	<b>The Secretary to Government, Health and Family Welfare Department (Medical Education).</b>	<b>Vice-Chairman</b>
<b>3</b>	<b>Vice-Chancellor, Rajiv Gandhi University of Health Sciences or his nominee.</b>	<b>Member</b>
<b>4</b>	<b>The Principal Secretary to Government, Finance Department or his nominee not below the rank of Secretary.</b>	<b>Member</b>
<b>6</b>	<b>Director of Medical Education.</b>	<b>Member</b>
<b>7</b>	<b>Deputy Commissioner, Mandya District, Mandya.</b>	<b>Member</b>
<b>8</b>	<b>An eminent person in the field of Medical Education - nominated by Govt.</b>	<b>Member</b>
<b>9</b>	<b>An eminent social worker nominated by Government.</b>	<b>Member</b>
<b>10</b>	<b>An eminent woman from a recognized Non Government Organization (NGO) nominated by Government.</b>	<b>Member</b>
<b>11</b>	<b>Director cum Dean of Mandya Institute of Medical Sciences, Mandya</b>	<b>Member Secretary</b>

### FINANCE COMMITTEE MEMBERS

1	Secretary to Government, Health and Family Welfare Department In-charge of Medical Education.	Chairman
2	Secretary to Government, Finance Department, or his nominee not below the rank of Secretary.	Vice-Chairman
3	Secretary to Government, Planning Department or his nominee not below the rank of Deputy Secretary.	Member
4	Director of Medical Education, or his nominee not below the rank of Joint Director.	Member
5	Dean cum Director of the Institute	Member
6	Chief Administrative Officer of the Institute	Member
7	Principal of the Institute	Member
8	Medical Superintendents of Attached Hospitals	Member
9	Chief Accounts Officer cum F.A. of the Institute	Member Secretary

### PURCHASE COMMITTEE

1	Secretary to Government, Medical Education	Chairman
2	Dean cum Director	Vice Chairman
3	Representative of the Director of Medical Education not below the rank of Deputy Director (Medical Education)	Member
4	Medical Superintendent of respective Hospital	Members
5	Head of the concerned Department of the Institute	Member
6	Chief Administrative Officer of the Institute	Members
7	Finance Officer cum Chief Accounts Officer	Member-Secretary

**SELECTION COMMITTEE & PROMOTION COMMITTEE**

<b>SL NO</b>	<b>NAME OF THE POST</b>	<b>MEMBERS OF THE SELECTION COMMITTEE</b>		
<b>1</b>	<b>Dean cum Director</b>	<b>1.</b>	<b>Minister in-charge of Medical Education</b>	<b>Chairman</b>
		<b>2.</b>	<b>Secretary to Government, Health and Family Welfare Department in-charge of Medical Education</b>	<b>Member</b>
		<b>3.</b>	<b>Vice-Chancellor, Rajiv Gandhi University of Health Sciences</b>	<b>Member</b>
		<b>4.</b>	<b>Director of Medical Education</b>	<b>Member</b>
		<b>5.</b>	<b>Chief Administrative Officer of the Institute</b>	<b>Member Secretary</b>
<b>2</b>	<b>Principal and Medical Superintendents</b>	<b>1</b>	<b>Secretary to Government, Health and Family Welfare Department in-charge of Medical Education</b>	<b>Chairman</b>
		<b>2.</b>	<b>Director of Medical Education</b>	<b>Member</b>
		<b>3.</b>	<b>Registrar, Rajiv Gandhi University of Health Sciences</b>	<b>Member</b>
		<b>4.</b>	<b>Dean and Director of the Institute</b>	<b>Member</b>
		<b>5.</b>	<b>Chief Administrative Officer of the Institute</b>	<b>Member Secretary</b>
<b>3</b>	<b>Professors/ Associate Professors/ Assistant Professors/ Sr. Residents</b>	<b>1</b>	<b>Principal Secretary/ Secretary in-charge of Medical Education, Government of Karnataka</b>	<b>Chairman</b>
		<b>2.</b>	<b>Dean and Director</b>	<b>Vice-Chairman</b>
		<b>3.</b>	<b>Representative from Health and Family Welfare Department in- charge of Medical</b>	<b>Member</b>

			<b>Education not below the rank of Deputy Secretary to Government</b>	
		<b>4.</b>	<b>Director of Medical Education or his representative not below the rank Joint Director</b>	<b>Member</b>
		<b>5.</b>	<b>Registrar, Rajiv Gandhi University of Health Sciences</b>	<b>Member</b>
		<b>6.</b>	<b>Principal of the Institute</b>	<b>Member</b>
		<b>7.</b>	<b>Head of the Department of the subject</b>	<b>Member</b>
		<b>8.</b>	<b>Chief Administrative Officer</b>	<b>Member Secretary</b>
<b>4</b>	<b>Jr. Residents / Tutors</b>	<b>1</b>	<b>Dean and Director of Institute</b>	<b>Chairman</b>
		<b>2.</b>	<b>Representative from Health and Family Welfare Department in- charge of Medical Education not below the rank of Deputy Secretary</b>	<b>Member</b>
		<b>3.</b>	<b>Director of Medical Education or his representative not below the rank Deputy Director of the Medical Education</b>	<b>Member</b>
		<b>4</b>	<b>Registrar, Rajiv Gandhi University of Health Sciences</b>	<b>Member</b>
		<b>5</b>	<b>Principal of the Institute</b>	<b>Member</b>
		<b>6</b>	<b>Head of the Department of the subject</b>	<b>Member</b>
		<b>7</b>	<b>Chief Administrative Officer</b>	<b>Member Secretary</b>
<b>5</b>	<b>All other posts Gazetted/ Technical/ Group "C" and "D"</b>	<b>1.</b>	<b>Dean and Director of Institute</b>	<b>Chairman</b>
		<b>2.</b>	<b>Representative from</b>	<b>Member</b>

