



**BLDE**  
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The Constituent College


SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA


**DEPARTMENT OF ORTHOPAEDICS**

**Value Added Course; Disability Assessment in Orthopaedics patients**

Sr.No	Details	
1	Name of the Value Added Course	Disability Assessment in Orthopaedics patients
2	Objective/Need	To give information about how to assess disability in Orthopaedic patients.
3	Course content (Syllabus) (Briefly/Attach a file)	Attached
4	Duration-Number of hours. (Minimum 15 hours)	16
5	Conducted	BI WEEKLY
6	Frequency	SINGLE SESSION
7	Teaching Methods	SMALL GROUP DISCUSSIONS DEMONSTRATION
8	Assessment method	SUBJECTIVE ANALYSIS DOAP
9	Certification Done	yes
10	Feedback collected	WILL BE COLLECTED

**Minimum 50% Hands on Training**

  
Dr. R. M. Bagewadi  
Course Coordinator.

  
Dr. Ashok Nayak  
HoD

**Prof. & H. O. D.**  
**Dept. of Orthopaedics**  
**B.L.D.E. Association's.**  
**Shri B. M. Patil Medical College,**  
**Hospital & R. C. Bijapur-586103**

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

BLDE (DU): Phone: +918352-262770, Fax: +918352-263303, Website: [www.bldedu.ac.in](http://www.bldedu.ac.in), E-mail: [office@bldedu.ac.in](mailto:office@bldedu.ac.in)  
College: Phone: +918352-262770, Fax: +918352-263019, E-mail: [bmpmc.principal@bldedu.ac.in](mailto:bmpmc.principal@bldedu.ac.in)

  
**REGISTRAR**

**LDE (Deemed to be University)**  
**Vijayapura-586103, Karnataka**

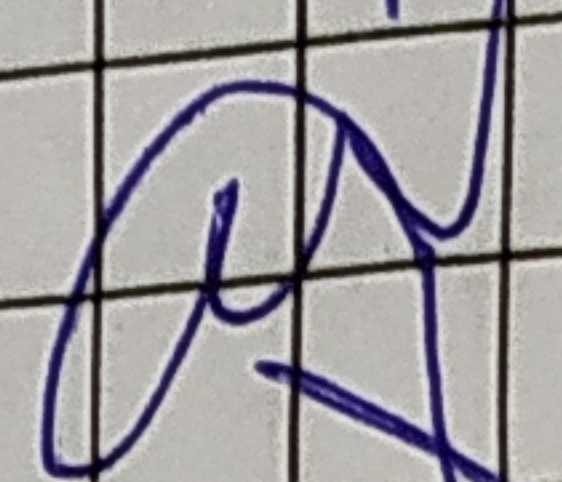
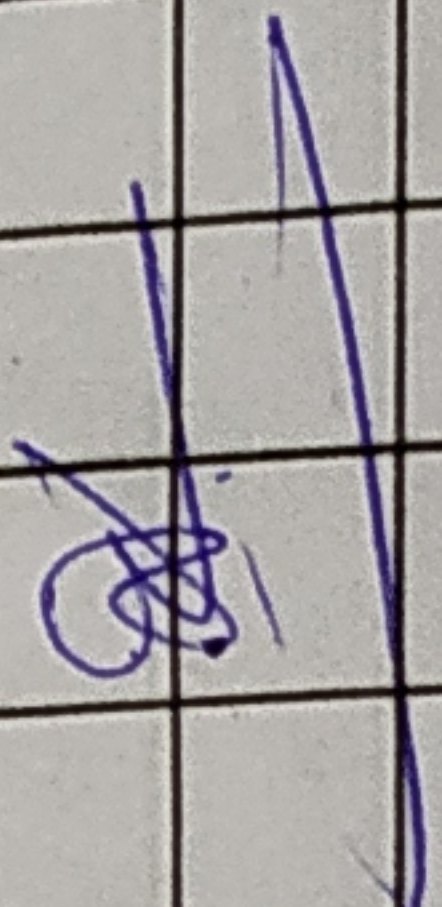


