**STANDARD ASSESSMENT FORM FOR PG COURSES**

**SUBJECT – LABORATORY MEDICINE**

**INSTRUCTIONS FOR DEANS/PRINCIPALS AND ASSESSORS**

1. Please read the Standard Assessment Form (SAF) carefully before filling. You will **NOT** be allowed to make any changes in the Data after it has been submitted.
2. Do **NOT** leave any section of the SAF or part thereof unanswered. Incompletely filled up forms shall be summarily rejected without any intimation to the college/institution.
3. Do **NOT** edit or modify any part of the SAF. Tampering with the format of these forms will render your submission invalid.
4. Do **NOT** attach Annexures or enclosures. All the information furnished should be in the appropriate sections of the SAF. Annexures and Enclosures will **NOT** be considered.
5. Do **NOT** attach experience certificates with SAF. It is mandatory to submit Experience certificate/s issued by the competent authority from place/s of work (from the office of the DGAFMS in case of personnel of the Indian armed forces) along with the Faculty declaration forms, failing which information about work experience will not be considered.
6. In case of faculty/residents with DNB qualification, full Name of the hospital/institution where DNB training was obtained and year of passing should clearly be mentioned failing which they shall **NOT** be considered. Merely mentioning National Board of Examinations, New Delhi, shall not suffice.
7. The Dean/Principal is responsible for filling up the entire form and signing at appropriate places.
8. If promotions are after the cut-off dates (21/07/2013 for Professors; 21/07/2014 for Associate Professors) and benefit of publications has been given in promotion before the cut-off dates, list the publications immediately below the name of faculty in the format: *Title of Paper, Authors, Citation of Journal, details of Indexing* in the faculty table. Photocopies of published articles should be attached with the Faculty declaration forms failing which they will not be considered. Please provide details of full/original articles ONLY. Case reports, review articles and abstracts shall **NOT** be considered.
9. Do **NOT** use abbreviations for names of Medical Colleges in the SAF and Declaration Forms.

**INSTRUCTIONS FOR ASSESSORS**:

1. Please follow all instructions carefully. Instructions marked **NOTE:** are repeated in various sections of the SAF to ensure compliance for the sake of consistency and uniformity.
2. Only Faculty members and Resident doctors who sign the attendance sheet by 11:00 A.M., present themselves for subsequent verification and are found eligible must be considered. In addition, all those who are on NMC permitted leave, or on NMC/Court duties are to be considered. Please ensure that signatures of faculty members and resident doctors are obtained in the Faculty table.
3. OPD attendance up to 2:00 P.M. and Bed occupancy till 10:00 A.M. must be considered, without any exceptions. Please adhere to instructions regarding time very strictly.
4. Data for Radiodiagnosis investigations, Central Clinical Laboratories, Blood Bank etc., entered in the SAF must be verified with physical records/registers.
5. Information regarding Births and Deaths to be verified from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths.
6. Assessors may write confidential remarks not shown in the assessment report on the page marked “Remarks of Assessor”. Do NOT send/attach separate confidential letter/s.

**STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES**

**(LABORATORY MEDICINE)**

1. **Name of Institution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMC Reference­­­­­­­­­­­­­­­­­­­­ No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Particulars of the Assessor**: Date of Assessment \_ \_/\_ \_/\_ \_ \_ \_.

Residential Address (with Pin Code) ……………………………………………...….

………………………………………………....

Phone No. (Off) …………(Res) …………….

(Fax)…………………………………………...

Mobile No. ……………………………………

E-mail: ………………………………………...

Name ………………………………………….

Designation……………………………………

Specialty……………………………………….

Name & Address of Institute/College ……………..…………………………………..

………………………………………………….

………………………….……………………….

1. **Institutional Information**:
2. **Particulars of the Institution/College**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution/College | | Chairman/  Health Secretary | Director/  Dean/ Principal | Medical Superintendent |
| Name |  |  |  |  |
| Address |  |  |  |  |
| State |  |  |  |  |
| Pin Code |  |  |  |  |
| Phone Nos.  Office  Residence  Fax |  |  |  |  |
| Mobile No. |  |  |  |  |
| E-mail |  |  |  |  |

1. **Particulars of Affiliating University**

|  |  |  |  |
| --- | --- | --- | --- |
| University | | Vice Chancellor | Registrar |
| Name |  |  |  |
| Address |  |  |  |
| State |  |  |  |
| Pin Code |  |  |  |
| Phone Nos.  Office  Residence  Fax |  |  |  |
| Mobile No. |  |  |  |
| E-mail: |  |  |  |

**SUMMARY**

Date of Assessment: \_ \_ /\_ \_ /\_ \_ \_ \_. Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name of Institution  (Govt./Pvt.) | Director / Dean / Principal  (Whosoever is Head of the Institution) | |
|  | Name |  |
| Age & Date of Birth |  |
| Teaching experience |  |
| PG Degree (Recognized/Non-R) |  |
| Discipline/Subject |  |

|  |  |  |
| --- | --- | --- |
| Department inspected | Head of Department | |
|  | Name |  |
| Age & Date of Birth |  |
| Teaching experience |  |
| PG Degree (Recognized/Non-R) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3 (a)  Number of UG seats | Recognized  (Year: ) | Permitted  (Year: ) | First LOP date when MBBS course was first permitted |
|  |  |  |
| 3 (b)  Date of last assessment for | UG | PG |  |
| Purpose: | Purpose: |  |
| Result: | Result: |  |