			<b>Health and Family Welfare Department in- charge of Medical Education not below the rank of Deputy Secretary</b>	
		<b>3.</b>	<b>Director of Medical Education or his representative not below the rank Deputy</b>	<b>Member</b>
		<b>4</b>	<b>Registrar, Rajiv Gandhi University of Health Sciences</b>	<b>Member</b>
		<b>5</b>	<b>Principal of the Institute</b>	<b>Member</b>
		<b>6</b>	<b>Head of the Department of the subject (wherever applicable)</b>	<b>Member</b>
		<b>7</b>	<b>Chief Administrative Officer of the Institute</b>	<b>Member Secretary</b>

**PROMOTION COMMITTEE**

<b>1</b>	<b>Secretary to Government in-charge of Medical Education</b>	<b>Chairman</b>
<b>2</b>	<b>Dean and Director</b>	<b>Vice Chairman</b>
<b>3</b>	<b>Representative of the Government not below the rank of Deputy Secretary to Government, Health &amp; Family Welfare Department (Medical Education)</b>	<b>Member</b>
<b>4</b>	<b>Director of Medical Education or representative not below the rank Joint Director</b>	<b>Member</b>
<b>5</b>	<b>Principal</b>	<b>Member</b>
<b>6</b>	<b>Chief Administrative Officer</b>	<b>Member Secretary</b>



**WORKS COMMITTEE**

<b>1</b>	<b>Secretary to Government, Medical Education</b>	<b>Chairman</b>
<b>2</b>	<b>Dean cum Director of the Institute</b>	<b>Vice Chairman</b>
<b>3</b>	<b>Medical Superintendent of attached Hospitals</b>	<b>Member</b>
<b>4</b>	<b>Executive Engineer of the respective division</b>	<b>Member</b>
<b>5</b>	<b>Chief Accounts Officer of the Institute</b>	<b>Member</b>
<b>6</b>	<b>Chief Administrative Officer of the Institute</b>	<b>Member</b>

**AROGYA RAKSHA SAMITHI**

<b>Dean &amp; Director, MIMS, Mandya</b>	<b>Chairman</b>
<b>Chief Administrative Officer</b>	<b>Member Secretary</b>
<b>Principal</b>	<b>Member</b>
<b>Medical Superintendent,</b>	<b>Member</b>
<b>Chief Account Officer cum Financial Advisor</b>	<b>Member</b>
<b>RMO</b>	<b>Member</b>
<b>Nursing Superintendent Gr-I</b>	<b>Member</b>

## ETHICAL COMMITTEE

1	Chairman	Dr M A Shekar Professor, Department of Medicine, MMC&RI, Mysore.
2	Member Secretary	Dr H.Nagabushan Professor & HOD, Department of Pharmacology, MIMS, Mandya
3	Member	Dr B.J Mahendra Professor & HOD, Department of Community Medicine, MIMS, Mandya
4	Member	Dr Harish.M.R. Professor & HOD, Department of Skin & STD MIMS, Mandya
5	Member	Dr Bhagyavathi.H.D. Assistant Professor, Department of Psychiatry, MIMS, Mandya
6	Member	President, Indian Medical Association, Mandya Chapter, Mandya
7	Member	Sri. Sadashivappa.H.P. Advocate, Mandya.
8	Member	Re.Fa.N.T.Joseph Father, St. Joseph Church, Mandya.
9	Member	Sister Leela Snehalaya, Siddhartha Nagara, Mandya.
10	Member	Smt Vinutha P Kumar

### PHARMACOVIGILANCE COMMITTEE

1	Chairman	Dr Pushpa Sarkar Director, MIMS, Mandya
2	Member Secretary	Dr H.Nagabushan Professor & HOD, Department of Pharmacology, MIMS, Mandya
3	Member	Dr. Shivakumar.K.M. Medical Superintendent MIMS, Mandya
4	Member	Dr. Lalitha Shivanna Professor & HOD, Dept. of OBG MIMS, Mandya
5	Member	Dr. Prakash.G.M. Professor & HOD, Dept. of Medicine MIMS, Mandya
6	Member	Dr. M.R.Harish Professor & HOD, Dept. of Skin & STD MIMS, Mandya
7	Member	Dr. Keerthi.B.J. Assistant Professor, Dept. of Paediatrics MIMS, Mandya.
8	Member	Dr. Bhagyavathi.H.D. Assistant Professor, Dept. of Psychiatry MIMS, Mandya.
9	Member	Dr. Neeladevi.C.N. Senior Medical Officer, ART Centre MIMS, Mandya

