

DISSERTATION TITLE

**FUTURE PROJECTION OF OPD REVENUE ON THE BASIS OF
INTERVENTION OF DECREASING DILATION TIME**

AT

EYE-Q SUPERSPECIALITY EYE HOSPITALS

NRR, GURGAON

A Dissertation Proposal for
Post-Graduate Diploma in Health and Hospital Management

By
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International Institute of Health Management Research
New Delhi

May, 2013

COMPREHENSIVE EYE EXAMINATIONS & LATEST FACILITIES FOR

- PHACO (STICHLESS CATARACT SURGERY)
- ZYOPTIX LASIK LASER (SPECTACLE REMOVAL)
- PHAKIC IOL
- TRAUMA
- CONTACT LENSES

SUPER-SPECIALITY CLINIC FOR

- CORNEA
- RETINA
- GLAUCOMA
- SQUINT & OCULOPLASTY
- PAEDIATRIC & NEURO OPHTHALMOLOGY



EYE-Q
SUPER-SPECIALITY
EYE HOSPITALS

CERTIFICATE OF DISSERTATION COMPLETION

TO WHOM IT MAY CONCERN

This is to certify that **Varun Telang**, a student of IIHMR Delhi has successfully completed his dissertation in our organization from January 23, 2013 to April 27, 2013. During this dissertation he has worked on "Revenue Analysis of 2011-2013 and Future Projection" at Eye-Q Vision Pvt. Ltd., Gurgaon.

(Signature)

(Name)

HR-Manager

Designation

FEEDBACK FORM

Name of the Student: VARUN TELANG

Dissertation Organisation: EYE-Q Vision Pvt. Ltd.

Area of Dissertation: Revenue Analysis from 2011-13 and future projection

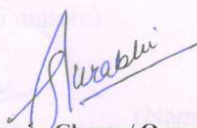
Attendance: 100%

Objectives achieved: Learned work of P.R.E, Counseling, Marketing, Commercial executive & Optical.

Deliverables: —

Strengths: Hard working, Punctuality, Obedient.

Suggestions for Improvement:


Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 2/5/13.

Place: Gurgaon.

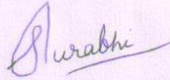
Certificate from Dissertation Advisory Committee

This is to certify that Mr Varun Telang, a graduate student of the Post- Graduate Diploma in Health and Hospital Management, has worked under our guidance and supervision. He is submitting this dissertation titled "Future Projection Of OPD revenue on the basis of Intervention of decreasing dilation time" in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Faculty Mentor:
Designation :

IIHMR
New Delhi
Date :


Organizational Advisor:

Designation : HR Manager

Organization : Eye & vision Pvt. Ltd.

Address: Gurgaon

Date : 3-5-13

Certificate of Approval

The following dissertation titled **"Future Projection of OPD revenue on the basis of Intervention of decreasing dilation time"** at Eye-Q super specialty Eye Hospitals New Railway Road, Gurgaon is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature

DR. ~~PRITENDER~~ SINGH DHILLON

18/5/13

Introduction

The worldwide economic crisis, which cascaded through the U.S. capital and credit markets in 2007 and 2008, is significantly altering the financial and competitive landscape of the nation's hospitals and health systems. In the current environment, all healthcare organizations are facing difficult financial challenges with potentially game-changing strategic implications. Careful and credible decision making by trustees and executives is more critical than ever. Decisions must reflect financial expertise and a thorough understanding of the organization's financial condition.

The Eye-Q hospital chain is committed to providing best quality eye care at affordable cost across India. It is an ISO 9001-2000 registered organization operating under the leadership of our Founder and CMD- Dr. Ajay Sharma- one of the most renowned eye surgeons in India, aided by a team of specialists with rich experience in their respective specialties from top hospitals across the country.

The whole report is submitted as under:

1. Describes the patient flow in the Eye-Q hospital, with the identification of process owners, input(s), outputs (s) and process flow of the process occurring at each section of the hospital with the relevant records.
2. Identifies the significant Revenue generating areas of the Hospital.
3. The annexure which contains the detailed record of revenue date wise from the years 2011-13
4. Future Projection of OPD revenue on the basis of decreasing the waiting time by decreasing the dilatation time per patient by 15 minutes, thus increasing the OPD per day.

Objectives:-

General Objective:- To Analyse the yearly Revenue Growth of the Hospital (2011-13)

Specific Objective:- Future Projection of OPD revenue by decreasing the waiting time with the intervention of decreasing the dilatation time per patient by adopting the proper dilatation procedure.