B.L.D.E

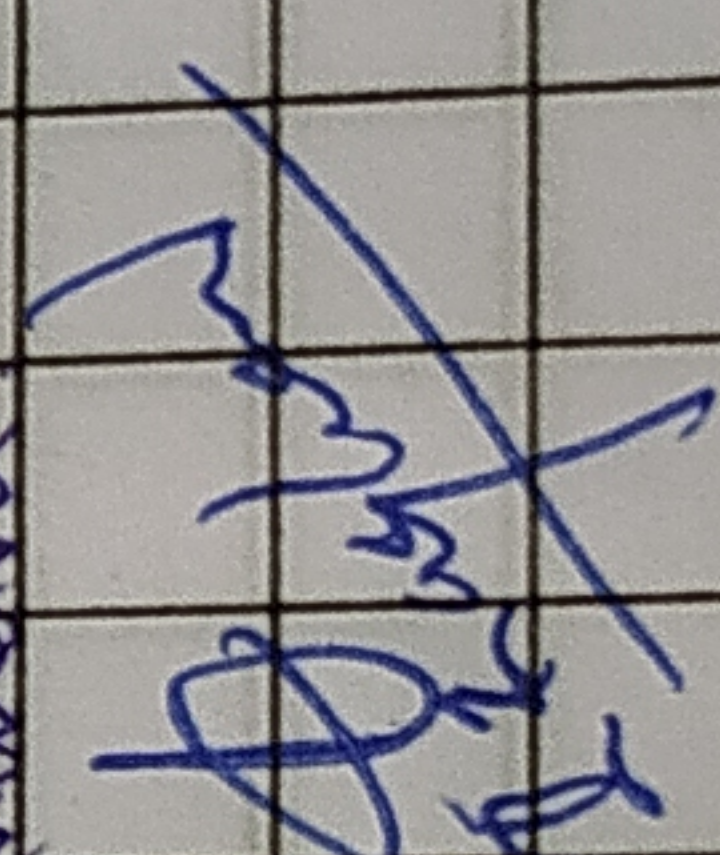
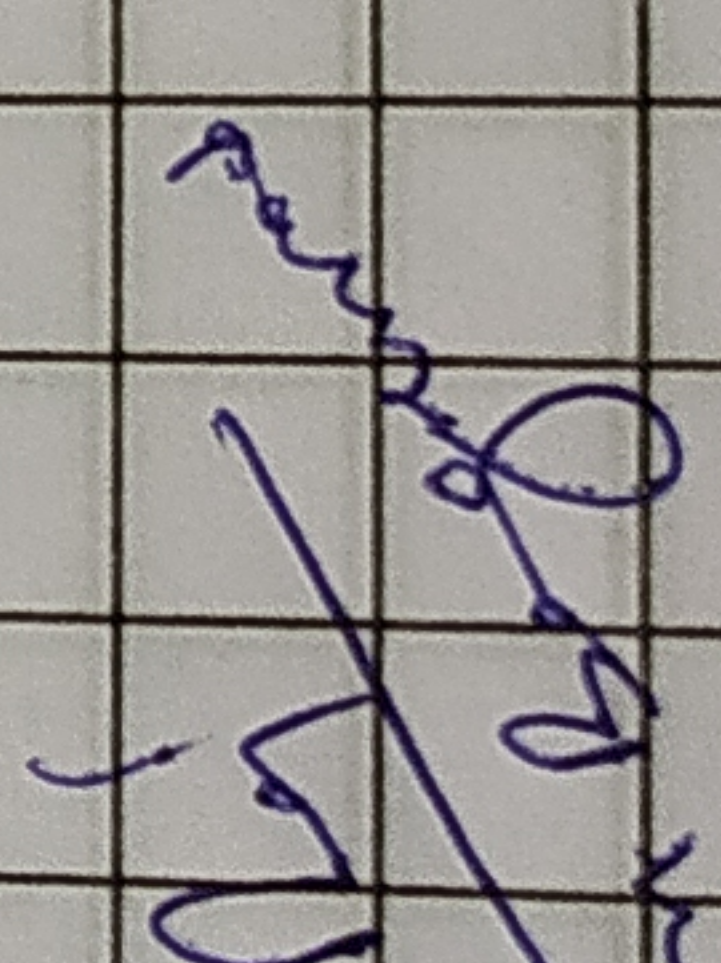
# SHRI B.M. PATIL MEDICAL COLLEGE, VISA

## STUDENT ATTENDANCE REGISTER

Sl. No.	NAME	University Register No.	1	2	3	4	5	6	7	8	9
1	Dr Siddhant Gandhi				P	P					
2	Dr Onkar Kulkarni				P	P					
3	Dr Ezhil Vikrama Vellic				P	P					
4	Dr Adhitya B				P	P					
5	Dr Pranav Pantekar				P	P					
6	Dr Karthik MS				P	P					
7	Dr Ravikant Bhareshetti				P	P					
8	Dr Amit Surve				P	P					
9	Dr Sagar Mengaji				P	P					
10	Dr Shivaprasad Nidagundi				P	P					

  
 Evaluation of Permanent Physical Impairment of Upper Limbs Dr. Arun Nayak  
  
 Evaluation of Permanent Physical Impairment - Dr. Dayanand B.B.