### ANIMAL ETHICAL COMMITTEE

1.	Chairman	Director MIMS, Mandya
2.	Member Secretary	Dr.N.S.Shashikumar, Associate Professor, Department of Pharmacology, MIMS, Mandya.
3.	Biological Scientist	Dr.C.R.Sudha Department of Zoology, PES College of Science, Mandya.
4.	Scientist From different Biological discipline	Dr.Keerthi.A.M. Associate Professor Department of Microbiology, MIMS, Mandya.
5.	Scientist From different Biological Discipline	Dr.M.S.Siddegowda Associate Professor Department of Pathology, MIMS, Mandya.
6.	Scientist In-charge of Animal House	Dr.B.H.Nagarajaih, Assistant Professor, Department of Pharmacology, MIMS, Mandya.
7.	Scientist from Outside the Institute	Dr.Hema Professor, Department of Pharmacology, MMC&RI, Mysore.
8.	Veterinary Officer	Dr.Vivekananda, Veterinary Officer, Haleboodanur, Mandya.
9.	Socially Aware Member	Smt. Vinutha P Kumar

### **Committees (College & Hospital)**

- Ø Institutional Academic Committee
- Ø Institutional Ethics Committee
- Ø Pharmacovigilance Committee
- Ø Institutional Animal Ethics Committee
- Ø Hospital Infection Control Committee
- Ø Scientific Committee
- Ø Hostel Advisory Committee
- Ø Arogya Raksha Samithi
- Ø Committee of SCP / TSP
- Ø Sports, Cultural and extracurricular activities – Committees
- Ø Gender harassment Committee
- Ø Anti – Ragging Committee

**CHAPTER IX**  
**Department wise Doctors Details**

Mandya institute of medical Sciences, Mandya

*Teaching Staff List*

Sl. No.	Name	Designation
	<b>ANAESTHESIOLOGY</b>	
1	Dr. Shivakumar.G.	Professor & HOD
2	Dr. Krishna K.	Associate Professor
3	Dr. Lokesh V.C.	Assistant Professor
4	Dr. Umesh N.P.	Assistant Professor
5	Dr. Muralidhar K.S.	Sr. Resident
6	Dr. Kumaraswamy.P.S.	Sr. Resident
7	Dr. Naveen kumar	Sr. Resident
8	Dr. Somusunder	Sr. Resident
9	Dr. Bhavyashree.G.Y	Jr. Resident
10	Dr. Vinay Sapare	Jr. Resident
11	Dr. Usha.N.K.	Jr. Resident
	<b>ANATOMY</b>	
1	Dr. Trineshgowda.M.S.	Professor & HOD
2	Dr. Geethanjali H.T	Associate Professor
3	Mrs. Nagalakshmi	Assistant Professor
4	Dr. Sanjeev Kumar	Assistant Professor
5	Mr. Kathiresan	Assistant Professor
6	Dr. Vinutha	Tutor
	<b>BIOCHEMISTRY</b>	
1	Dr. Pushpa Sarkar	Professor & Head
2	Dr. Mahadeva.S.K.	Associate Professor
3	Dr. Raghunath H.	Assistant Professor
4	Dr Madhupriya	Tutor
5	Mr. Suhasa Upadhya	Tutor
6	Dr. Manjula L.M	Tutor

	<b>COMMUNITY MEDICINE</b>	
1	Dr. Mahendra B.J.	Professor & Head
2	Dr. Harish.B.R.	Associate Professor
3	Dr. Vinay.M.	Associate Professor
4	Dr. Subhas Babu	Assistant Professor
5	Dr. Poonima S.	Assistant Professor
6	Dr Manjunath M	Assistant Professor
7	Mr. Nagaraja Goud	Stacionian cum Asst. Prof.
8	Dr. Anilkumar.K.	Tutor
9	Dr. Jahnavi Rajagopal	Tutor
	<b>DENTISTRY</b>	
1	Dr Shivakumarswamy M.S	Professor & Head
2	Dr. Mahesh H.V.	Associate Professor
3	Dr. Ashoka.C.A.	Assistant Professor
4	Dr. Nalina.H.C.	Jr. Resident
5	Dr. Smitha Ramu	Jr. Resident
	<b>DERMATOLOGY</b>	
1	Dr. Harish.M.R.	Professor & Head
2	Dr. Shashikumar .B.M.	Associate Professor
3	Dr. Pani.H.N.	Sr. Resident
4	Dr. Sahana Seetharam.P	Jr. Resident
5	Dr. Supriya	Jr. Resident
	<b>E.N.T.</b>	
1	Dr. Hanumanth Prasad M	Professor & Head
2	Dr. Ravi.D.	Associate Professor
3	Dr. Ramalingegowda .N.	Assistant Professor
4	Dr. Vijay P.	Assistant Professor
5	Dr. Balaji N.K	Sr. Resident
6	Dr. Ramya M.	Jr. Resident
7	Dr. Vishnu Prasad	Jr. Resident
	<b>FORENSIC MEDICINE</b>	
1	K.W.D. Ravichandra	Professor & Head ( contract basis)
2	Dr. Puttaswamy	Associate Professor
3	Dr. Ashwini Narayan	Assistant Professor

