

REGIONAL INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)
IMPHAL: MANIPUR

MEMORANDUM

Imphal, the 31st May, 2014

No. B/2739/2010-RIMS: The Annual report for the year 2013-14 (1/4/2013 to 31/3/2014) of RIMS, Imphal has to be submitted to the Ministry of Health & Family Welfare, Govt. of India, New Delhi. Accordingly, the Medical Superintendent, RIMS hospital, Dean (Academic), Principal, Dental College, Principal, College of Nursing, all Heads of Departments / Units / Sections, Co-ordinator, MEU & Tele Medicine Centre i/c, Project Director (PPP), Officer i/c of Games & Sports, Librarian i/c, E.E. (to cover both Civil & Electrical) and Medical Record Officer i/c, Regional Institute of Medical Sciences, Imphal are hereby requested to furnish the information to the undersigned as per enclosed format for the period from 1/4/2013 to 31/3/2014 both in hard copy and soft copy on a CD in MS Word format on or before 15th June, 2014 without fail.

Those who have submitted a full report in the enclosed format both as hard copy and soft copy in response to the call for the Annual report for submission to Manipur University need not submit again.

Sd/(Prof. S. Sekharjit Singh)
Director,
Regional Institute of Medical Sciences,
Imphal

Copy to:

- 1. The P.S. to Director, RIMS, Imphal.
- 2. The Medical Supdt., RIMS Hospital.
- 3. The Dean (Academic), RIMS, Imphal.
- 4. The Principal, Dental College, RIMS, Imphal.
- 5. The Principal, College of Nursing, RIMS, Imphal.
- 6. All Heads of Departments/Units/Sections, RIMS, Imphal.
- 7. The Project Director (P.P.P.), RIMS, Imphal.
- 8. The Co-ordinator, MEU, RIMS, Imphal.
- 9. Prof. in-charge, Telemedicine centre, RIMS, Imphal.
- 10. Officer in-charge, Games & Sports, RIMS, Imphal.
- 11. The Librarian i/c, RIMS, Imphal.
- 12. The E.E., CWS, RIMS, Imphal.
- 13. The: Medical Record Officer i/c, RIMS, Imphal.
- 14 Mr. Robinson Khuraijam, System Administrator, RIMS, Imphal.

(Y. Rajendra Singh)

Deputy Director (Admn.), Regional Institute of Medical Sciences,

Imphal

ANNUAL REPORT FOR THE YEAR 2012-13 (Form 01-04-2013 to 31-3-2014)

	Name of Department/Unit: Name with Designation of Officers (upto Gazetted level):					
	a) Teaching	Na i) ii)			Designation	
	b) Non-teach	-	me	-	Designation	
3.	Details of Sem a) Internatio b) National c) Regional/ d) State/Inst	iinar/Conferenc nal Zonal	e/Worksh	op organized	by the Departme	nt/Unit
4.		ssion/presenting on etc. nal i) ii) ii) Zonal i) ii) iitutional i)			d by the Staff (
	itely under the	ii) more than /workshop it sh name of differe DN 2012 - Impha	ould be re nt persons		attended the ever	
~ <i>)</i>	Attended by I - Dr. Y pres - Dr. X chai - Dr. Z part	Or. X, Dr. Y and ented a paper ented a Session icipated in the p	Dr. Z. ntitled "		elist.	

5. Publication of the Department/Unit:

The list of papers should be reported as departmental list and not under the name of individual staff. Example: Sharma AB, Debnath K., Singh P.Q.: ONcocyfic Cyst of Larynx, LMS, 20(1); 2006:142-144. ii) iii) The publications should be only those papers published in the National/indexed journal. The style of reference should be same as it appears in the journal in which it is published. Papers accepted for publication and papers communicated should not be included. 6. Details of research undertaken by projects the Department/Unit (ongoing/completed during the period under report) excluding P.G. thesis work showing the funding agency. 7. Academic achievements of teaching and non-teaching staff-Fellowship/Training 8. Extracurricular activities/achievement of the teaching and non-teaching staff (International, National level activities) - Membership of National/International professional bodies, obtained during the period under report. 9. Courses running/conducted in the Deptts./Units. 10. Result of the examinations (s): Appeared _____ Passed _____ Appeared ____ Passed ____ (a)Post-graduate: (b) Undergraduate: 11. Details of major equipments installed in the Department/Unit during 2013-2014. 12. Patient care service (Male & Female separately) for concerned departments only. a) Patient attended in OPD b) Patient admitted in the ward c) Major operation done d) Minor operation done e) Emergency cases (Casualty) f) Radiotherapy cases g) Deliveries h) Average OPD attendance i) Bed occupancy rate j) Average length of stay k) Total No. of deaths Death rate

m) No. of postmortem examinationn) No. of Investigations done

14. Miscellaneous activities (if any):

o) No. of other (pl. specify) cases done

13. Details of National Programme undertaken by the Department/Unit:

Signature of H.O.D. of ____

Date: