6.5.1 ***Institution has a streamlined Internal Quality Assurance Mechanism.***

Response:

Introduction to the Internal Quality Assurance Cell (IQAC)

The Internal Quality Assurance Cell (IQAC) at Bareilly International University was established to enhance the quality of education and institutional effectiveness. Its structure comprises the Head of the Institution, faculty representatives from various units, a member from the Board of Management, senior administrative officers, and nominees from local society, students, alumni, employers, industrialists, and other stakeholders. The Senior Teacher acts as the Coordinator, supported by a Secretary.

Aims and Objectives

The IQAC's primary aims include:

1. Improving institutional functioning to foster a quality culture.
2. Integrating various activities within the institution and institutionalizing best practices.
3. Providing a sound basis for decision-making to enhance overall functioning.
4. Enhancing internal communication.
5. Streamlining activities at the university to promote a culture of quality.

Quality Enhancement Initiatives

The IQAC has initiated several programs across different domains:

- **Curricular Aspects**: Following discussions with members, the university launched new programs, revised syllabi, introduced value-added courses, and implemented an online feedback mechanism to gather insights from stakeholders.
- **Teaching-Learning and Evaluation**: The IQAC emphasized the development of e-content, tailored programs for advanced and slow learners, and innovative student-centric teaching methods. It also organized faculty development programs and reforms in evaluation methods.
- **Research, Consultancy, and Extension**: The promotion of quality research was prioritized, with incentives for outstanding contributions. Faculty members received training in intellectual property rights, research methodologies, and startup development.
- **Infrastructure and Learning Resources**: The IQAC oversaw the construction of state-of-the-art soundproof lecture theaters equipped with lecture capture systems. Modern skill laboratories and blood centers were also established to enhance learning resources.

- **Student Support and Progression**: The IQAC encouraged student council activities and facilitated the registration of the Alumni Association. Alumni were motivated to engage in various university initiatives.
- **Governance, Leadership, and Management**: To bolster e-governance, the university adopted ERP software and implemented systems like Hospital Management System eRx-Life, Pay-Tm, Tally, ILMS, Inflibnet, and Moodle.

Innovations and Best Practices

The IQAC has fostered several initiatives, including the celebration of commemorative days, regular quality audits, and the provision of a barrier-free environment for disabled individuals. It has also organized training programs focused on quality parameters for faculty and non-teaching staff, and conducted workshops on intellectual property rights.

Laboratory Training Programs

The IQAC has structured extensive laboratory training sessions, covering vital topics such as infection control, biomedical waste management, and fire safety. These training sessions are designed to ensure compliance with quality standards and enhance operational efficiency.

Quality Certifications

Bareilly International University has achieved various quality certifications, including ISO, NABH, and NABL, reinforcing its commitment to quality assurance and continuous improvement.

The IQAC at Bareilly International University is a dynamic entity, actively pursuing various initiatives aimed at quality management and enhancement across the institution.

INTERNAL QUALITY ASSURANCE MECHANISM POLICY

1. Purpose

This policy establishes a streamlined Internal Quality Assurance Mechanism (IQAM) to continuously monitor, assess, and improve the academic, administrative, and operational quality of the university. The purpose is to institutionalize quality practices and create a culture of excellence in all spheres of the university.

2. Scope

This policy applies to all academic programs, administrative units, and support services across the university. It outlines the roles, responsibilities, and processes for ensuring consistent quality assurance and improvement.

3. Objectives

- To develop and implement robust systems for quality assurance in teaching, learning, research, and administration.
- To foster a culture of continuous quality improvement and innovation.
- To ensure compliance with statutory and regulatory guidelines for quality in higher education.
- To enhance stakeholder satisfaction, including students, faculty, staff, and external partners.
- To monitor and benchmark institutional performance against national and international standards.

4. Governance and Structure of Internal Quality Assurance

4.1 Internal Quality Assurance Cell (IQAC):

- **Establishment:** The university will establish an Internal Quality Assurance Cell (IQAC) to oversee the quality assurance mechanism.
- **Composition:**
  - Chairperson: Vice-Chancellor/President.
  - Coordinator: Senior faculty member with experience in quality assurance.
  - Members: Representatives from academic departments, administrative units, industry, alumni, and student body.
  - External Expert: A quality assurance specialist from another academic institution or industry.
- **Tenure:** The term of the IQAC members will typically be three years, subject to review.