4	Dr. Shrunga R.P	Tutor
	<b>GENERAL MEDICINE</b>	
1	Dr. Shivakumar.K.M.	Professor & Medical Superintendent
2	Dr. Prakash.G.M.	Professor & Head
3	Dr. Chandregowda	Associate Professor
4	Dr. Rekha M.C.	Associate Professor
5	Dr. Ramakrishna S.	Associate Professor
6	Dr. Prasannakumar A.M.	Assistant Professor (contract basis)
7	Dr. Raghavendra.L.	Assistant Professor
8	Dr. Sunil.G.	Sr. Resident
9	Dr. Suresh C	Sr. Resident
10	Dr. Vishweshwara K.S.	Sr. Resident
11	Dr. Amar Prakash Aravind	Sr. Resident
12	Dr Syed Ibrahim	Jr. Resident
13	Dr Ramesh .H.S	Jr. Resident
14	Dr. Shilpashree. C.S.	Jr. Resident
15	Dr. Kumar.H.S	Jr. Resident
	<b>MICROBIOLOGY</b>	
1	Dr. Sumangala.B.	Professor & Head
2	Dr. Keerthi.A.M.	Associate Professor
3	Dr. Shanmukhappa	Associate Professor
4	Dr. Mamata P. Samaga	Assistant Professor
5	Dr. Anitha.G.	Tutor
6	Dr. Madhu R.	Tutor
	<b>O.B.G.</b>	
1	Dr. Lalitha Shivanna	Professor & Head (contract basis)
2	Dr. Savitha.H.C.	Associate Professor
3	Dr. Kavyashree G.	Associate Professor
4	Dr. Manohar R.	Assistant Professor
5	Dr. Sanjay Kumar C.	Assistant Professor
6	Dr. Pradeep M.R.	Assistant Professor
7	Dr. Chaitra.S.	Sr. Resident
8	Dr. S Vanditha.	Tutor
9	Dr. Deepthi	Tutor



	<b>OPHTHALMOLOGY</b>	
1	Dr Manjula T.R	Professor & Head
2	Dr. Srinivas.S.	Associate Professor
3	Dr. Shankarananda	Jr. Resident
4	Dr. Poornima Raj	Jr. Resident
	<b>ORTHOPAEDICS</b>	
1	Dr. Vidyaprasad.S.L.	Professor & Head
2	Dr. Ramesh N.T.	Associate Professor
3	Dr. Pandarinath.A.	Assistant Professor
4	Dr. Amardeep.G	Assistant Professor
5	Dr. Shivakumar N.H.	Sr. Resident
	<b>PAEDIATRICS</b>	
1	Dr Prasanna kumar	Professor & Head ( contract basis)
2	Dr. Thammanna.P.S.	Associate Professor
3	Dr. Shridhar P.V.	Assistant Professor
4	Dr. Keerthi B.J.	Assistant Professor
5	Dr. Narendra Babu.H.V.	Sr. Resident
6	Dr. Mayigowda J.	Sr. Resident
7	Dr. Padmaja Swamy	Jr. Resident
8	Dr Tirumahadevaswamy	Jr. Resident
9	Dr. Pallavi.K	Jr. Resident
	<b>PATHOLOGY</b>	
1	Dr. Shivakumar.S.	Professor & Head
2	Dr. Siddegowda.M.S.	Associate Professor
3	Dr. Malathi B.G.	Associate Professor
4	Dr. Kala B.	Associate Professor
5	Dr. Muralidhar Bhatt Y.	Associate Professor
6	Dr. Manjunatha M.R	Assistant Professor
7	Dr. Shobha K.L	Assistant Professor
8	Dr. Navyashree S	Tutor
9	Dr Chaitra L.P	Tutor
10	Dr Niveditha.K	Tutor
11	Dr. Smitha R.	Tutor
	<b>PHARMACOLOGY</b>	

1	Dr. Nagabhushan.H	Professor
2	Dr. Shashikumar N.S.	Associate Professor
3	Dr. Nagarajaiah.B.H.	Assistant Professor
4	Smt. Vidhya R.	Lecturer
5	Dr. Chetan.K	Tutor
6	Dr Mahesh.K	Tutor
	<b>PHYSIOLOGY</b>	
1	Dr. Rajendra.D.H.	Professor & Head
2	Dr. Hemalatha.N.R.	Associate Professor
3	Dr. Shashikala.L.	Assistant Professor
4	Dr. Prasanth naryandixit	Assistant Professor
5	Dr. Anand K.S.S	Tutor
6	Dr. Roopashree. k	Tutor
7	Dr. Swaroop B.P	Tutor
	<b>PSYCHIATRY</b>	
1	Dr. Subbegowda	Professor & Head ( contract basis)
2	Dr. Bhagyavathi H.D	Assistant Professor
3	Dr. Vidya.R	Tutor
4	Sowmya H R	Clinical Psychologist
	<b>GENERAL SURGERY</b>	
1	Dr. Nandish.V.L.	Professor & Head
2	Dr. Narasimhaswamy P.	Professor
3	Dr. Upendra Kumar K.	Associate Professor
4	Dr. Parameshwara.C.M.	Assistant Professor
5	Dr. Rajashekar.K.A.	Assistant Professor
6	Dr. Gopalakrishna K.H.	Assistant Professor
7	Dr. Balakrishna S.V.	Assistant Professor
8	Dr. Swaroop J.T	Assistant Professor
9	Dr. Hanumantharaju.M.V.	Sr. Resident
10	Dr. Sudarshan.N.	Sr. Resident
11	Dr. Chandrashekaraiiah	Sr. Resident
12	Dr. Shivakumar	Sr.Resident
13	Dr. Ravikumar	Jr. Resident
14	Dr. Darshan Kumar.D.B	Jr. Resident