Review Of Literature

1. A new company needs capital to conduct business. Of course the best way to obtain it is through sales. Sometimes, however, a company needs other more immediate sources. Different sources may be appropriate for different stages of growth. Start-ups often rely on family members, friends, or local associates. As it grows, it may need to turn to alternate sources such as Venture Capital. Once it has achieved a financial track record, it can turn to other sources such as Asset Based Lending or Commercial Loans. This literature review explores the financing options for the new ventures to meet their needs. It has listed descriptions of some of the major sources of financing options and the pros and cons of those sources.
2. The financial costs of community-based treatment, stressing home treatment, were compared with the cost of hospital-based treatment during one year. Of 155 patients destined to receive inpatient treatment, 76 were randomly assigned to home treatment, 79 to hospital treatment; the two groups were similar as to important social, demographic, and clinical characteristics. The principal differences between the two treatments concerned the focus of treatment, the locale of treatment, the degree to which continuity of treatment was maintained, and the roles of the respective treatment staffs. Manpower and operating costs, measured in dollars, were estimated in two ways. Either way, hospital-based treatment was more expensive during the year: 64.1% more expensive (+3,250 vs. +1,980 per patient) in the first instance, 108.9% more expensive (+6,750 vs. +3,230 per patient) in the second. With two exceptions during the first month of treatment, the proportions of patients and families receiving either treatment who incurred other costs of treatment were low, and the differences between groups were not

significantly different. A higher proportion of patients and families receiving home-based treatment defrayed the cost of the patient's psychotropic drugs; second, a higher proportion of families of patients receiving hospital-based treatment defrayed transportation costs. The proportions of patients and families incurring costs of the consequences of illness were low, and the differences between treatment groups were not significant. We compared this study with similar studies, discussed the general utilisation of the results of this study and similar studies, and identified issues for future research.

3. Redesigning the revenue cycle to make it a more front-end driven process is one strategy hospitals and health systems should consider when looking for ways to improve collections .That's what Metro Health System, a 731-bed health system based in Cleveland, set out to do when it launched its pre-service center in Q4 2012. The concept seems relatively simple: Once a patient is scheduled for an appointment, a representative in the pre-service center automatically receives the information from the scheduling department and begins the work of verifying insurance information and eligibility, requesting preauthorization approvals, and determining the patient liability."The pre-service center picks up where scheduling leaves off," says Craig Richmond, Metro Health's vice president, revenue cycle. "The patient may have insurance, but that doesn't mean it will cover a particular procedure, or we might need to obtain some type of authorization. If we don't get that prior to when the patient arrives, we won't get reimbursed."

Although the idea of **collecting money up front**—or at least verifying insurance details to be certain the payer will ultimately reimburse for services—seems basic, it's surprisingly uncommon in the healthcare industry, where much of that work is typically done on the back end.

ACKNOWLEDGEMENT

From the bottom of my heart, I would like to express my sincere thanks to Dr. Ajay Sharma (CMD and co-founder Eye-Q vision pvt.ltd). and Mr. Rajat Goel (CEO and Co-founder Eye-Q vision pvt.ltd). for giving me the opportunity to work with the dedicated staff of Eye-Q superspeciality Eye Hospitals.

I am grateful to my mentor Mr. Subhash Bansawal (CHRO Eye-Q vision pvt ltd.) for their guidance and sincere support in accomplishing the task of preparing my project reports.

It is my proud privilege to express my profound gratitude to the entire management of Eye-Q superspeciality Eye Hospitals. During the process I worked under the guidance of very able and learned employees of different departments. They guided me and gave valuable information and feedback. I felt honourable working under their leadership. They provided all facilities and the comfort level with them was such that they would always be willing to help, inspite of their extremely busy schedule to address any of my problems and sparing their valuable time.

Varun Telang

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ACRONYMS

EYE-Q:-Eye-Q superspeciality Eye Hospitals

GGN:-Gurgaon

DPR:-Daily Progressive Report

MTD:-Month till date

IPD: In Patient Department

MRD: Medical Record Department

OT: Operation Theatre

INTERNSHIP REPORT

INTRODUCTION TO ORGANIZATION

Name of the Organization: EYE-Q VISION PRIVATE LIMITED

The Eye-Q hospital chain is committed to providing best quality eye care at affordable cost across India. It is an ISO 9001-2000 registered organization operating under the leadership of our Founder and CMD- Dr. Ajay Sharma- one of the most renowned eye surgeons in India, aided by a team of specialists with rich experience in their respective specialties from top hospitals across the country

Presently we have Hospitals at Gurgaon (DLF & New Railway Road), Rewari, Haldwani, Rohtak, Saharanpur, Muzaffarnagar, Yamunanagar, Hissar, Roorkee, Fatehabad, Surat and Lucknow, thus making the best of eye care available to a substantial segment of the population across Haryana, Uttarakhand, Uttar Pradesh and Gujrat.

Vision

To be India's foremost chain of eye hospitals in terms of both Quality of eye care and the Number of patients handled.

Mission

To make every patient an Ambassador for Eye-Q through a combination of

- Highest level of quality and technology in eye care.
- Exceptional personal care.
- Complete integrity to the patient and his/her needs.

Services provided at EYE Q are:

1. Comprehensive Eye Examination
2. Cataract Services
3. Refractive Services
4. Lasik
5. Retina Services
6. Glaucoma Services
7. Pediatric Service
8. Oculoplasty Services
9. Visual aid service
10. Mediclaim cashless services
11. Optical services

Various EYE Q PROGRAMMES are:

1. The Golden Year's Programme

Old age, a time of concern, a time of care and unfortunately for a majority of us, a time of vision-impairing disease. Most people however do not take appropriate corrective measures because often there are no warning symptoms or they assume that poor sight is a natural part of the ageing process. At Eye-Q our team of committed specialists equipped with the latest technologies in eye aim to help you keep that spark alive forever!

