

# Government Medical College, Srinagar

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## C I R C U L A R

In view of the notice issued by the NMC regarding the extension of the date of submission of declaration forms, all the HOD's are informed that the upcoming month has several bank holidays which may cause inconvenience regarding banking transactions, and as such all HOD's GMC Srinagar, are requested to submit the soft copies of declaration forms by or before **04-04-2024**, so that the office of Registrar (Academics) GMC Srinagar, is allowed to upload the same on the portal of NMC, New Delhi, well within the stipulated time.

Further, all Medical Superintendents, associated Hospitals, GMC Srinagar, are directed to submit the relevant information as per the attached annexure by or before **02.04.2024**, positively.

**REGISTRAR**  
(Academic Section)

*By* Govt. Medical College, Srinagar

No. GMC/Acad/10862/MC

Dated: 30/03/24

**Copy to the, for information and necessary action:**

1. All HOD's, Govt. Medical College, Srinagar
2. All Medical Superintendents, associated Hospitals, Govt. Medical College, Srinagar
3. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar and forward the same to the concerned Heads, through their respective email addresses.
4. Office Record File

**Operation Theater Details** (Wherever not applicable, please put a zero value)

Select Year \*

Select Department \*

Month	Total Major Case *	Total Minor Case *	Total Emergency Case *
January	Total Major Case	Total Minor Case	Total Emergency Case
February	Total Major Case	Total Minor Case	Total Emergency Case
March	Total Major Case	Total Minor Case	Total Emergency Case
April	Total Major Case	Total Minor Case	Total Emergency Case
May	Total Major Case	Total Minor Case	Total Emergency Case
June	Total Major Case	Total Minor Case	Total Emergency Case
July	Total Major Case	Total Minor Case	Total Emergency Case
August	Total Major Case	Total Minor Case	Total Emergency Case
September	Total Major Case	Total Minor Case	Total Emergency Case
October	Total Major Case	Total Minor Case	Total Emergency Case
November	Total Major Case	Total Minor Case	Total Emergency Case
December	Total Major Case	Total Minor Case	Total Emergency Case

## Add Death & Birth Report Details

Address and pin code of the Corporation/ Village where the birth records are reported \*

Address and pin code of the Corporation/ Village where the Death records are reported \*

Select Year \*

Website link/ email ID/ hyperlink of the corporation where birth Records are reported \*

Website link/ email ID/ hyperlink of the corporation where Death Records are reported \*

Total Death Jan *	Total Death Feb *	Total Death Mar *	Total Death Apr *	Total Death May *	Total Death Jun *	Total Death Jul *	Total Death Aug *	Total Death Sep *	Total Death Oct *	Total Death Nov *	Total Death Dec *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Birth Jan *	Total Birth Feb *	Total Birth Mar *	Total Birth Apr *	Total Birth May *	Total Birth Jun *	Total Birth Jul *	Total Birth Aug *	Total Birth Sep *	Total Birth Oct *	Total Birth Nov *	Total Birth Dec *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

## Hospital Details

**HFID ABDM**

Enter HFID

**Hospital Name \***

Enter Hospital Name

**Hospital Reg. Date \***

dd-mm-yyyy



**Total Beds \***

Enter number of beds

**Total Emergency Beds \***

Enter number of beds for emergency

**Whether using HMIS \***  Yes  No

**Whether OPD/IPD registration is generated with Abha ID \***  Yes  No

# Add Clinical Load Data

Select Year \*

2023

Select Department \*

-MBBS-overall

Month

January

Total OPD Patient \*

Clinical Pathology\*

Total IPD Patient\*

Bio-Chemistry\*

Total beds \*

Culture Sensitivity samples\*

Total occupied beds \*

Serology \*

Histopathology\*

Cytopathology\*

X-rays \*

Ultra-Sound\*

Hematology \*

CT-scan\*

MRI \*

February

Total OPD Patient \*

Clinical Pathology \*

Total IPD Patient\*

Bio-Chemistry \*

Total beds\*

Culture Sensitivity samples \*

Total occupied beds\*

Serology \*

Histopathology \*

X-rays \*

Cytopathology \*

Ultra-Sound \*

CT-scan

Hematology \*

MRI \*

March

Total OPD Patient\*

Clinical Pathology \*

Total IPD Patient\*

Bio-Chemistry \*

Total beds \*

Culture Sensitivity samples

Total occupied beds \*

Serology \*

Histopathology \*

X-rays \*

Cytopathology \*

Ultra-Sound \*

CT-scan \*

Hematology \*

MRI \*

April

Total OPD Patient\*

Clinical Pathology \*

Total IPD Patient\*

Bio-Chemistry \*

Total beds\*

Culture Sensitivity samples \*

Total occupied beds\*

Serology \*

Histopathology \*

X-rays \*

Cytopathology \*

Ultra-Sound \*

CT-scan \*

Hematology \*

MRI \*\*



October

Total OPD Patient\*

Clinical Pathology\*

Total IPD Patient\*

Bio-Chemistry\*

Total beds\*

Culture Sensitivity samples\*

Total occupied beds\*

Serology\*

Histopathology\*

Cytopathology\*

X-rays\*

Ultra-Sound\*

Hematology\*

CT-scan\*

MRI\*

November

Total OPD Patient\*

Clinical Pathology\*

Total IPD Patient\*

Bio-Chemistry\*

Total beds\*

Culture Sensitivity samples\*

Total occupied beds\*

Serology\*

Histopathology\*

Cytopathology\*

X-rays\*

Ultra-Sound\*

Hematology\*

CT-scan\*

MRI\*

December

Total OPD Patient\*

Clinical Pathology\*

Total IPD Patient\*

Bio-Chemistry\*

Total beds\*

Culture Sensitivity samples\*

Total occupied beds\*

Serology\*

Histopathology\*

Cytopathology\*

X-rays\*

Ultra-Sound\*

Hematology\*

CT-scan\*

MRI\*

## Faculty Details


Select Department \*

Designation \*

Nature of Employment \*

AEBAS Atte. ID \*

IMR Number \*

Faculty Name \*

Total Teaching Exp. (in years) \*

Upload Faculty Declaration Form \*

Submit