1. **Total Teachers available in the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designation | Number | Name | Total teaching experience | Benefit of publications in promotion |
| Professor |  |  |  |  |
| Addl/Assoc Professor |  |  |  |  |
| Asst Professor |  |  |  |  |
| Senior Resident |  |  |  |  |

**Note: Only those who are physically present to be considered.**

1. **Clinical workload of the Institution:**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Entire Hospital** | |
| **On Day of Assessment** | **Avg of 3 Days Random** |
| OPD attendance up to 2:00 P.M. |  |  |
| Total number of new admissions |  |  |
| Total Beds occupied at 10:00 A.M. |  |  |
| Total no. of Required Beds |  |  |
| Bed Occupancy at 10:00 A.M. (%) |  |  |
| No. of Major Operations |  |  |
| No. of Minor Operations |  |  |
| No. of Day Care Operations |  |  |
| Total no. of Deliveries |  |  |
| Total no. of Caesarean Sections |  |  |
| Total no. of Deaths |  |  |
| Casualty attendance |  |  |

**Note:**

* 1. **OPD attendance to be considered only up to 2:00 P.M. and Bed occupancy till 10:00 A.M.**
  2. **Verify data from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths.**

1. **Investigative Workload of entire hospital.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | | **Entire Hospital** | |
| **On day of assessment** | **Avg of 3 random days** |
| Radio-diagnosis | MRI |  |  |
|  | CT |  |  |
|  | USG |  |  |
|  | Plain X-rays |  |  |
|  | IVP/Barium etc. |  |  |
|  | Mammography |  |  |
|  | DSA |  |  |
|  | CT guided FNAC |  |  |
|  | USG guided FNAC |  |  |
|  | Any other |  |  |
| Pathology | Histopathology |  |  |
|  | Cytopathology |  |  |
|  | Hematology |  |  |
|  | Others |  |  |
| Biochemistry |  |  |  |
| Microbiology |  |  |  |
| Units of blood consumed | |  |  |

**Note:**

1. **Data to be verified with physical records/registers for Radiodiagnosis, Central Clinical Laboratory and Blood Bank.**

**7 Are the following facilities / sections available in the Department of Laboratory Medicine or are these distributed over different Departments / sections / central facilities?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No** | **Facility/ Section** | **Location** | **Controlling Authority & Department** |
| **7.1** | **Body Fluids Examination** |  |  |
| **7.2** | **Clinical Chemistry** |  |  |
| **7.3** | **Hematology** |  |  |
| **7.4** | **Microbiology** |  |  |
| **7.5** | **Immunology** |  |  |
| **7.6** | **Transfusion Medicine** |  |  |
| **7.8** | **Molecular Biology** |  |  |
| **7.9** | **Histopathology & Cytopathology** |  |  |
| **7.10** | **Any other** |  |  |

1. *In case these are located in other departments/ areas and NOT under the control of the Department of Laboratory Medicine, this should be recorded*
2. *If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed.*
3. *Please enclose undertakings from the Controlling Authorities of other Departments wherever applicable indicating that for purpose of training Postgraduates there is adequate rotation and hands-on experience opportunities*
4. *OUTSOURCED Investigations if any must be listed separately indicating the outsourced agency* 
   * + 1. **Investigations received by the Department of Laboratory Medicine (past 3 calendar years).**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature of Investigations** | **Year I** | | | **Year II** | | | **Year III (Past year)** | | |
| **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** |
| Body Fluids |  |  |  |  |  |  |  |  |  |
| Hematological |  |  |  |  |  |  |  |  |  |
| Clinical Chemistry |  |  |  |  |  |  |  |  |  |
| Clinical Microbiology |  |  |  |  |  |  |  |  |  |
| Immunology |  |  |  |  |  |  |  |  |  |
| Molecular Biology |  |  |  |  |  |  |  |  |  |
| Transfusion related |  |  |  |  |  |  |  |  |  |
| Any other |  |  |  |  |  |  |  |  |  |

* 1. *Calendar year: 1st January to 31st December of the year considered*
  2. *IPD means total number of patients admitted (Not total occupancy of the year)*
  3. *\*Incase any test is done in other stand alone Departments such as Microbiology / Hematology or in central facilities such as Blood Bank which may be under the Department of Pathology or Central Molecular Biology facilities, this must be mentioned*
  4. *OUTSOURCED Investigations if any must be listed separately indicating the outsourced agency*