Prominent features of the **GOLDEN YEAR'S PROGRAMME:**

1. Covers the sixty plus age group
2. Membership is free of cost & forms available at all our hospitals
3. Discount in Consultation fees
4. Free review for 45 days months after cataract surgery

5. Reminder Call service for medicine & surgical care
6. Regular diabetic eye care education programs and age specific vision care programs conducted for the benefit of the members

2. **Executive Eye:** Due to Irregular Lifestyle, High Stress level, wrong diet habits and a much greater exposure to interactive visual electronic office aids, today's executive is more susceptible to ophthalmic ailments than ever before.

Our special Executive program seeks to pre-empt and correct such problems at the nascent stage and is ideally designed for Corporate and self aware executives.

Prominent features of the EXECUTIVE Eye-Q program

- Free vision screening camp and examinations
- Vision screening camp includes Refraction, Color Vision tests & IOP tests.
- Lifestyle related eye-care tips.
- For empanelled corporate option for cashless treatment on request will be provided.
- Regular eye care awareness talks.

3. Eye-Q Juniors

1. Eye Care for Children

About 80% of learning in a child's first 12 years comes from what the child sees through the eyes. Parents need to be extra-vigilant because a child may not realize that his vision is imperfect. Some children are even labeled "learning disabled" or "trouble-makers," when all they need is an eye exam and appropriate vision correction.

At Eye-Q we understand the value of vision care and early prevention of any eye ailments. Our eye experts arrange vision screening programs for children in association with school authorities.

DISSERTATION ON “Revenue Analysis of 2011-13 ”

1. EXECUTIVE SUMMARY:

Eye-Q superspeciality Eye Hospitals, Gurgaon Caters to the large population, those are living in the State urban as well as in rural area of Gurgaon.

The hospital is situated in prime location which is accessible easily from all adjacent areas of City. The Hospital is almost 2 km away from Railway Station and 1 km away from Bus Stand. The Hospital is a day care unit and only VIP lounges are there for patients and no IPD beds. The hospital compound is spacious and in good condition. Looking at the fact sheet of Hospital, we came to know that the average monthly OPD attendance is 2200, average cataract is 135, average retina surgeries per month is more than 45, average LASIK per month is 15.

The whole report is submitted as under:

5. Describes the patient flow in the Eye-Q hospital, with the identification of process owners, input(s), outputs (s) and process flow of the process occurring at each section of the hospital with the relevant records.
6. Identifies the significant Revenue generating areas of the Hospital.
7. The annexure which contains the detailed record of revenue date wise from the years 2011-13

The major findings of the study are as following:

1. There is a significant growth and decline in organizations revenue in the last three years and the changes are not stable.
2. The amount of growth can be increased by more concentration on one domain:- By decreasing]g the waiting of the patient by streamlining the dilatation process in the patient flow. .
3. Future revenue projection for the next two years based on the available data.

2. RESEARCH METHODOLOGY

Study area:- Eye-Q Superspeciality Eye hospital NRR Gurgaon.

Study design:-Observational study based on secondary data.

The revenue growth pattern is been observed with the help of available data. The percentage growth in revenue is been calculated and on the basis of it future OPD revenue projection is been done.

Stage I:

Collection of revenue sheets

The DPR's (Daily Progressive Reports) are been collected and studied day wise to calculate the total MTD(Month till date) revenue..

Stage II

Extensive analysis based on data collected from Stage I .

Stage III

The projection of revenue is calculated on the basis of number of OPD in the past years 4 quarters. Firstly the average increase in the OPD is been observed in every quarter, than it is been added to the number of OPD in that particular quarter multiplied by $\frac{1}{3}$ and than this whole figure is been multiplied by the OPD registration fees of the particular quarter and as it was changing Quarter wise so I took its average.

3. Patient flow at Eye-Q

Patient Flow at the centre



4. Present strategies analysis

1. Marketing:-

- Camps:-
 - General camps in villages under vicinity
 - Mega camps outside hospital premises with RMP or local community
 - Mega camps in-house (speciality camps) eg. Glaucoma camp on 10th march.
 - Inward Domination
- Referrals:-
 - Doctors, RMP's, Opticians, Chemists.
- Internal Branding:-
 - Posters, Hoardings, Patient testimonials, Standy's, Doctor's panel
- External Branding:-
 - Posters, No-parking Boards, Pamphlets insertion in newspapers and distribution, Cable scroll.
- TPA

Revenue coming from marketing:-

Camps:- Rs. 300000

Referrals:- Rs. 250000

Others:- Rs.1500000

Total revenue from marketing activities:- Rs. 700000

2. Waiting time of patients:-

The whole process at Eye-Q takes around 1-1:30 hours for a patient. It includes Registration, Optometrist check up, Dilatation, doctors check and optical or medicine counter.

The main reason for increased waiting time is time of dilatation of patient's eye, it varies from patient to patient.

Due to increased waiting time the word of mouth marketing goes negative which leads to decrease in footfall of the patient and ultimately the revenues drops.