15	Dr. Raghu. H.K	Jr. Resident
16	Dr. Karthik.B	Jr. Resident
17	Dr. Shashidhar K.E.	Jr. Resident
18	Dr. Mohamed Shoaib.	Jr. Resident
	<b>CASUALTY MEDICAL OFFICERS</b>	
1	Dr. Puttalingegowda.G.T	
2	Dr. Swamy.S.J.	
3	Dr. Habeeb Jan	
4	Dr. Yogendra Kumar.S	
5	Dr. Harish.S	
6	Dr. Pushpa Rani.R	

**DETAILS OF NON-TEACHING (C & D) STAFF WITH NAMES & DESIGNATION**

Sl. No.	Name	Designation
<b>GROUP-C</b>		
1	P.MARGARET ROSE	OFFICE SUPERINTENDENT
2	CHANDRASHEKAR B K	FIRST DIVISION ASST
3	SHASHIKALA	STORE KEEPER CUM CLERK
4	YASHODHA B	STORE KEEPER CUM CLERK
5	PUSHPALATHA L	STORE KEEPER CUM CLERK
1	DEVARAJU N K	RECORD KEEPER CUM CLERK
2	MUNIVENKATESH T	RECORD KEEPER CUM CLERK
3	RAJU C R	RECORD KEEPER CUM CLERK
1	CHANNEGOWDA C	RECORD KEEPER CUM CLERK
2	KRISHNAMMA N	RECORD KEEPER CUM CLERK
3	NAGARAJU	RECORD KEEPER CUM CLERK
4	VENKATESH K G	RECORD KEEPER CUM CLERK
5	KRISHNEGOWDA C	RECORD KEEPER CUM CLERK
6	KALPANA H S	CYTO TECHNICIAN
7	PRABHAKAR M B	X-RAY TECHNICIAN
8	KRISHNEGOWDA R K	PHARMACIST
1	DEVEGOWDA C P	LAB TECHNICIAN
2	HEMANTH KUMAR S N	LAB TECHNICIAN
1	VENKATA REDDY A	SENIOR STAFF NURSE
2	CHINNAMMA M U	STAFF NURSE
3	KUMAR M H	STAFF NURSE
4	DHANALAKSHMI K	STAFF NURSE
5	SANNARAJU K L	STAFF NURSE
6	KRISHNA G C	STAFF NURSE
7	ANUSUYAMMA M B	STAFF NURSE
8	AMMANNI K T	STAFF NURSE
9	PUNNYAVATHI	STAFF NURSE
10	NAGARATHNA N R	STAFF NURSE
11	SURENDRANATH G N	STAFF NURSE
12	JALAJAMANI K G	STAFF NURSE
13	MAMATHA N S	STAFF NURSE
14	FATHIMA M	STAFF NURSE
15	UMA S	STAFF NURSE
16	SAVITHA M B	STAFF NURSE
17	ASHA S	STAFF NURSE
18	POORNIMA H R	STAFF NURSE
19	REKHA H S	STAFF NURSE

20	SARPARAJ	STAFF NURSE
21	BHASKAR C V	STAFF NURSE
22	PADMA V	STAFF NURSE
23	ASHA S B	STAFF NURSE
24	VEDHA K B	STAFF NURSE
25	PADMAVATHI D S	STAFF NURSE
26	POORNIMA K	STAFF NURSE
27	HEMANTH KUMAR R	STAFF NURSE
28	THULASIMANI G T	STAFF NURSE
29	RAGHU T	STAFF NURSE
30	VEENA KUMARI K	STAFF NURSE
31	PRABHUKUMARSWAMY C K	STAFF NURSE
32	RAVINANDA	STAFF NURSE
33	JAGANATHA H S	STAFF NURSE
34	UMESHA S K	STAFF NURSE
35	NAVEEN KUMAR S D	STAFF NURSE
36	MANJULA H B	STAFF NURSE
37	ASHA V N	STAFF NURSE
38	JAI BHARTHI	STAFF NURSE
39	ROSEMARY T F	STAFF NURSE
40	RUKKUMINI H	STAFF NURSE
41	ASHA DEVI H S	STAFF NURSE
42	MYTHRI V S	STAFF NURSE
43	MAHESHKUMAR M B	STAFF NURSE
44	KESHA VA	STAFF NURSE
45	REKHA V R	STAFF NURSE
46	JANAKI K B	STAFF NURSE
47	MOHAN KUMAR K	STAFF NURSE
48	MAMATHA B RAVIKUMAR	STAFF NURSE
49	NANJAMMANI N	STAFF NURSE
50	BASAVARAJA H G	STAFF NURSE
51	NIRMALA M S	STAFF NURSE
52	KAVITHA H S	STAFF NURSE
53	ARCHANA R	STAFF NURSE
54	ROOPASHREE R	STAFF NURSE
55	GRACY N M	STAFF NURSE
56	SUNIL KUMAR	STAFF NURSE
57	HASEENA BEGHAM	STAFF NURSE
58	NETHRAVATHI M R	STAFF NURSE
59	MANJULA C B	STAFF NURSE
60	MAMATHA Y T	STAFF NURSE