4.2 Roles and Responsibilities of IQAC:

- Develop quality benchmarks and parameters for various academic and administrative activities.
- Facilitate the development of a learner-centric environment for quality education and skill development.
- Organize workshops, seminars, and training sessions on quality-related themes.
- Conduct periodic academic and administrative audits.

- Collect and analyze feedback from stakeholders to identify improvement areas.
- Prepare and submit the Annual Quality Assurance Report (AQAR) to relevant regulatory bodies.
- Promote innovation, best practices, and initiatives that enhance quality in teaching, research, and operations.

5. Processes and Mechanisms for Quality Assurance

5.1 **Teaching and Learning:**

- Develop structured policies for curriculum design, delivery, and evaluation in line with regulatory standards.
- Implement a feedback system to assess teaching quality and student learning outcomes.
- Integrate innovative and technology-driven teaching-learning methods, such as blended learning and e-learning platforms.
- Monitor the performance of students through continuous internal assessments, projects, and examinations.

5.2 **Research and Development:**

- Establish guidelines for research ethics, integrity, and quality.
- Encourage interdisciplinary and industry-focused research.
- Monitor research output, including publications, patents, and funded projects.
- Provide training in research methodologies and promote collaborations with national and international institutions.

5.3 **Administrative Operations:**

- Standardize administrative processes to improve efficiency and service delivery.
- Conduct internal audits for operational and administrative quality.
- Establish mechanisms for grievance redressal, ensuring timely and effective resolution.

5.4 **Feedback Mechanisms:**

- Regularly collect feedback from students, alumni, parents, employers, and faculty through structured surveys.
- Use feedback data for quality improvement in academic programs, infrastructure, and services.

5.5 **Academic and Administrative Audits:**

- Conduct periodic audits to evaluate the performance of academic and administrative units.
- Identify gaps in processes and implement corrective actions to enhance quality.

5.6 **Technology Integration:**

- Leverage technology for monitoring and reporting quality metrics.
- Use Learning Management Systems (LMS) and Enterprise Resource Planning (ERP) tools to streamline academic and administrative processes.

6. Reporting and Compliance

6.1 **Annual Quality Assurance Report (AQAR):**

- The IQAC will prepare and submit an AQAR based on predefined metrics and standards to the relevant statutory bodies, such as the University Grants Commission (UGC), National Assessment and Accreditation Council (NAAC), or other applicable agencies.

6.2 **Compliance with Accreditation Standards:**

- The institution will align its quality assurance practices with the standards set by national and international accrediting bodies.

6.3 **Periodic Reviews and Self-Assessment:**

- The IQAC will conduct annual reviews of institutional performance against established quality benchmarks.
- Self-assessment reports will be generated to highlight achievements, identify areas for improvement, and outline strategic priorities for the future.

7. Stakeholder Engagement and Capacity Building

7.1 **Awareness Programs:**

- Regular awareness and capacity-building programs will be organized for faculty, staff, and students to understand the importance of quality assurance.

7.2 **Stakeholder Involvement:**

- The institution will actively involve stakeholders in the quality assurance process through consultations, surveys, and focus groups.

7.3 **Collaborations and Partnerships:**

- Collaborate with national and international institutions and quality assurance agencies to adopt best practices and innovative solutions.

8. Monitoring and Review Mechanism

8.1 **Monitoring Mechanism:**

- The IQAC will monitor the implementation of quality assurance initiatives and provide progress updates to the institutional leadership.
- Key performance indicators (KPIs) will be used to assess the effectiveness of quality assurance measures.

8.2 **Policy Review:**

- This policy will be reviewed every three years, or as required, to incorporate changes in regulatory requirements, accreditation guidelines, and institutional priorities.
- Recommendations for updates to the policy will be made by the IQAC and approved by the university's leadership and governing body.

9. Accountability and Transparency

9.1 **Accountability:**

- All university departments and units will be accountable for adhering to the quality assurance processes outlined in this policy.
- The IQAC will ensure compliance and report any deviations to the governing body.

9.2 **Transparency:**

- The institution will maintain transparency in all quality assurance activities, making relevant reports and metrics available to stakeholders.