5. The main revenue generating areas of an Eye-Q centre:-

- I. Registration Counter or Reception
- II. Various Procedures of eyes.
- III. Optical Counter
- IV. Medicine counter
- V. Surgeries(counseling skills)

Data Findings and analysis:-

6. Yearly Revenue analysis:-

2011-12			2012-13		
Months	Revenue in Rupees		Months	Revenue in Rupees	% growth
April	4737662		April	4868739	2.7667
May	2977046		May	3787043	27.2081
June	2856895		June	3156592	10.4903
July	2782380		July	3265822	17.3751
August	2742040		August	3422601	24.8195
September	2564323		September	4145357	61.655
October	3915958		October	4923623	25.7323
November	4744796		November	4229429	-10.862
December	4281606		December	5788810	35.2018
January	3191829		January	4588525	43.7585
February	4179325		February	4773634	14.2202
March	6161630		March	5905676	-4.154
	45135490			52855851	17.1049

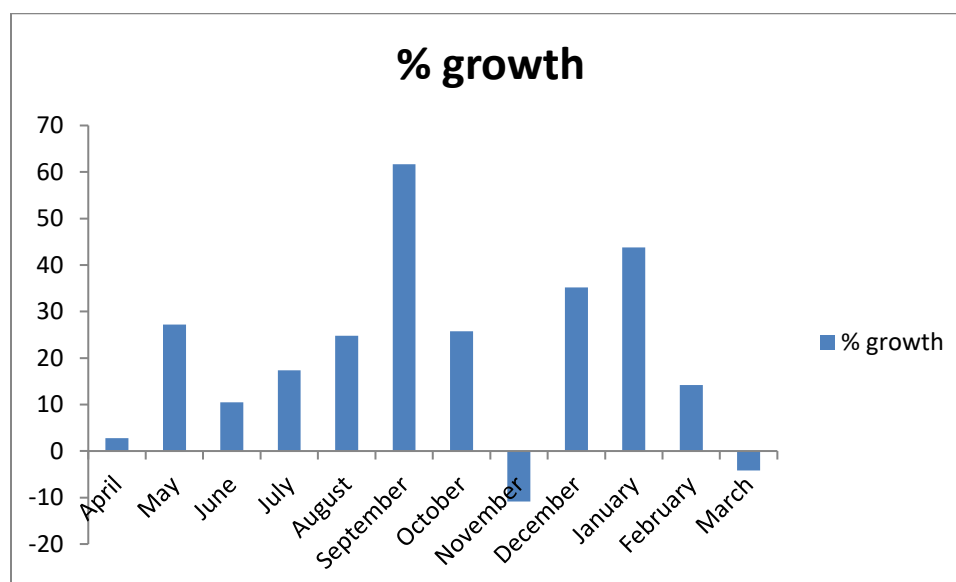


Fig-1

Quarterly analysis 2011-12:-

Quarter-1		Quarter-2		Quarter-3		Quarter-4	
April	4737662	July	2782380	October	3915958	January	3191829
May	2977046	August	2742040	November	4744796	February	4179325
June	2856895	September	2564323	December	4281606	March	6161630
	10571603		8088743		12942360		13532784

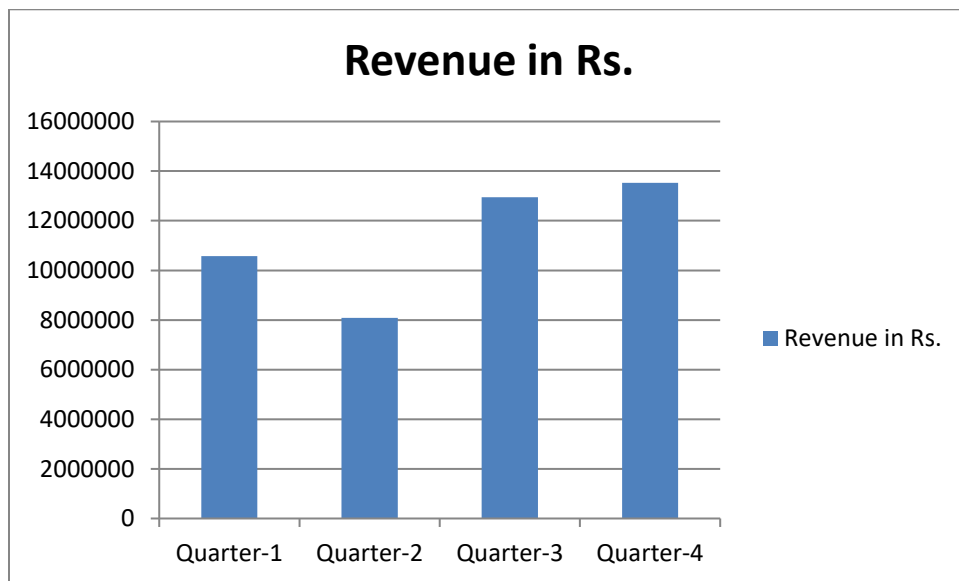


Fig-2

Quarterly analysis 2012-13

Quarter-1		Quarter-2		Quarter-3		Quarter-4	
April	4868739	July	3265822	October	4923623	January	4588525
May	3787043	August	3422601	November	4229429	February	4773634
June	3156592	September	4145357	December	5788810	March	5905676
7822	11812374	6886	10833780	7100	14941862	7869	15267835