61	ISHRATH JAHERA BEGAM	STAFF NURSE
62	SOMANNA	STAFF NURSE
63	JYOTHI T	STAFF NURSE
64	DEEPTHI K C	STAFF NURSE
65	MAMATHA K	STAFF NURSE
66	RANI N	STAFF NURSE
67	SUMATHI	STAFF NURSE
68	MOHAMMED RAFEE NELARAGI	STAFF NURSE
69	RAJASAB R	STAFF NURSE
70	AMBIKA R	STAFF NURSE
71	TARA M	STAFF NURSE
72	LATHASHREE V S	STAFF NURSE
73	DHANALAKSHMI M R	STAFF NURSE
74	SUNITHA L	STAFF NURSE
75	MAMATHA B BHASKAR	STAFF NURSE
76	SURESH KUMAR N	STAFF NURSE
77	SHOBARANI M	STAFF NURSE
78	BASAMMANI N	STAFF NURSE
79	SUMANGALA P T	STAFF NURSE
80	GIRESH R	STAFF NURSE
81	CHANDRAKALA S	STAFF NURSE
82	JAYALAKSHMI	STAFF NURSE
83	LILLY O T	STAFF NURSE
84	PREETHI S J	STAFF NURSE
85	MANJU J	STAFF NURSE
86	SAVITHA S	STAFF NURSE
87	VASANTHA KUMARI M S	STAFF NURSE
88	SHOBHA N	STAFF NURSE
89	RASHMI B P	STAFF NURSE
90	MANJULA.K.S	STAFF NURSE
GROUP-D		
1	MAHESH H S	LAB ATTENDER
2	ANANDA G D	DHOBI
3	SRI. NAGARAJU	DHOBI
4	MALATHI	SANITARY WORKER
5	ANAND KUMAR S	SANITARY WORKER
6	KOVILA	SANITARY WORKER
7	RAMACHANDREGOWDA R	WATCHMAN
8	SHIVASWAMY M G	WATCHMAN
9	VEENATHRI M V	WARD ATTENDER
10	SHIVALINGAIAH H	WARD ATTENDER

11	VENKATESH	WARD ATTENDER
12	BHAGYA	WARD ATTENDER
13	UMESHA H K	WARD ATTENDER
14	NAGARATHNA H L	WARD ATTENDER
15	SWOBHAGYA H C	WARD ATTENDER
16	NAGESH A	WARD ATTENDER
17	CHANDRAKALA M N	WARD ATTENDER
18	KRISHNEGOWDA	WARD ATTENDER
19	RAJU B	WARD ATTENDER
20	DODDAIAH D	CLEANER
21	ANDANI G	MALE SERVER
22	RAMACHANDRAIAH G B	MALE SERVER
23	RAMAKRISHNA H N	PEON
24	DODDALINGEGOWDA	PEON

## Teaching Hospital, MIMS Mandya

SL.NO	NAME OF THE OFFICERS/EMPLOYEES	DESIGNATION	GRADE
1	S.GURULINGAIAH	ASSISTANT ADMINISTRATION OFFICER	B
2	NAGALAMBHIKE	NURSING SUPERINTENDENT GRADE- 1	B
3	K.B.ANURADHA	OFFICE SUPERINTENDENT	C
4	B.VEERABDRAPPA	DEPUTY HEALTH EDUCATION OFFICER	C
5	B.M.SHANKAR	FIRST DIVISION ASSISTANT	C
6	SHIVALINGAIAH	SECOND DIVISION ASSISTANT	C
7	B.N.VENKATARAMU	SECOND DIVISION ASSISTANT	C
8	SASHIKALA	SECOND DIVISION ASSISTANT	C
9	K.C.SHAKARE GOWDA	SECOND DIVISION ASSISTANT	C
10	V.UMADEVI	SECOND DIVISION ASSISTANT	C
11	B.P.SAROJINI	SENIOR STAFF NURSE	C
12	K.K.INDRA	SENIOR STAFF NURSE	C
13	L.USHARANI	SENIOR STAFF NURSE	C
14	C.M.RENU	STAFF NURSE	C
15	M.P.SHIVAMMA	STAFF NURSE	C
16	D.M.PARAVATHI	STAFF NURSE	C
17	A.SHOBHA	STAFF NURSE	C
18	H.C.MEENAKASHI	STAFF NURSE	C
19	K.K.YASODHA	STAFF NURSE	C
20	M.M.PARABHAVATHI	STAFF NURSE	C
21	B.S.MANJULLA	STAFF NURSE	C
22	N.SHANKARAMMA	STAFF NURSE	C
23	G.GEETHA	STAFF NURSE	C
24	MANAGALA ANKALAGI	STAFF NURSE	C
25	P.SUNEETHA	STAFF NURSE	C
26	M.M.BHAVANI	STAFF NURSE	C
27	B.G.NAGARATAHANA	STAFF NURSE	C
28	B.S.LEELAVATHI	STAFF NURSE	C
29	N.P.ASHA	STAFF NURSE	C
30	THULASHAMMA.K	STAFF NURSE	C
31	K.RATHANAMMA	STAFF NURSE	C
32	M.M.KANNIKE	STAFF NURSE	C
33	SUSHMMA	STAFF NURSE	C