**9. Types of Investigations done in the Department of Laboratory Medicine (past 3 calendar years).**

1. *Calendar year: 1st January to 31st December of the year considered.*
2. *IPD means total number of patients admitted (Not total occupancy of the year)*
3. *If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed OUTSORCED investigations may be listed separately*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature of Investigations** | **Year I** | | | **Year II** | | | **Year III (Past year)** | | |
| **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** |
| Urine & Stools Exam |  |  |  |  |  |  |  |  |  |
| Body Fluids incl. CSF |  |  |  |  |  |  |  |  |  |
| Hemogram |  |  |  |  |  |  |  |  |  |
| Bone Marrow\* |  |  |  |  |  |  |  |  |  |
| Blood Sugar (Random, Fasting & Postprandial) |  |  |  |  |  |  |  |  |  |
| Liver Function Tests |  |  |  |  |  |  |  |  |  |
| Renal Function Tests |  |  |  |  |  |  |  |  |  |
| Lipid Profile |  |  |  |  |  |  |  |  |  |
| Serum Electrolytes |  |  |  |  |  |  |  |  |  |
| Grams Staining |  |  |  |  |  |  |  |  |  |
| Sputum for AFB |  |  |  |  |  |  |  |  |  |
| Bacteriological Cultures\* |  |  |  |  |  |  |  |  |  |
| ANA\* |  |  |  |  |  |  |  |  |  |
| Blood Grouping\* |  |  |  |  |  |  |  |  |  |
| Blood Cross-matching\* |  |  |  |  |  |  |  |  |  |
| PCR if any\* |  |  |  |  |  |  |  |  |  |
| Others if any |  |  |  |  |  |  |  |  |  |

**10. Samples received and reported in the Department of Laboratory Medicine on day of Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of samples** | **OPD** | **IPD** | **Outside** |
| Body Fluids |  |  |  |
| Blood for Hematological Investigations |  |  |  |
| Bone Marrow |  |  |  |
| Blood / Serum for Clinical Biochemistry |  |  |  |
| Samples for Microbiology Tests |  |  |  |
| Samples for Immunology Tests |  |  |  |
| Transfusion Medicine related Tests |  |  |  |
| Samples for PCR |  |  |  |
| Any other Tests |  |  |  |

**11. Nature of Diseases reported in the Department of Laboratory Medicine on day of Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Diseases evaluated/ reported** | **OPD** | **IPD** | **Outside** |
| Emergency/ Casualty cases |  |  |  |
| Pediatric cases |  |  |  |
| Adult cases |  |  |  |
| Urinalysis |  |  |  |
| Stools for Ova and Cysts |  |  |  |
| Stool for Occult Blood |  |  |  |

**Nature of Diseases reported / Tests Reported \* in the Department of Laboratory Medicine on day of Assessment *(contd. from previous page)*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Diseases evaluated/ reported** | **OPD** | **IPD** | | **Outside** |
| Body Fluids incl. CSF |  |  | |  |
| Hemogram |  |  | |  |
| Bone Marrow\* |  |  | |  |
| Blood Sugar (Random, Fasting & Postprandial) |  |  | |  |
| Liver Function Tests |  |  | |  |
| Renal Function Tests |  |  | |  |
| Lipid Profile |  |  | |  |
| Serum Electrolytes |  |  | |  |
| Grams Staining |  |  | |  |
| Sputum for AFB |  |  | |  |
| Bacteriological Cultures\* |  |  | |  |
| ANA, RF, CRP \* |  |  | |  |
| Blood Grouping\* |  |  | |  |
| Blood Cross-matching\* |  |  | |  |
| PCR if any\* |  |  | |  |
| ELISA for investigations other than any above |  |  | |  |
| Protein Electrophoresis |  |  | |  |
| Others if any |  |  | |  |
| Quality Control Charts | **Available** | | **Not Available** | |

*\* If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed. OUTSORCED investigations must be listed seprately*

* + 1. **Publications from the department during the past 3 years:**

(Only original articles published in indexed journals are to be accepted. Case reports, abstracts and review articles are not to be included).

|  |
| --- |
|  |

* + 1. **Blood Bank**

|  |  |
| --- | --- |
| License valid | Yes / No |
| Blood component facility available | Yes / No |
| Number of units stored on the day of Assessment |  |
| Average number of units consumed daily (entire hospital) |  |

* + 1. **Specialized services provided by the department:** Adequate / not adequate
    2. **Specialized equipment available in the department:** Adequate / Inadequate
    3. **Space (Offices, Teaching areas)** Adequate / Inadequate
    4. **Library:**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Central** | **Departmental** |
| Number of Books pertaining to Laboratory Medicine |  |  |
| Number of Journals |  |  |
| Latest journals available up to |  |  |

* + 1. **Emergency/Casualty**: Number of Beds: \_ \_ \_Available equipment: \_ \_ \_ Adequate / Inadequate
    2. **Common facilities:**

1. Central supply of Oxygen / Suction: Available / Not available
2. Central Sterile Supply Department Adequate / Not adequate
3. Laundry services: Available/Not available
4. Dietary services Available/Not available
5. Bio-Medical Waste disposal Outsourced / any other method
6. Generator facility Available / Not available
7. Medical Record Section: Computerized / Non computerized
8. ICDX classification Used / Not used
   * 1. **Accommodation for staff:** Available / Not available
     2. **Hostel accommodation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Detail** | **UG** | | **PG** | | **Interns** | |
| **Boys** | **Girls** | **Boys** | **Girls** | **Boys** | **Girls** |
| Number of Students |  |  |  |  |  |  |
| Number of Rooms |  |  |  |  |  |  |
| Status of Hygiene/Cleanliness |  |  |  |  |  |  |