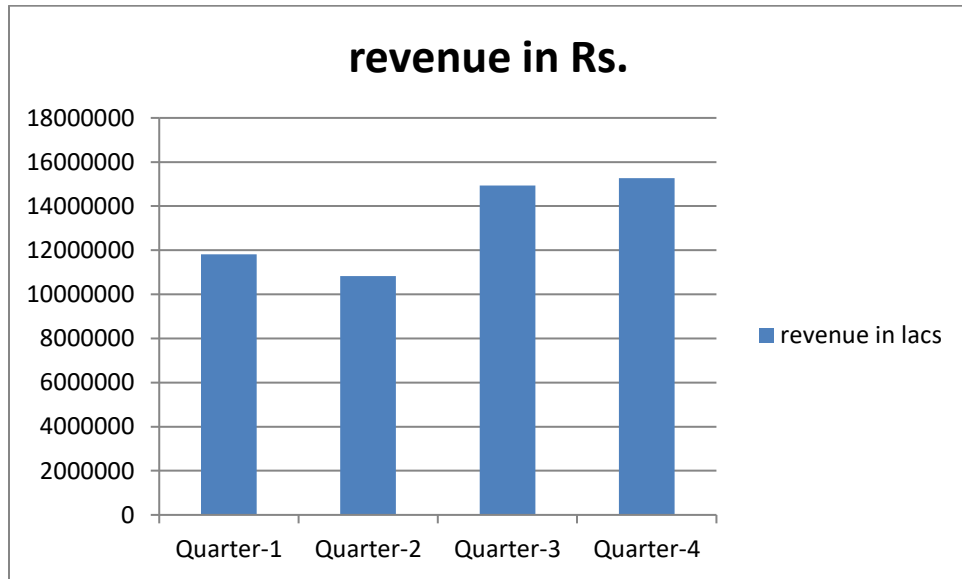


Fig-3

OPD revenue

Quarter wise OPD revenue 2011-12

	OPD revenue
quarter1	1566300
quarter2	2060700
quarter3	2822000
quarter4	1827900

Quarter wise OPD revenue 2012-13:-

	OPD revenue
Quarte1	3128800
Quarte2	2754400
Quarte3	3550000
Quarte4	3934500

Discussion

Basis for Future Projection and Increase in OPD revenue

Dilation Process:- **Pupillary Dilation** is a physiological response that varies the size of the pupil, via relaxation of the iris dilator muscle.

Normally at an EYE-Q centre the average time taken by a patient is 1- 1.5 hrs, in which maximum time spent is in dilation process i.e., 45 minutes.

Now If this 45 minutes are been decreased to 30 minutes than on each patient we can save 15 minutes it means $1/3^{\text{rd}}$ growth in the number of patients per day in the OPD.

So increased number of OPD will ultimately increase the OPD revenue.

The proper procedure of putting the dilation drop is:- As we know that our eyeball is round in shape so if the drop is placed on iris than it may be possible that it doesn't reach the centre part i.e the pupil so this will take more time for dilation as we have to put the drops twice or may be thrice. On the other hand if the drop is been placed on the pupil by a trained professional than the dilation time will be less as the drug will show its effect directly on the target area thus the dilation time will get decreased and thus the number of OPD will increase and ultimately OPD revenue gets increased. For this a training schedule for the OPD assistants and PRE is been designed which is attached in the annexure.

The projection of revenue is calculated on the basis of number of OPD in the past years 4 quarters. Firstly the average increase in the OPD is been observed in every quarter, than it is been added to the number of OPD in that particular quarter multiplied by $1/3$ and then this whole figure is been multiplied by the OPD registration fees of the particular quarter and as it was changing Quarter wise so I took its average.

The projected OPD revenue Quarter wise for the year 2013-14 will be as follows:

2013-14	Revenue in Rupees
Quarter-1	4681467
Quarter-2	4361233.5
Quarter-3	4393012.5
Quarter-4	4507209

With the help of above chart we can interpret than there is an average growth of 36% in the OPD revenue after the intervention.

Conclusion

With the above analysis we can conclude that by using a proper procedure for dilation of pupil we can decrease the dilation time per patient and thus can increase the OPD per day and ultimately revenue.

By this intervention it is been observed that there is 36% growth in OPD revenue.

2013-14	Revenue in Rupees	% growth
Quarter-1	4681467	49.62
Quarter-2	4361233.5	58.33
Quarter-3	4393012.5	23.74
Quarter-4	4507209	14.55
		36.56

Annexure

Waiting time of patient:- Average:- 1 hr 30 minutes, average dilation time:-45 minutes