34	P.M.NALLINI	STAFF NURSE	C
35	P.A.VISHALAKSHI	STAFF NURSE	C
36	B.R.YASODHA	STAFF NURSE	C
37	K.R.SUMA	STAFF NURSE	C
38	SHYLA VARGIS	STAFF NURSE	C
39	SHKUNTHALA	STAFF NURSE	C
40	K.B.CHANDRAKALA	STAFF NURSE	C
41	G.C.NATARAJU	SENIOR LAB TECHNICIAN	C
42	N.V.MUDDURANGANATHA	SENIOR PHARMACIST	C
43	SYED ASHRAF	SENIOR PHARMACIST	C
44	G.M.DURGHEGOWDA	SENIOR LAB TECHNICIAN	C
45	P.MAHESH	JUNIOR LAB TECHNICIAN	C
46	BASAVARAJU	REFRACTIONIST	C
47	K.SATHYAPRAKASHA	REFRACTIONIST	C
48	N.RAVINDRANATAH	DENTAL MECHANIC	C
49	B.T.PUTTARAJU	X-RAY TECHNICIAN	C
50	THEERTHAPRASAD	X-RAY TECHNICIAN	C
51	MALLESH	ECG TECHNICIAN	C
52	NARSHIN BEGAM	SOCIAL WORKER	C
53	VENKATESH	SENIOR DRIVER	C
54	RAVI	SENIOR DRIVER	C
55	N.MARISHTTEY	JUNIOR DRIVER	C
56	KEMPAMMA	D. GROUP	D
57	SAROJA	D. GROUP	D
58	THAYAMMA	D. GROUP	D
59	MADAMMA	D. GROUP	D
60	CHALAVARAJU	D. GROUP	D
61	KUMARERAJUARSU	D. GROUP	D
62	ASHOKA	D. GROUP	D
63	GOWRAMMA	D. GROUP	D
64	JAYAMMA W/O MAYIGAIAH	D. GROUP	D
65	H.S.RAJU	D. GROUP	D
66	JAYAMMA W/O SHIVALINGAIAH	D. GROUP	D
67	PUTTVERAMMA	D. GROUP	D
68	JAYAMMA W/O REVANNEGOWDA	D. GROUP	D
69	PREMA	D. GROUP	D
70	N.SHIVARAMU	D. GROUP	D
71	NEELAMMA	D. GROUP	D
72	E.PUTTALINGAIAH	D. GROUP	D
73	M.C.PUTTASWAMY	D. GROUP	D
74	Y.NARASHIMAIAH	D. GROUP	D

75	SUBHAMMA	D. GROUP	D
76	MARIYAMMA	D. GROUP	D
77	S.MATHVU	D. GROUP	D
78	PUTTASWAMY	D. GROUP	D
79	CHIKANNA	D. GROUP	D
80	GULLIGOWDA	D. GROUP	D
81	CHINAMMA	D. GROUP	D
82	JAYAMMA W/O NAGARAJU	D. GROUP	D
83	NAGARATHANAMMA	D. GROUP	D
84	CHIKAMMA	D. GROUP	D

# CHAPTER X

## MANDYA INSTITUTE OF MEDICAL SCIENCES, MANDYA

### Pay scales of Officers & Employees

Sl. No.	Designation	Pay Scale
<b>PAY-SCALE OF TEACHING STAFF</b>		
1	Director	37400-67000 + AGP 10000
2	Professor	37400-67000 + AGP 10000
3	Associate Professor	37400-67000 + AGP 9000
4	Assistant Professor	15600-39100 + AGP 8000
5	Lecturer / Sr. Resident	15600-39100 + AGP 2000
6	Jr. Resident / Tutors	<b>29000 1st Year</b> + 5000 (Diploma Holders)
		<b>30000 2nd Year</b> + 5000 (Diploma Holders)
		<b>31000 3rd Year</b> + 5000 (Diploma Holders)
<b>PAY-SCALE OF NON-TEACHING STAFF</b>		
1	Chief Administrative Officer	40050-56550
2	Chief Accounts Officer / Financial Adviser	40050-56550
3	Physical Cultural Instructor	24000-45300
4	Clinical Psychologist	22800-43200
5	Staff Nurse	17650-32000
6	Sr. Radiotherapist	30400-21300
7	Physicist	28100-50100
8	Asst. Social -Welfare officer	21600-40050
11	Office Superintendent	21600-40050
12	Cyto- Technician	17650-32000
13	X-Ray Technician	16000-29600
14	Junior Lab-Tech.	14550-26700
15	Pharmacist	14550-26700
16	F.D.A	14550-26700
17	S.K.C.C	14550-26700
18	S.D.A	11600-21000
19	Lab Attender	11000-19000
20	Male Surver	9600-14550
21	Cleaner	9600-14550
22	Security	9600-14550
23	Doobi	9600-14550
24	Sanitary Worker	9600-14550
25	Ward Attender	9600-14550
26	Peon	9600-14550