* + 1. **Total number of PG seats**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Recognized seats** | **Date of recognition** | **Permitted seats** | **Date of permission** |
| **Degree** |  |  |  |  |

* + 1. **Year wise PG students admitted (in the department inspected) during the preceding 5 years and available number of PG teachers.**

|  |  |  |
| --- | --- | --- |
| **Year** | **Number of PGs admitted** | **Number and Names of PG Tea hers available** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* + 1. **Other PG courses run by the Institution.**

|  |  |  |
| --- | --- | --- |
| **Course Name** | **No. of seats** | **Department/s** |
| DNB |  |  |
| M.Sc. |  |  |
| Others |  |  |

* + 1. **Stipend paid to the PG students, year-wise:**

|  |  |  |
| --- | --- | --- |
| **Year** | **Stipend in Govt. Colleges paid by State Govt.** | **Stipend paid by the Institution\*** |
| 1st Year |  |  |
| 2nd Year |  |  |
| 3rd Year |  |  |

**\* Stipend shall be paid by the institution as per Government rates shown above.**

* + 1. **List of Departmental Faculty appointed / relieved after the last Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Number** | **Names of faculty members** | |
| **Appointed** | **Relieved** |
| Professor |  |  |  |
| Associate Prof. |  |  |  |
| Assistant Prof. |  |  |  |
| SR/Tutor/Demons. |  |  |  |
| Others |  |  |  |

* + 1. **Faculty deficiency, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Numbers available** | **Numbers required** | **Deficiency, if any** |
| Professors |  |  |  |
| Associate Professors |  |  |  |
| Assistant Professors |  |  |  |
| Senior Residents |  |  |  |
| Junior Residents |  |  |  |
| Tutors/Demonstrators |  |  |  |
| Any Others |  |  |  |

**\* Faculty Attendance Sheet duly signed by concerned faculty must be handed over to the Assessors.**

1. **REMARKS OF ASSESSOR**

1. *Please* ***DO NOT*** *repeat information already provided elsewhere in this form.*
2. *Please* ***DO NOT*** *make any recommendation regarding grant of permission/recognition*
3. *Please* ***PROVIDE DETAILS*** *of irregularities that you have noticed/ come across, during the assessment, like fake/dummy faculty, fake/ dummy patients, fabrication/ falsification of data of clinical material etc. if any.*

**PART – I**

(INSTITUTIONAL INFORMATION)

1. **Particulars of Director / Dean / Principal:**

*(Whosoever is the Head of the Institution)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_ \_ \_ (*Date of Birth*) \_ \_ /\_ \_ /\_ \_ \_ \_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PG Degree** | **Subject** | **Year** | **Institution** | **University** |
| Recognized (or)  Not Recognized |  |  |  |  |

Teaching Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Institution** | **From** | **To** | **Total experience** |
| Assistant Professor |  |  |  |  |
| Assoc Professor/Reader |  |  |  |  |
| Professor |  |  |  |  |
| Any Other |  | **Grand Total** | |  |

1. **Central Library**
2. Total number of Books in library: \_\_\_\_
3. Books pertaining to Pathology: \_\_\_\_
4. Purchase of latest editions of books in last 3 years: Total: \_ \_ \_ Pathology books: \_ \_ \_ .
5. Journals:

|  |  |  |
| --- | --- | --- |
|  | **Total number** | **Pathology** |
| **Indian** |  |  |
| **Foreign** |  |  |

1. Year / Month up to which latest Indian Journals available: \_\_\_\_\_\_\_.
2. Year / Month up to which latest Foreign Journals available: \_ \_ \_ \_ \_ \_ \_.
3. Internet: Available / Not available
4. Library opening times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. Reading facility out of routine library hours: Available / Not available

***(Obtain a list of books & journals related to Pathology duly signed by Dean)***

1. **Casualty/ Emergency Department**

|  |  |
| --- | --- |
| **Particulars** | **Numbers / relevant details** |
| Number of Beds |  |
| No. of cases (Average daily OPD and Admissions): |  |
| Emergency Lab in Casualty (round the clock): | Available / Not available |
| Emergency OT and Dressing Room |  |
| Staff (Medical/Paramedical) |  |
| Equipment available |  |

1. **Blood Bank**

|  |  |  |  |
| --- | --- | --- | --- |
| (i) | Valid License | Yes / No | Verified / Not verified |
| (ii) | Blood component facility available | Yes / No | Verified / Not verified |
| (iii) | All Units tested for Hepatitis C, B, HIV | Yes / No | Verified / Not verified |
| (iv) | Nature of Storage facilities (as per specifications) | Yes / No | Verified / Not verified |
| (v) | Number of Units available on Assessment day |  | Verified / Not verified |