10. Conclusion

This policy provides a robust framework for quality assurance, fostering continuous improvement and excellence in academic, research, and administrative domains. The institution's commitment to quality is central to achieving its vision and mission.

Members of Quality Management Committee

Sr. No	Name of the Committee Member	Designation	Designation In Committee
1	Dr. Digvijay Singh	Principal	Chair Person
2	Dr. Lekhraj Verma	M.S	Member
3	Dr. Cheena Garg	Asso. Prof. Pathology	Team Leader
4	Dr. Faiz Shamsi	Dy. M.S.	Member
5	Dr. Ashutosh Dokania	Prof. Ophthalmology	Member
6	Dr. Malti Agrawal	Prof. Anaesthesia	Member
7	Dr. Sharad Seth	Prof. General Anaesthesia	Member
8	Dr. Varun Agrawal	Asso. Prof. Orthopedics	Member
9	Dr. Arjun Agrawal	Asso. Prof. Oncosurgery	Member
10	Dr. Seema Seth	Prof. General Medicine	Member
11	Dr. Rajesh Agrawal	Prof. TB & Chest	Member
12	Dr. P.K. Rathore	Prof. Skin & VD	Member
13	Dr. Manchan Dalmia	Prof. Obst. & Gynae	Member
14	Dr. Nitesh Mohan	Prof. Pathology	Member
15	Dr. Madan Mohan Nagar	Prof. Orthopaedic	Member
16	Dr. Prasad Nayak	Prof. Paediatric	Member
17	Dr. Pramod kumar	Prof. Radio diagnosis	Member
18	Ms. Poonam Azad	N.S	Member
19	Ms. Divya Raghav	Quality Manager	Member
20	Ms. Loveena	D.N.S	Member
21.	Ms. Sonam	A.N.S	Member
22.	Mr. Anuj Pachauri	Chief Engineer	Member

2.1 Quality Management Committee (QMC)

[A]. Purpose & Structure

HOSPITAL Quality Management Committee (QMC) will be the Highest Executive Quality Improvement Authority in the hospital. The committee will, in summary, reflect hospital's endless top management commitment to **Continuous Quality Improvement (CQI)**.

Chaired by Director/ CMS/ Hospital Director and attended by the key Directors and Department Heads; Hospital Quality Management Committee shall be responsible for overall planning, directing, prioritizing, implementing and follow up of all CQI initiatives and activities in the hospital. On the other hand, The Quality Management Committee shall ensure that, all necessary resources required for successful QM Plan Implementation are devoted at all functional levels.

Please provide the details of the committee in the table provided below:

Note: This is an indicative structure. Hospital may add more profiles / rows as per the requirement.

[B]. Scope & Function

Responsibilities, as pertinent to Quality Improvement include but not limited to the followings:

- Develop (in coordination of Quality Management Department) / approve a Facility wide Quality Management Plan.
- Integrate the overall Quality Management Plan and serve as a clearing house for improvement activities.
- Oversee, coordinate, direct and prioritize Quality improvement activities. A high priority for the QMC will be the monitoring of the delivery of care whenever a new service is developed with particular emphasis on the transition and development period.
- Assure the formation of cross-organizational work groups [Departmental Quality Improvement Teams (DQIT)] to assess each function and identify the processes and activities within that function that are high volume, high risk and/or problem prone.
- Receive reports monthly or quarterly from each department/service as appropriate and prepare reports on organizational Quality improvement activities.
- Enforce the implementation of Plan, Do, Check, and Act methodology.
- Review monitoring results that reflect the functions and activities provided by the staff in different disciplines (administrative, medical and non-medical) within the facility.
- In coordination with Quality Management Department, QMC will provide reports to the hospital Director
- Receive and evaluate Quality improvement team reports concerning specific activities for improving organizational Quality.
- Oversee, coordinate and provide appropriate Quality Improvement information to the concerned departments and sections (both external & internal)
- Review and revise the performance indicators and standards/thresholds periodically based on evidence/data collated so as to continuously improve the quality of Services provided
- Appointment of resource at the position of quality assurance and improvement coordinator to oversee the obtaining and maintaining of the quality standards and dealing with complaints (if any)
- Initiate regular reviews by the independent specialist in the relevant fields of clinical practices used in the Hospital in providing the Healthcare Services
- Ensure obtaining the NABH Accreditation and maintaining the same.