10	11	12	13	14	15	16	17	18	19
P	P						P	P	
P	P						P	P	
P	P						P	P	
P	P						P	P	
P	P						P	P	
P	P						P	P	
P	P						P	P	
P	P						P	P	
P	P						P	P	

Evaluation of permanent physical impairment of neck Dr. Rajiv B. Bhatnagar  
 Evaluation of permanent physical impairment in amputees Dr. Rajiv B. Bhatnagar  
  
  
 Evaluation of Permanent Physical Impairment of congenital deformities of limbs  
 Dr. Rajiv B. Bhatnagar  
 Group discussion - Dr. Dayanand B.B.



BLDE (Deemed to be University)

REGISTRAR OFFICE

DATE : 22/02/2020

INWARD No. 4322/1



**BLDE (DEEMED TO BE UNIVERSITY)**

SHRI.B.M.PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE,  
VIJAYAPURA.

**Department of Orthopaedics**

Ref No. ORHMO/2020/Feb/29/A

Date: 19/2/2020

From  
Professor and Head  
Department of Orthopaedics  
BLDE (Deemed to be University)  
Shri B.M. Patil Medical College, Hospital and Research Center  
Vijayapura, Karnataka.

To  
The Registrar  
BLDE (Deemed to be University)  
Vijayapura, Karnataka.

**Subject:** Regarding permission to start a new value added course titled "**Disability Assessment in Orthopaedics Patients**".

Respected Sir,

We would like to start a new value added course titled- **Disability Assessment in Orthopaedics Patients**". from this academic year (2019-20) in the Department of Orthopaedics. So, we request your kind self to grant permission for the same.

Thanking you

Professor and Head  
Department of Orthopaedics  
**Professor & HOD**  
**Dept. of Orthopaedics**  
BLDE (Deemed to be University)  
Shri B.M. Patil Medical College  
Hospital & R.C., Vijayapura-586103



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**SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA**

**BLDE(DU)/REG/ VAC/2019-20/3709**

**February 21, 2020**

To,  
The Prof. and HOD  
Dept. of Orthopedics  
BLDE(DU)'s Shri B. M. Patil Medical College,  
Hospital and Research Centre,  
Vijayapura

Sub: Regarding permission to start a new Value Added Course titled "Disability assessment in Orthopedics Patients" - Reg  
Ref: Your Letter No. Ortho/2020/Feb/29/A

Sir,

With reference to the subject and letter cited above, I am to inform you that, you are hereby permitted to start a new Value Added Course titled "Disability assessment in Orthopedics patients".

Further, you are informed to maintain the records as per the norms.

Thank You



**REGISTRAR**  
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**BLDE (Deemed to be University)**  
**Vijayapura-586103. Karnataka.**

Copy to:

- The Dean, Faculty of Medicine & Principal
- The Dean, Faculty of Allied Health Sciences
- The Vice Principal (Academics)
- The Co-ordinator IQAC
- PS to the Hon'ble Vice-Chancellor

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

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**College:** Phone: +918352-262770, Fax: +918352-263019, E-mail: [bmprmc.principal@bldedu.ac.in](mailto:bmprmc.principal@bldedu.ac.in)



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**Shri B. M. Patil Medical College, Hospital & Research Centre, Vijayapura**

# Certificate

This is to certify that Dr./Miss./Mrs./Mr. : SURVE AMIT BALASAHEB

has attended and completed successfully the necessary requisites of the **Value added course**

titled "..DISABILITY...ASSESSMENT...IN...ORTHOPAEDIC...PATIENTS....." conducted by

BLDE (DU)'s SBMPMC. This course was conducted for 16 hrs from 03-04-20 to 01-05-20

**Course Specific Co-ordinator**

**Course Co-ordinator**

**Dean Faculty of Medicine & Principal**

BLDE (Deemed to be University)  
Shri B. M. Patil Medical College  
Hospital & Research Centre,  
VIJAYAPUR- 586103