(vii) Average number of units utilized daily and on the day of the assessment in the entire hospital (various specialty wise distribution)

|  |  |  |
| --- | --- | --- |
| **Average daily utilization** | **Utilization on the day of assessment** | **Verified / Not verified** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Central Research Lab:** Yes / No
2. Administrative control:
3. Staff:
4. Equipment:
5. Workload:
6. **Central Laboratory:**
   * Controlling Department:
   * Working Hours:
   * Investigative workload:

|  |  |  |
| --- | --- | --- |
| **Investigations** | **On Assessment day** | **Average (monthly)** |
| 1. Histopathology |  |  |
| 1. Cytopathology |  |  |
| 1. Hematology |  |  |
| 1. Post-mortem |  |  |
| 1. Others |  |  |

1. **Central supply of Oxygen/Suction**: Available / Not available
2. **Central Sterile Supply Department** Adequate / Not adequate
3. **Bio-Medical Waste Disposal**  Outsources / any other method
4. **Generator facility**: Available / Not available
5. **Medical Record Section**: Computerized / Non computerized

* ICDX classification Used / Not used

1. **Number of Clinical autopsies/post-mortems done during the last one year:** \_ \_ \_.
2. **Are the following departments separate:**
   1. Pathology Yes / No.
   2. Hematology Yes / No.
   3. Microbiology Yes / No.
   4. Transfusion Medicine Yes / No.
   5. Molecular Biology Yes / No.

If Yes, are Laboratory Medicine PG students posted there for training: Yes / No.

1. **Are any of the facilities of the College/Hospital outsourced?** Yes / No

If yes, list the facilities that are outsourced:

1. **Recreational facilities**: Available / Not available
2. **Hostel accommodation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Detail** | **UG** | | **PG** | | **Interns** | |
| **Boys** | **Girls** | **Boys** | **Girls** | **Boys** | **Girls** |
| Number of Students |  |  |  |  |  |  |
| Number of Rooms |  |  |  |  |  |  |
| Status of Hygiene/Cleanliness |  |  |  |  |  |  |

1. **Residential accommodation for Staff / Paramedical staff**: Adequate / Inadequate
2. **Ethics Committee (Constitution)**:
3. **Medical Education Unit (Constitution)**

(Specify number of meetings held annually)

**PART – II**

(DEPARTMENTAL INFORMATION)

1. **Department inspected**: **LABORATORY MEDICINE**
2. **Particulars of HOD**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_ \_ \_ (*Date of Birth*) \_ \_ /\_ \_ /\_ \_ \_ \_.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PG Degree** | **Subject** | **Year** | **Institution** | **University** |
| Recognized (or)  Not Recognized |  |  |  |  |

Teaching Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Institution** | **From** | **To** | **Total experience** |
| Assistant Professor |  |  |  |  |
| Assoc Professor/Reader |  |  |  |  |
| Professor |  |  |  |  |
| Any Other |  | **Grand Total** | |  |

1. **Purpose of Present Assessment**: Grant of Permission/ Recognition/ Increase of seats /

Renewal of recognition/Compliance Verification

1. **Date of last MCI/NMC Assessment of the department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Write Not Applicable for first NMC Assessment)

1. **Purpose of Last Assessment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Result of last Assessment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Mode of selection (actual/proposed) of PG students**:
4. **If course has already started, year-wise number of PG students admitted, and number with names of available PG teachers in the department during the last 5 years:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. of PG students admitted** | | **Number and Names of PG Teachers available** |
| **Degree** | **Diploma** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Departmental General facilities:**

Total number of Laboratories in the department:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Particulars** | **Clinical Biochem** | **Clinical Path** | **Hematol** | **Micro** | **Seminar room** | **Demo room** | **Any other lab.** |
| Size (Area) |  |  |  |  |  |  |  |
| Capacity |  |  |  |  |  |  |  |
| Water Supply |  |  |  |  |  |  |  |
| Sinks |  |  |  |  |  |  |  |
| Electric points |  |  |  |  |  |  |  |
| Cupboards\* |  |  |  |  |  |  |  |
| Equipment List |  |  |  |  |  |  |  |

**\* For storage of Microscopes, slides etc.**

1. **Teaching and Resident Staff:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Designation** | **Name with Date of Birth** | **Full time/**  **part time/**  **Honorary** | **PAN No.**  **TDS deducted** | **PG Qualification** | | | **Experience**  **Date wise teaching experience with designation & Institution** | | | | | | **Signatures**  **(Faculty)** |
|  |  |  |  |  | **Subject/ Year of passing** | **Institution** | **University** | **Designation**  **Mentioning subject** | **Institution** | **From** | **To** | **Total Period** | **\* Whether benefit of publications given Yes/No – List papers** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***Note:***

1. ***FILL ALL COLOUMNS. Do NOT modify any part of the above table. Tampering with the format of the table will render your submission invalid.***
2. ***If BENEFIT OF PUBLICATIONHAS BEEN GIVEN***, list only original articles in indexed Journals published during the period of assessment for promotion here. Annexure will NOT be considered.
3. In case of persons with DNB qualifications, the name of the hospital/institution where DNB training was obtained and the year of passing should clearly be mentioned failing which she/he shall NOT be considered. Merely mentioning National Board of Examinations, New Delhi shall not suffice.
4. Experience of Defense services personnel must be supported by certificate/s from the competent authorities of the office of the DGAFMS, to be attached with the Faculty declaration forms failing which it shall not be considered.