Problems that are referred to the QMC through any of the quality management activities, or identified by the QMC from a study of reports or communications, will be reviewed by the QMC. The committee will ensure that the responsible department, service or team is taking appropriate corrective action plans, prioritization and monitoring steps, and activities. Departmental Quality improvement teams will report on their activities for improving organizational Quality to **Head Core Committee.** Such written and verbal reports are due at the time of presentation at QMC meeting.

Presentation of reports of all Quality improvement activities will include:

- The kinds of Quality Improvement activities that took place during the reporting period.
- Departmental Performance Indicators as defined by accreditation standards
- The problems, quality issues or opportunities to improve, if any, that were identified.
- Evidence of ongoing organizational Quality efforts.
- Method(s) of problem resolution or referral.
- The monitoring required including the schedule, method and individual(s) responsible for monitoring.

The QMC agenda and minutes will include the following:

- Call to order and approval of minutes.
- Committee reports (e.g. Transfusion, Pharmacy & Therapeutics).
- Risk Management reports.
- Review of previously identified opportunities for improvement, quality issues, analysis, actions and follow-up.
- Reports from the Departmental Quality Improvement Teams.
- Scope of Services reports.
- Multidisciplinary team reports on improving organizational Quality.
- Departments' Quality Improvement reports that integrates disciplines/ departments along the continuum of care.
- Accreditation Efforts & reports submitted to Accreditation bodies (e g. NABH).
- Safety reports.
- Resource Management reports.
- Special Care Unit reports.
- Patient Satisfaction Survey Report.
- Ambulatory Care Services report.
- Cardiac Arrest report.
- Credentialing & Privileging report
- Medical Audit reports
- Conclusions and recommendations regarding actions or follow up.
- New business.

The QMC will assist in planning for improvising the organizational Quality or evaluating new services. The following steps will be established:

- **Organize teams:** (multidisciplinary groups/committees, focus groups, task forces) The members of which will be empowered to implement decisions over the key elements in the process(es) of delivering services for which improvement efforts are to be made.
- **Identify the customers:** Patients, Relatives, Doctors, Nurses, Clinics, Departments, and Operating room staff any other individual or group of individuals who will be the recipients of products and/or services.
- **Identify the products and/or services of importance to the customers:** The patient's and family/other's perception of the quality of health care rendered and staff's opinion will be considered. Examples of areas for improvement may include: A warm meal, a parking space, an improved perceived quality of life, a short wait for pain medication, a nice atmosphere in the waiting area, and privacy in discussions with providers. Additional areas for improvement may include faster test results, improved communication between nurses

and doctors, or any other aspect or relationships subjective or objective that may be important to the customers).

- **Identify the process(es) that affect important products and/or services:** This can be any of the tasks and activities which affect the customers, e.g., delivering pain medication, transporting food, ordering tests, cleaning rooms, calling and paging procedures, planning discharge procedures or examining sentinel events.
- **Delineate scope of care/service:** Each department will delineate the scope of care/services in hospital through the Plan for Patient Services.

Divya Raghav
Quality Manager-RMCH

Quality Manager
Rohilkhand Medical College & Hospital
Bareilly

Professor
Department of Pathology
Rohilkhand Medical College
Bareilly.

Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/ 87 /2024 Dt. 21st March, 2024

A meeting of Quality Management Committee (QMC) members has been fixed as under:

Date : 22nd March, 2024
Venue : College Council Room
Time : 3:00 P.M.

Following Committee members are requested to attend the meeting :