Patient name	M.NO.	DOA	Time of Registration	Optom check up	Dialation time	Total time
Rekha	75548	1-Apr-13	`	9:50AM	45 MINUTES	1Hr 20 minutes
Neelam	75597	1-Apr-13	12:45PM	1:00PM	35 minutes	1 Hr 10 minutes
Rohit	75545	1-Apr-13	12:50PM	1:10PM	40 MINUTES	1 Hr 25 MIN
Sharbati Devi	75685	1-Apr-13	12:50PM	1:10PM	40 MINUTES	1 Hr 25 MIN
Rekha	75618	1-Apr-13	01:00pm	1:15PM	45 MINUTES	1 HR 20 MIN
Kavita	75667	1-Apr-13	12:30pm	12:40PM	40 MINUTES	1 HR 15 MIN
Ramsharan	75711	2-Apr-13	11:50AM	12:02PM	40 MINUTES	1 HR 17 MIN
Rekha	75705	2-Apr-13	11:20AM	11:33AM	45 MINUTES	1 HR 23 MIN
Tejram	75698	2-Apr-13	11:30AM	11:47AM	45 MINUTES	1 HR 32 MIN
Tejram	75698	2-Apr-13	12:15pm	12:30PM	40 MINUTES	1 HR 30 MIN
Tarawati	75829	2-Apr-13	12:30PM	12:41PM	45 MINUTES	1 Hr 10 minutes
Sona Devi	75832	3-Apr-13	12:55PM	01:07PM	45 MINUTES	1 Hr 10 minutes
Mishri Devi	75823	3-Apr-13	01:00PM	1:10PM	45 MINUTES	1 HR 30 MIN
Bhateri Devi	75783	3-Apr-13	02:00PM	02:09PM	40 MINUTES	1 Hr 10 minutes
Kanhaiya Lal	75845	3-Apr-13	11:30AM	11:37AM	30 MIN	1 HR 30 MIN
Roop Chand	75837	4-Apr-13	01:00PM	1:15PM	45 MINUTES	1 HR 30 MIN
Savita	75800	4-Apr-13	10:50AM	11:01 AM	45 MINUTES	1 Hr 10 minutes
Anguri Devi	75756	4-Apr-13	11:00AM	11:13AM	45 MINUTES	1 HR 30 MIN
Jyoti Yadav	75893	4-Apr-13	11:00AM	11:15AM	45 MINUTES	1 HR 30 MIN
Neelam	75886	5-Apr-13	11:00AM	11:10AM	45 MINUTES	1 HR 30 MIN

Chand Singh	75892	5-Apr-13	11:15am	11:27AM	45 MINUTES	1 HR 30 MIN
Phoolwati	75915	5-Apr-13	11:00AM	11:15am	40 MINUTES	1 HR 30 MIN
Rameshwar Dayal	75940	5-Apr-13	11:00AM	11:13AM	45 MINUTES	1 HR 30 MIN
Shakuntla	75956	6-Apr-13	09:30am	09:37AM	30 MIN	1 HR 30 MIN
Shanti Devi	75955	6-Apr-13	09:30AM	9:42 AM	30 MIN	1 Hr 10 minutes
Roop Chand	75914	6-Apr-13	11:15AM	11:27AM	45 MINUTES	1 HR 30 MIN
Vimla Devi	75926	6-Apr-13	11:20AM	11:32AM	45 MINUTES	1 Hr 10 minutes
Shri Chand	76032	7-Apr-13	11:30AM	11:43AM	40 MINUTES	1 HR 30 MIN
Vijay Singh	76054	7-Apr-13	10:30am	10:44AM	45 MINUTES	1 HR 30 MIN
Bishan Singh	76031	7-Apr-13	10:15AM	10:27AM	45 MINUTES	1 HR 30 MIN
Makhtool Devi	75992	7-Apr-13	10:20AM	10:33AM	30 MIN	1 HR 30 MIN
Roop Chand	75997	8-Apr-13	10:15AM	10:28AM	45 MINUTES	1 Hr 10 minutes
Aarti	75998	8-Apr-13	10:20am	10:28AM	30 MIN	1 HR 30 MIN
Sushila	76034	8-Apr-13	10:30am	10:35AM	30 MIN	1 HR 30 MIN
Sajjan Singh	76029	8-Apr-13	10:00AM	10:12AM	45 MINUTES	1 HR 30 MIN
Nawal Singh	76010	8-Apr-13	11:00AM	11:11AM	45 MINUTES	1 HR 30 MIN
Raghbir Singh	76018	9-Apr-13	11:25AM	11:37AM	45 MINUTES	1 Hr 10 minutes
Vimal Prasad Jain	76011	9-Apr-13	11:45AM	11:57AM	30 MIN	1 HR 30 MIN
Kaushalya Devi	76050	9-Apr-13	12:00PM	12:12PM	30 MIN	1 HR 30 MIN
Jamuna Devi	76081	9-Apr-13	9:00AM	09:09am	45 MINUTES	1 HR 30 MIN
Jamuna Devi	76081	10-Apr-13	9:15AM	09:23am	40 MINUTES	1 Hr 10 minutes
Praveen	76120	10-Apr-13	9:00AM	09:20am	30 MIN	1 Hr 10 minutes
Shikhar Chand Jain	76113	10-Apr-13	10:00AM	10:14am	45 MINUTES	1 HR 30 MIN
Deepak	76082	10-Apr-	10:15AM	10:27am	45 MINUTES	1 HR 30 MIN