**CHAPTER XI**  
**Budget Estimate 2013-14**

**MANDYA INSTITUTE OF MEDICAL SCIENCES,**  
**Details of grants released and the expenditure Statement**

YEAR	PARTI-CULARS	BUILDING (4210- PLAN)	EQUIPMENTS ( 4210-PLAN)	SALARY & Office Expanses (2210- PLAN)	AICTE SCALE SALARY (2210-NON PLAN)	HOSPITAL EXPENDITURE (2210-NON PLAN)
2010-11	Opening Balance	438.30	166.80	(-) 38.89	-	-
	Release	164.55	NIL	1050.00		780.33
	Total	602.85	166.80	1011.11		780.33
	Expenses	247.92	153.66	1159.79		521.61
	Balance	354.93	13.14	(-) 148.68		258.72
2011-12	Opening Balance	354.93	13.14	(-) 148.68		258.72
	Release	825.08	189.87	732.33	1573.00	943.40
	Total	1180.01	203.01	583.65	1573.00	1202.12
	Expenses	785.74	89.27	433.35	930.00	898.10
	Balance	394.27	113.74	150.30	643.00	304.02
2012-13	Opening Balance	394.27	113.74	150.30	643.00	304.02
	Release	181.60	-	1333.33	1030.00	1666.66
	Total	575.87	113.74	1483.63	1673.00	1970.68
	Expenses	211.63	117.47	750.41	1148.54	1003.09
	Balance	364.24	(-)3.73	733.22	524.46	967.59

## **CHAPTER XII**

**The manner of execution of subsidy programmes, including the amounts allocated and the details of beneficiaries of such programmes.**

**Details of Subsidy Programmes and the documents to be submitted for the benefit of such programmes**

### **1. CHIEF MINISTERS MEDICAL RELIEF FUND SCHEME**

- i) BPL Card or Income Certificate
- ii) Institutional Approval Committee
- iii) Land Less Labours

### **2. SCP / TSP SCHEME**

- i) Caste Certificate
- ii) Photo of the Parents and Child
- iii) BPL Card
- iv) Address Proof Certificate

### **3. BALASANJEEVINI SCHEME**

- i) Balasanjeevini Registration Card / Application
- ii) BPL Card or Income Certificate
- iii) Photo of the Child (3 No's)
- iv) SC / ST Caste Certificate (Optional)

### **4. YESHASWINI SCHEME**

- i) Yeshaswini Receipt**
- ii) Certificate Annexure 122**

### **5. SUVARNA AROGYA YOJANE**

- i) School Card Annexure- 1 (Recommendation letter by the PHC) Recommendation letter by the District Surgeon.**

### **6. A.R.T. CENTRE**

10 beds ART centre is providing free treatment to the patients suffering from HIV/ AIDS.

### **7. NUTRITION REHABILITATION CENTRE**

Nutrition Rehabilitation Centre consisting of Two wards has been established as per the Government directions for the care of Malnutrition children. No charges will be levied.

## CHAPTER XIII

### Particulars of recipients of concessions, permits or authorizations granted by it.

\* Patients admitted in General Ward, those parents/guardian's income is below Rs.20,000/- per annum are treated without charges along with diet.

## CHAPTER XIV

Details in respect of the information, available to or held by it, reduced in an electronic form;  
The details in respect of the information available and held by Indira Gandhi Institute of Child Health reduced in an electronic form i.e., in the form of compact disk.

## CHAPTER XV

The particulars of facilities available to citizens for obtaining information, including the working hours of a library or reading room, if maintained for public use;

The citizens can obtain information pertaining to the facilities available at the office of the Director and Administrative Officer of the Indira Gandhi Institute of Child Health during the office hours i.e., 10 AM to 5.30PM.

## CHAPTER XVI

### The names, designations and other particulars of the Public Information Officer

SI No.	Name of the Institute	Name of the Public Information Officer	First Appellate Authorities
1	Mandya Institute of Medical Sciences, Mandya	Sri S.Gurulingaiah.S. Public Information Officer I/c Chief Administrative Officer MIMS, Mandya Phone: 08232-231197	Director, MIMS, Mandya
2	Mandya Institute of Medical Sciences, Mandya	Smt. Margarate Rose Assistant Public Information Officer Office Superintendent, MIMS, Mandya  Phone: 08232-222086	

**ORGANOGRAM**  
Government of Karnataka  
Governing Council

Chairman G C (Minister Medical Education, Government of Karnataka)

Secretary, Department of Medical Education, Government of Karnataka