Chairman : Dr. Dig Vijay Singh, Dean cum Principal, RMCH
Co-Chairman : Dr. Lekh Raj Verma, Medical Superintendent
Members :
1. Dr. Cheena Garg, Professor, Pathology
2. Dr. Faiz Shamsi, Dy. Medical Superintendent cum A.O. Hospital
3. Dr. Ashutosh Dokania, Professor & Head, Ophthalmology
4. Dr. Malti Agarwal, Professor & Head, Anaesthesia
5. Dr. Sharad Seth, Professor & Head, General Surgery
6. Dr. Varun Agarwal, Professor, Orthopaedics
7. Dr. Arjun Agarwal, Professor & Head, Surgical Oncology
8. Dr. Seema Seth, Professor & Head, General Medicine
9. Dr. Rajesh Agarwal, Professor & Head, Respiratory Medicine
10. Dr. P.K. Rathore, Professor & Head, Skin & VD
11. Dr. Kanchan Dalmia, Professor & Head, Obst. & Gynae.
12. Dr. Nitesh Mohan, Professor & Head, Pathology
13. Dr. M.M. Nagar, Professor & Head, Orthopaedics
14. Dr. Prasad Nayak N, Professor & Head, Paediatrics
15. Dr. Pramod Kumar, Professor & Head, Radio Diagnosis
16. Ms. Poonam Azad, Nursing Superintendent
17. Ms. Divya Raghav, Quality Manager – Member Secretary
18. Mr. Anuj Pachauri, Chief Engineer

Dean/Principal

Copy to:

1. Hon'ble Chairman, RECT – for information please.
2. Medical Superintendent
3. All Members of Quality Management Committee

Rohilkhand Medical College & Hospital Bareilly

ATTENDANCE SHEET

Committee name- Quality Mangement Committee

Date: 22.03.2024

Time:- 3:00 Pm

Sl.No.	NAME	DESIGNATION	DEPARTMENT	SIGNATURE
1	Dr Cheena Garg	Professor	Pathology	
2	Dr Dig Vijay Singh	Professor	Microbiology	
3	DR Lokendra Verma	M.S.	Orthopaedics	
4	DR. SHARAD SETH	HOD & PROF.	SURGERY	
5	Dr Preeti Lata Rai	Professor	Pediatrics	
6	Dr. Abhinav Srivastava	Professor & HOD	ENT	
7	Dr. Ashutosh Dakeria	Professor & HOD	EYE	
8	Dr Kanchan Dalmia	Prof & Head	OBG	Kanchan
9	Dr Tarik Shamsi	DMS	Admin	
10	Miss. Divya Raghav	Quality Manager	Quality	Dept. Divya Raghav
11	Mis Poonam Azad	N.S	Hospital	
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Review by

Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Minutes of Meeting

Ref. No.: RMCH/Mar/2024 **Date.23rd March 2024**

1. A Meeting of Quality Management Committee was held on 22nd March 2023 at 3:00 pm in College council room
2. Following Members attended the said meeting:

S.No.	Position in Committee	Name of the committee members	Dept& Designation
1	Chairperson	Dr. Digvijay Singh	Principal-RMCH
2	Co-chairperson	Dr. L.R. Verma	Medical Superintendent
3	Member	Dr. Faiz Shamsi	Dy. M.S./A.O.
4	Nodal Officer	Dr. Cheena Garg	Asso.Prof. -Pathology
5	Member	Dr. Sharad Seth	Prof & Head-Surgery
7	Member	Dr. AbhinavShrivastav	Prof & Head-ENT
8	Member	Dr. KanchanDalmia	Prof & Head-ObstGynae
9	Member	Dr. PreetiLataRai	Prof & Head-Obst-Pedia
10	Member	Dr. Ashutosh	Prof & Head-Opthal
11	Member	Ms.Poonam Azad	Nursing Superintendent
12	Member-Secretary	Mrs Divya Raghav	Quality Manager

Following points were discussed in the meeting-

S. No	AGENDA	DECESION/RESOLUTION	RESPONSIBILITY
1.	Previous Minutes	Last committee Minutes were reviewed & found majority of the allotted woks completed	
2.	Documentation	It was found that now the process of copleting the documentation is as per the standards & has been improved now the doctors writing their name, date and time with signature properly	Consulatants, Nursing Floor Incharge, ward Incharge, Staff nurse
3.	Review of Quality indicator	It was discussed amon g the committee members that all the CQI indicators of various departments is being reviewed and discussed in the monthly presentation and found satisfactory	Respective department/ICU/Quality Department
4	NABH Final Audit Preparation	It was discussed that all the departments will prepareitself as per NABH 5th edition for the Final level upcoming NABH Audit	All departments
5	Effectiveness of Committee	Effectiveness of all hospital committee was reviewed by the senior management and found satisfactory	All management

Dr. Digvijay Singh
Chairperson –Quality Management Committee

Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/ 87 /2024 Dt. 21st March, 2024

A meeting of Quality Management Committee (QMC) members has been fixed as under:

Date : 22nd March, 2024
Venue : College Council Room
Time : 3:00 P.M.