		13				
Rohit	76137	10-Apr-13	10:10AM	10:24AM	45 MINUTES	1 Hr 10 minutes
Maushmi Devi	76146	11-Apr-13	10:25AM	10:37AM	45 MINUTES	1 HR 30 MIN
Maushmi Devi	76146	11-Apr-13	10:30AM	10:41AM	40 MINUTES	1 HR 30 MIN
Anant Kumar	76183	11-Apr-13	11:00AM	11:18am	30 MIN	1 HR 30 MIN
Chhattar Singh	76238	11-Apr-13	11:10AM	11:27AM	45 MINUTES	1 HR 30 MIN
Vishambhar Dayal	76256	12-Apr-13	01:00PM	01:16pm	45 MINUTES	1 HR 30 MIN
Vishambhar Dayal	76256	12-Apr-13	9:15AM	09:32AM	45 MINUTES	1 HR 30 MIN
Dharam Chand	76307	12-Apr-13	11:20AM	11:27AM	40 MINUTES	1 HR 30 MIN
Heera Lal	76300	12-Apr-13	9:20AM	09:32AM	30 MIN	1 HR 30 MIN
Sona Devi	76374	12-Apr-13	11:00AM	11:17AM	45 MINUTES	1 HR 30 MIN
Krishna Devi	76315	13-Apr-13	11:00AM	11:09AM	45 MINUTES	1 HR 30 MIN
Shri Chand	76415	13-Apr-13	11:00AM	11:15AM	45 MINUTES	1 HR 30 MIN
Kamla Devi	76424	13-Apr-13	01:00PM	01:14PM	30 MIN	1 Hr 10 minutes
Deepak	76421	13-Apr-13	9:20AM	09:32AM	40 MINUTES	1 Hr 10 minutes
Sarwan Devi	76430	13-Apr-13	10:30AM	10:42AM	45 MINUTES	1 HR 30 MIN
Kaushalya Devi	76510	14-Apr-13	9:20AM	09:45aM	45 MINUTES	1 HR 30 MIN
Ratiram	76489	14-Apr-13	01:00PM	01:13AM	45 MINUTES	1 HR 30 MIN
Tara Chand	76522	14-Apr-13	9:20AM	09:33AM	45 MINUTES	1 HR 30 MIN
Jasbir Singh	76521	14-Apr-13	10:30AM	10:42AM	30 MIN	1 Hr 10 minutes
Rewati Devi	76520	14-Apr-13	9:00AM	09:13AM	45 MINUTES	1 HR 30 MIN
Murti Devi	76574	15-Apr-13	10:30AM	10:42AM	45 MINUTES	1 HR 30 MIN
Roshan Lal	76572	15-Apr-13	9:20AM	09:31AM	45 MINUTES	1 HR 30 MIN
Mishri Devi	76728	15-Apr-13	10:30AM	10:41AM	45 MINUTES	1 HR 30 MIN

Saroj Devi	76732	15-Apr-13	9:20AM	09:31AM	45 MINUTES	1 HR 30 MIN
Heera Lal	76678	16-Apr-13	01:00PM	01:11AM	30 MIN	1 Hr 10 minutes
Kishor	76755	16-Apr-13	10:30AM	10:43AM	45 MINUTES	1 HR 30 MIN
Ram Chander	76730	16-Apr-13	9:20AM	09:34AM	45 MINUTES	1 HR 30 MIN
Sampati Devi	76726	16-Apr-13	10:30AM	10:44AM	30 MIN	1 Hr 10 minutes
Saroj Devi	76732	16-Apr-13	01:00PM	01:11PM	45 MINUTES	1 HR 30 MIN
Lal Singh	76814	17-Apr-13	9:20AM	09:33AM	45 MINUTES	1 HR 30 MIN
santra devi	76821	17-Apr-13	9:00AM	09:08AM	40 MINUTES	1 Hr 10 minutes
Mangtu Ram	35784	17-Apr-13	10:30AM	10:42AM	45 MINUTES	1 HR 30 MIN
Shivang	35680	17-Apr-13	9:20AM	09:33AM	45 MINUTES	1 HR 30 MIN
R.k.garg	35681	18-Apr-13	9:00AM	09:08AM	30 MIN	1 Hr 10 minutes
Bane Singh	35973	18-Apr-13	01:00PM	01:30PM	45 MINUTES	1 HR 30 MIN
Tarachand	36020	18-Apr-13	10:30AM	10:52PM	40 MINUTES	1 Hr 10 minutes
Subhash	35660	18-Apr-13	9:20AM	09:32pm	45 MINUTES	1 HR 30 MIN
Karan Singh	35688	19-Apr-13	10:30AM	10:45am	45 MINUTES	1 HR 30 MIN
Satish	36064	19-Apr-13	9:00AM	9:15AM	30 MIN	1 Hr 10 minutes
Sunil Kumar	35699	19-Apr-13	01:00PM	1:20PM	30 MIN	1 Hr 10 minutes
Budhram	36117	19-Apr-13	9:20AM	9:35AM	45 MINUTES	1 HR 30 MIN
Deepanshu	36163	20-Apr-13	10:30AM	10:45AM	30 MIN	1 Hr 10 minutes
Kamal Singh	36011	20-Apr-13	9:00AM	9:15AM	45 MINUTES	1 HR 30 MIN
Sachin	35585	20-Apr-13	10:30AM	10:45AM	30 MIN	1 Hr 10 minutes
Chand Singh	35586	20-Apr-13	9:20AM	9:40AM	30 MIN	1 Hr 10 minutes
Ranbir Singh	35913	21-Apr-13	01:00PM	1:15PM	45 MINUTES	1 HR 30 MIN
Kamal Yadav	35932	21-Apr-	10:30AM	10:45AM	30 MIN	1 Hr 10