I have verified the eligibility of all faculty members for the posts they are holding **based on experience certificates issued by competent authorities of their place of working**. The details of their working and teaching experience while holding different Designations is furnished in the table above.

**Institutional TAN No:**

1. **Have any of these faculty members been considered in PG/UG Assessment at any other college or for any other subject in this college or other colleges in the past 2 years? If yes, give details.**

|  |  |  |
| --- | --- | --- |
| **Date of assessment** | **Subject** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **List of Departmental Faculty members appointed / relieved after the last Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Number** | **Names of faculty members** | |
| **Appointed** | **Relieved** |
| 1. Professor |  |  |  |
| 1. Associate Prof. |  |  |  |
| 1. Assistant Prof. |  |  |  |
| 1. SR/Tutor/Demons. |  |  |  |
| 1. Others |  |  |  |

1. **List of Non-teaching Staff in the department:**

|  |  |  |
| --- | --- | --- |
| **Sl.No.** | **Name** | **Designation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Teaching Facilities/areas available:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Number** | **Size** | **Seating capacity** |
| Seminar Rooms |  |  |  |
| Demonstration Rooms |  |  |  |
| Others |  |  |  |

1. **Departmental Library:**

|  |  |
| --- | --- |
| Total No. of Books |  |
| Purchase of latest editions in past 3 years |  |
| Number of Journals |  |

1. **Departmental Research Lab.**

|  |  |
| --- | --- |
| Space |  |
| Equipment |  |
| Research projects utilizing Research lab | 1.  2.  3. |

1. **Departmental Museum (Wherever applicable).**

|  |  |
| --- | --- |
| Space |  |
| Number of specimens |  |
| Number of charts / diagrams |  |

1. **Office Space / Accommodation:**

|  |  |
| --- | --- |
| **Department Office** | |
| Space (Adequate) | Yes/No |
| Staff (Steno /Clerk) | Yes/No |
| Computer/ typewriter | Yes/No |
| Storage space for files | Yes/No |
| Telephone / Intercom | Yes/No |

|  |  |
| --- | --- |
| **Office Space for Teaching Faculty\*** | |
| Head of the Department | Yes /No / Inadequate |
| Professors | Yes /No / Inadequate |
| Associate Professors | Yes /No / Inadequate |
| Assistant Professor | Yes / No / Inadequate |
| Residents | Yes /No / Inadequate |

**\* Strike out whichever are not applicable**

1. **Clinico-Pathological Conferences (CPCs) participation:** Yes / No

(If yes, provide numbers with dates)

1. **Details of data being submitted to Govt. / National authorities, if any:**
2. **Hospital workload:**
   1. Entire hospital

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Year 1** | **Year 2** | **Year 3** |
| **OPD Attendance** |  |  |  |
| **Inpatient Admissions** |  |  |  |
| **Emergency Attendance** |  |  |  |
| **Total** |  |  |  |
| **Daily Average\*** | | | |
| OPD Attendance |  |  |  |
| Inpatient Admissions |  |  |  |
| Emergency Attendance |  |  |  |
| **Blood Transfusions** | | | |
| Adult |  |  |  |
| Pediatric |  |  |  |
| Total |  |  |  |

**(Past Year)**

**\*The total workload needs to be assessed from the Hospital Records**

* 1. **Samples received by the Department of Laboratory Medicine during the last three years.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature of Samples** | **Year I** | | | **Year II** | | | **Year III (Past year)** | | |
| **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** |
| Body Fluids |  |  |  |  |  |  |  |  |  |
| Blood for Hematological Investigations |  |  |  |  |  |  |  |  |  |
| Bone Marrow |  |  |  |  |  |  |  |  |  |
| Blood / Serum for Clinical Biochemistry |  |  |  |  |  |  |  |  |  |
| Samples for Microbiology Tests |  |  |  |  |  |  |  |  |  |
| Samples for Immunology Tests |  |  |  |  |  |  |  |  |  |
| Transfusion Medicine related Tests |  |  |  |  |  |  |  |  |  |
| Samples for PCR |  |  |  |  |  |  |  |  |  |
| Any other Tests |  |  |  |  |  |  |  |  |  |