Following Committee members are requested to attend the meeting :

Chairman : Dr. Dig Vijay Singh, Dean cum Principal, RMCH
Co-Chairman : Dr. Lekh Raj Verma, Medical Superintendent
Members :
1. Dr. Cheena Garg, Professor, Pathology
2. Dr. Faiz Shamsi, Dy. Medical Superintendent cum A.O. Hospital
3. Dr. Ashutosh Dokania, Professor & Head, Ophthalmology
4. Dr. Malti Agarwal, Professor & Head, Anaesthesia
5. Dr. Sharad Seth, Professor & Head, General Surgery
6. Dr. Varun Agarwal, Professor, Orthopaedics
7. Dr. Arjun Agarwal, Professor & Head, Surgical Oncology
8. Dr. Seema Seth, Professor & Head, General Medicine
9. Dr. Rajesh Agarwal, Professor & Head, Respiratory Medicine
10. Dr. P.K. Rathore, Professor & Head, Skin & VD
11. Dr. Kanchan Dalmia, Professor & Head, Obst. & Gynae.
12. Dr. Nitesh Mohan, Professor & Head, Pathology
13. Dr. M.M. Nagar, Professor & Head, Orthopaedics
14. Dr. Prasad Nayak N, Professor & Head, Paediatrics
15. Dr. Pramod Kumar, Professor & Head, Radio Diagnosis
16. Ms. Poonam Azad, Nursing Superintendent
17. Ms. Divya Raghav, Quality Manager – Member Secretary
18. Mr. Anuj Pachauri, Chief Engineer

Dean/Principal

Copy to:

1. Hon'ble Chairman, RECT – for information please.
2. Medical Superintendent
3. All Members of Quality Management Committee

Rohilkhand Medical College & Hospital

Pilibhit By-pass Road, Bareilly

Office Circular

Ref. No.: RMCH/ 396 /2024 Dt. 3rd December, 2024

A meeting of Quality Management Committee (QMC) members has been fixed as under:

Date : 6th December, 2024
Venue : College Council Room
Time : 3:00 P.M.

The following Committee members are requested to attend the meeting. The HOD's should bring along one Assistant Professor and Sr. Resident for the meeting

Chairman : Dr. Dig Vijay Singh, Dean cum Principal, RMCH
Co-Chairman : Dr. Rajnish Pathania, Medical Superintendent
Members :
1. Dr. Ashutosh Dokania, Professor & Head, Ophthalmology
2. Dr. Kanchan Dalmia, Professor & Head, Obst. & Gynae.
3. Dr. Jyoti Pathania, Professor & Head, Anaesthesia
4. Dr. P.K. Rathore, Professor & Head, Skin & VD
5. Dr. Nitesh Mohan, Professor & Head, Pathology
6. Dr. Ved Prakash, Professor & Head, Microbiology
7. Dr. Rajesh Agarwal, Professor & Head, Respiratory Medicine
8. Dr. Sharad Seth, Professor & Head, General Surgery
9. Dr. Pramod Kumar, Professor & Head, Radio Diagnosis
10. Dr. Siddharth Dixit, Professor & Head, Psychiatry
11. Dr. M.M. Nagar, Professor & Head, Orthopaedics
12. Dr. Seema Seth, Professor & Head, General Medicine
13. Dr. Abhinav Srivastava, Professor & Head, ENT
14. Dr. Preeti Lata Rai, Professor & Head, Paediatrics
15. Dr. Dipti B Sanakal, Professor & Head, Biochemistry
16. Dr. Arjun Agarwal, Professor & Head, Surgical Oncology
17. Dr. Shobha Mukherjee, Professor, Obst. & Gynae.
18. Dr. Atul Mehrotra, Professor, Radio Diagnosis
19. Dr. Neeharika Arora, Professor, Anaesthesia
20. Dr. Ritu Jain, Professor, Ophthalmology
21. Dr. Cheena Garg, Professor, Pathology
22. Dr. Varun Agarwal, Professor, Orthopaedics