		13				minutes
Kuldeep	35824	21-Apr-13	9:00AM	9:10AM	45 MINUTES	1 HR 30 MIN
Sanjay	36196	21-Apr-13	9:20AM	9:25AM	30 MIN	1 Hr 10 minutes
Chander Bhan	36082	22-Apr-13	10:30AM	10:35AM	30 MIN	1 Hr 10 minutes
Anguri Devi	35666	22-Apr-13	01:00PM	1:10PM	45 MINUTES	1 HR 30 MIN
Rohit	36145	22-Apr-13	10:30AM	10:40AM	40 MINUTES	1 Hr 10 minutes
Seema	36044	22-Apr-13	9:20AM	9:25AM	45 MINUTES	1 HR 30 MIN
Ghanshyam	35627	23-Apr-13	10:30AM	10:35AM	30 MIN	1 Hr 10 minutes
Kalawati	35745	23-Apr-13	01:00PM	1:20PM	30 MIN	1 Hr 10 minutes
Sanjay	35618	23-Apr-13	9:20AM	9:30AM	40 MINUTES	1 HR 30 MIN
Rajbala	36158	23-Apr-13	9:00AM	9:10AM	45 MINUTES	1 HR 30 MIN
Leelawati	36159	24-Apr-13	10:30AM	10:45AM	30 MIN	1 Hr 10 minutes
Ekta	36138	24-Apr-13	9:00AM	9:15AM	45 MINUTES	1 HR 30 MIN
Pramila	35872	24-Apr-13	01:00PM	1:15PM	40 MINUTES	1 Hr 10 minutes
Chirag Lamba	35961	24-Apr-13	10:30AM	10:35AM	45 MINUTES	1 HR 30 MIN
Ratan Lal	35718	25-Apr-13	9:20AM	9:30AM	30 MIN	1 Hr 10 minutes
Sushant	35762	25-Apr-13	10:30AM	10:40AM	45 MINUTES	1 HR 30 MIN
Manju	35956	25-Apr-13	9:00AM	9:10AM	40 MINUTES	1 Hr 10 minutes
Dhanesh Kumar	35726	25-Apr-13	10:30AM	10:40AM	30 MIN	1 Hr 10 minutes
Manoj Kumar	35987	26-Apr-13	9:20AM	9:25AM	45 MINUTES	1 HR 30 MIN
Sonu	36182	26-Apr-13	10:30AM	10:45am	45 MINUTES	1 HR 30 MIN
Rakesh	35531	26-Apr-13	10:30AM	10:45am	30 MIN	1 Hr 10 minutes
Dhanwanti Devi	35532	26-Apr-13	10:30AM	10:45am	40 MINUTES	1 Hr 10 minutes
Kapil	35533	27-Apr-13	9:00AM	9:15AM	45 MINUTES	1 HR 30 MIN

Ravi Kumar	35534	27-Apr-13	9:00AM	9:12AM	45 MINUTES	1 HR 30 MIN
Priyanka	35535	27-Apr-13	01:00PM	1:15PM	45 MINUTES	1 HR 30 MIN
Anita	35536	27-Apr-13	9:20AM	9:24AM	45 MINUTES	1 HR 30 MIN
Bansi Lal	35537	28-Apr-13	10:30AM	10:37AM	40 MINUTES	1 Hr 10 minutes
Sher Singh	35538	28-Apr-13	9:00AM	9:22AM	45 MINUTES	1 HR 30 MIN
Arvind	35539	28-Apr-13	9:20AM	9:25AM	45 MINUTES	1 HR 30 MIN
Saransh Rao	35540	28-Apr-13	10:30AM	10:36AM	45 MINUTES	1 HR 30 MIN
Sapna	35541	29-Apr-13	01:00PM	1:12PM	30 MIN	1 Hr 10 minutes
L. S. Jangra	35542	29-Apr-13	10:30AM	10:38AM	40 MINUTES	1 Hr 10 minutes
Lakhu Ram	35543	29-Apr-13	9:20AM	9:35AM	45 MINUTES	1 HR 30 MIN
Madhu	35544	29-Apr-13	10:30AM	10:45AM	30 MIN	1 Hr 10 minutes
Chandgi Ram	35545	30-Apr-13	9:00AM	9:05AM	45 MINUTES	1 HR 30 MIN
Surender	35546	30-Apr-13	9:20AM	9:24AM	45 MINUTES	1 HR 30 MIN
Krishna Devi	35547	30-Apr-13	01:00PM	1:15PM	40 MINUTES	1 Hr 10 minutes
Akber	35548	30-Apr-13	9:20AM	9:23AM	45 MINUTES	1 HR 30 MIN

Annexure-2

Training schedule for OPD assistants and PRE:- 7 days training for each.

1. For OPD Assistants
 - a) Knowledge of drops- 2 days
 - b) Reaction time of drops-3 days
 - c) Way of putting drops-2 days
2. For PRE
 - a) Knowledge of drops-2 days
 - b) Reaction time of drops-3 days
 - c) Way of putting drops-2 days

REFERENCES

- Annual DPR sheet of Eye-Q vision pvt.ltd.
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- http://www.morebusiness.com/running_your_business/financing/overview.brc
- <http://www.tripdatabase.com/doc/2020781-A-comparative-trial-of-home-and-hospital-psychiatric-treatment--financial-costs->