**(c) Nature of Diseases / Tests Reported in the Department of Laboratory Medicine (past 3 calendar years).**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature of Disease/ Tests Reported** | **Year I** | | | **Year II** | | | **Year III (Past year)** | | |
| **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** |
| Protein/ Sugars |  |  |  |  |  |  |  |  |  |
| Microscopy |  |  |  |  |  |  |  |  |  |
| Ova / Cysts in Stools |  |  |  |  |  |  |  |  |  |
| Occult Blood in stools |  |  |  |  |  |  |  |  |  |
| Ascitic Fluid Analysis |  |  |  |  |  |  |  |  |  |
| Pleural Fluid Analysis |  |  |  |  |  |  |  |  |  |
| Semen Analysis |  |  |  |  |  |  |  |  |  |
| CSF Analysis |  |  |  |  |  |  |  |  |  |
| Anemias |  |  |  |  |  |  |  |  |  |
| Leukemias |  |  |  |  |  |  |  |  |  |
| Platelet Disorders |  |  |  |  |  |  |  |  |  |
| Blood Sugars |  |  |  |  |  |  |  |  |  |
| Liver Function Tests |  |  |  |  |  |  |  |  |  |
| Renal Function Tests |  |  |  |  |  |  |  |  |  |
| Lipid Profile |  |  |  |  |  |  |  |  |  |
| Serum Electrolytes |  |  |  |  |  |  |  |  |  |
| Quality Control Charts for Biochemical Tests |  |  |  |  |  |  |  |  |  |
| Grams Staining |  |  |  |  |  |  |  |  |  |
| Sputum for AFB |  |  |  |  |  |  |  |  |  |
| Bacterial Cultures |  |  |  |  |  |  |  |  |  |
| Bacterial Antibiotic Sensitivity |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature of Disease/ Tests Reported** | **Year I** | | | **Year II** | | | **Year III (Past year)** | | |
| **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** | **OPD** | **IPD** | **Outside** |
| Blood Grouping |  |  |  |  |  |  |  |  |  |
| Blood Cross-matching |  |  |  |  |  |  |  |  |  |
| Positive ANA, RF,CRP |  |  |  |  |  |  |  |  |  |
| ELISA for other tests |  |  |  |  |  |  |  |  |  |
| Serum Electrophoresis |  |  |  |  |  |  |  |  |  |
| PCR |  |  |  |  |  |  |  |  |  |
| Any other Test |  |  |  |  |  |  |  |  |  |

**Nature of Diseases / Tests Reported in the Department of Laboratory Medicine (past 3 calendar years)** *(Contd from previous page)*

*\* If there are some tests that are done in other Departments and some others that are done in other sections under the Department of Laboratory Medicine, please list such tests separately and the Departments where these are being performed.*

1. **Equipment: List of important equipment available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached)**

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| Automated blood cell counter with 5 part differential |  |
| Coagulation analyzer |  |
| ESR measuring system/Analyzer |  |
| Fully automated Clinical biochemistry Autoanalyzer |  |
| Spectrophotometer |  |
| Electrolyte analyzer, Ion Selective Electrodes |  |
| Blood gas analyzer |  |
| Electrophoresis apparatus with Power Supply unit |  |
| Microbial Culture System |  |
| Facility for drug sensitivity in microbiology lab |  |
| Autoclave |  |
| BOD Incubator |  |
| TB culture & sensitivity system |  |
| Bio safety Level II cabinet |  |
| ELISA reader and Washer |  |
| Urine analysis system |  |
| Binocular microscopes with facility for dark field, phase contrast and bright field, Fluorescence microscope, |  |
| -200C and -800C deep freezer |  |
| Refrigerated centrifuge |  |
| Thermocycler/ Real time PCR system |  |
| Gel Doc |  |
| Table top centrifuge |  |

**Equipment: List of important equipment available and their functional status. (Please fill out the details of the list here below. NO annexure to be attached) (***Contd from previous page)*

|  |  |
| --- | --- |
| **Equipment** | **Numbers / functional status / comments** |
| Water bath/Dry bath |  |
| Incubator |  |
| Semiautomated biochemistry analyser |  |
| Electronic balance |  |
| pH Meter |  |
| Colorimeter |  |
| Refrigerator |  |
| Refractometer |  |
| Vortex mixer |  |
| Cyclomixer |  |
| Auto pipettes and auto dispensers |  |
| Distillation Plant/Deioniser Plant/RO System/ water purifier system |  |
| Microwave oven |  |
| Hot air oven |  |
| **Desirable Major Equipments** | |
| 4-5 Colour Flow cytometer |  |
| HPLC |  |
| Chemiluminescence analyser |  |
| Gene Sequencer |  |
| Platelet function/ aggregation analyser |  |
| LAMP Assay/ Equipment |  |

1. **Any other special facility or service provided by the department:** Yes / No

If yes, list the facilities / services here:

1. **Are any departmental clinical / investigative services outsourced:** Yes / No

If yes, list the services that are outsourced here:

1. **Details of Blood Bank Facilities (equipment and workload):**
2. Component separation facilities in Blood Bank: Yes / No.
3. Testing facilities including NAT Testing for HIV/HBV/HCV Yes / No.
4. **Facilities for Practical /Research.**

* Facilities for theory & practical classes for UG students as per NMC recommendations:

Yes / No

* Facilities to carry out additional classes and practical at PG level.

Yes /No

* Laboratories and other facilities for conducting research.