23. Dr. Pragya Mishra, Professor, Obst. & Gynae.
24. Dr. Ramjan Ali, Professor, Psychiatry
25. Dr. Prashant Dubey, Associate Professor, General Medicine
26. Dr. Rishi Kr. Saini, Associate Professor, Respiratory Medicine
27. Dr. Abhishek Singh Rathore, Associate Professor, General Surgery
28. Dr. Vedika Anilkumar Bhat, Associate Professor, Paediatrics
29. Dr. Haniya Jafar, Associate Professor, Microbiology
30. Dr. Mamta Gupta, Associate Professor, Biochemistry
31. Dr. Islam Barkatullah Khan, Assistant Professor, Pathology
32. Dr. Irfan Hussain, Assistant Professor, Orthopaedics
33. Dr. Ashwin Charaniya, Assistant Professor, Skin & VD
34. Dr. Helena Babu, Assistant Professor, ENT
35. Dr. Itika Saxena, Assistant Professor, Biochemistry
36. Dr. Faiz Shamsi, Dy. Medical Superintendent cum A.O. Hospital
37. Ms. Poonam Azad, Nursing Superintendent
38. Ms. Divya Raghav, Quality Manager – Member Secretary

Dean/Principal

Copy to:

1. Hon'ble Chairman, RECT – for information please.
2. Medical Superintendent
3. All Members of Quality Management Committee

Rohilkhand Medical College & Hospital Bareilly

ATTENDANCE SHEET

Committee Name :- Quality Management Committee

Date: 6/12/2024

Time:- 3:00 Pm

Sl.No.	NAME	DESIGNATION	DEPARTMENT	SIGNATURE
1				
2	Dr Dig Vijay Sgh	Principal	RMCH	
3	Dr. Cheenal gang	Prof.	Pathology	
4	Dr. ABHINAV SRIVASTAVA	Prof & HOD	ENT	
5	Dr. Jyoti Patnaro	Prof HOD	Anaesthesia	
6	Dr. Nitesh Mohan	Prof & HOD	Pathology	
7	Dr. Preeti Late Lei	Prof & HOD	Pediatrics	
8	Dr. Ravish Kumar	AP.	Pediatrics	
9	Dr. Dipti Sanakal	Prof HOD	Biochemistry	
10	Dr Abhishek Singh Rathore	Associate Prof.	Gen Surgery	
11	DR SIDDHARTH DIXIT	Prof/HOD	PSYCHIATRY	
12	Dr Rahul Agrawal	Vice Chancellor		
13	Dr R. Pathania	MS		
14	Dr FAIZ Khan	DMS	RMCH	
15	DR. SHAPAD SETH	PROF & HOD	SURGERY	
16	Dr Seema Seth	Prof & HOD	Medicine	
17	DR. M.M. Nagar	Prof. & HOD	Ortho	06/12
18	Dr. Kanchan Sharma	Prof	OBG	
19	Dr. Rishi Kr. Saini	Asso. Prof.	Resp. medicine	
20	Dr. RITU JAIN	Professor	Opthalmology	
21	DR. VED PRAKASH	P&HOD	Microbiology	
22	Dr RANJAN ALI	Professor	Psychiatry	
23	Dr. Irfan H Siddiqui	Asso. Prof.	Orthopedic	
24	Dr Amit Jaiswal	Asst Prof	Physiology	
25	Ms Loveena Seelam	DNS	Nursing	
26	Dr. Kalera Babu	Asst Prof.	ENT	
27	Dr. Ritika Saxena	Asst. Prof	Biochemistry	
28	Dr Haniya Iqbal	Asso. Prof	Microbiology	

Review by

Dean / Principal
Rohilkhand Medical College & Hospital
Bareilly

Rohilkhand Medical College & Hospital Bareilly

ATTENDANCE SHEET

Committee Name :- Quality Management Committee

Date: 6/12/24

Time:- 3:00 Pm.

Sl.No.	NAME	DESIGNATION	DEPARTMENT	SIGNATURE
1	Dr Prashant Dubey	Associate Professor	Medicine	
2	Dr. Ashwini Charanjo	Assist. Prof.	Dermatology	
3	Dr Isha Bahadekar	Assistat Prof	Pathology	
4	Dr Azeem Uzan Khan	S.R	Paediatrics	
5	Mrs. Divya Raghav	Quality Manager	Quality Dept	Divya Raghav
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Review by

Dean / Principal
Rohilkhand Medical College & Hospital
Bareilly