Yes /No

1. **Different sections in the Department of Laboratory Medicine:**

|  |  |  |
| --- | --- | --- |
| **Section** | **Area (M2)** | **Equipment available** |
| 1. **Body Fluids** |  |  |
| 1. **Clinical Chemistry** |  |  |
| 1. **Hematology** |  |  |
| 1. **Microbiology** |  |  |
| 1. **Immunology** |  |  |
| 1. **Transfusion Medicine** |  |  |
| 1. **Molecular Biology** |  |  |
| 1. **Histopathology & Cytopathology** |  |  |
| 1. **Any other** |  |  |

1. **Fluids\***: **(Number of samples per year)**:
   1. Urine:
      1. Routine: \_ \_ \_
      2. Special: \_ \_ \_
   2. Semen:
      1. Routine: \_ \_ \_
      2. Special \_ \_ \_
   3. CSF: \_ \_ \_
   4. Sputum: \_ \_ \_
   5. Other body fluids: \_ \_ \_
   6. Urine Pregnancy Test \_ \_ \_
   7. Cytology of Fluids \_ \_ \_

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Clinical Pathology\*:** 
   1. **Number of samples per year**
2. Emergency samples \_ \_ \_
3. Blood Sugar (Random, Fasting, Postprandial) \_ \_ \_
4. Liver Function Tests \_ \_ \_
5. Renal Function Tests \_ \_ \_
6. Lipid Profile \_ \_ \_
7. Serum Electrolytes \_ \_ \_
8. Chemical Analysis of Body Fluids \_ \_ \_
9. Tumour Markers (if any) \_ \_ \_
10. Any other test \_ \_ \_

(b) **Does the Department have adequate facilities for the following: Yes / No**

1. Manual method of estimation of sugar, urea, bilirubin, protein (total and fractional), creatinine, cholesterol, uric acid, amylase, acid and alkaline phosphatases,
2. Automated methods of estimation of: a) above substances b) SGOT, SGPT, LDH, CPK, Calcium, Phosphate.
3. Measurement of blood pH & arterial blood gases,
4. Electrolytes estimation (Na, K, Ca, Cl)
5. Lipids, apo-proteins and lipoproteins,
6. Tumor markers: CEA, CA19-9, CA125, AFP, BHCG.
7. Chemical analysis of body fluids, (CSF, Peritoneal/pleural/synovial fluid)
8. Hormone assays: TSH, T4, T3, ACTH, Cortisol, FSH, LH, GH, Prolactin, Testosterone, Estradiol, ADH.
9. Cardiac markers: Troponin-I Troponin-T, CK-MB, myoglobin. LDH 1 & II
10. Practical exercises on quality assurance in a clinical biochemistry laboratory.

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Hematology\*:**
   1. Number of samples per year: \_ \_ \_
   2. Number of Investigations:
      1. CBC Yes / No
      2. ESR Yes / No
      3. Reticulocyte Count Yes / No
      4. Absolute Eosinophil Count Yes / No
      5. Bone Marrow aspiration Yes / No
      6. Bone Marrow Biopsy Yes / No
      7. PT, aPTT, TT Yes / No
   3. Facilities for the work up of the following (Name of investigation & numbers per year)
      1. Coagulation disorders: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
      2. Leukemia \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
      3. Nutritional anemias \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
      4. Hemolytic anemias \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
      5. Serum and Urine Electrophoresis for Myeloma \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Blood banking**

**(a) Provide numbers per year**:

* + 1. Units issued: \_ \_ \_
    2. Units collected:
       1. Voluntary: \_ \_ \_
       2. Replacement: \_ \_ \_
    3. ABO group typing: \_ \_ \_
    4. Rh group typing: \_ \_ \_
    5. Cross matching: \_ \_ \_
    6. Antibodies identified: \_ \_ \_
    7. Samples tested for:

1. HIV: \_ \_ \_
2. HBV: \_ \_ \_
3. HCV: \_ \_ \_
4. VDRL: \_ \_ \_
5. Malaria: \_ \_ \_
6. Others \_ \_ \_
   * + - 1. **Facilities available for the following** Yes / No
7. Familiarization with National and State legislation policies on blood banking
8. Screening donors
9. Serum cell grouping for minor blood groups.
10. Identification of secretory status of the donor and recipient.
11. Cell and serum cross matching.
12. Antiglobulin (Coombs) test: direct and indirect.
13. Investigation of a case of blood transfusion reaction.
14. Fractionation of whole blood into various components such as cryoprecipitate, platelet concentrate, fresh frozen plasma, single donor plasma, Red Blood Cell concentrates, Leucocyte-depleted component, store the components according to standard protocols and use those in appropriate clinical conditions.
15. Selection of subjects for plasma apheresis and conduction of the procedure

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Immunology\*:**
   1. **Give number of Tests per year**
2. ANA \_ \_ \_ \_ \_ \_ \_ \_
3. RF \_ \_ \_ \_ \_ \_ \_ \_
4. CRP \_ \_ \_ \_ \_ \_ \_ \_
5. Immunofluorescence \_ \_ \_ \_ \_ \_ \_ \_
6. Any other test \_ \_ \_ \_ \_ \_ \_ \_
   1. **Facilities available for the following** Yes / No
   2. Basic immunological techniques including Immunofluorescence microscopy & Immunoassays; immune-precipitation, immune-fixation, different kinds of ELISA, ELISPOT assays, chemi-luminescence analysis, Western blotting
   3. Serological techniques; CFT, different types of agglutination reactions, IHA.
   4. Immune-phenotyping by flowcytometry
   5. Evaluation of collagen vascular disorders, autoimmune disorders, immunodeficiency status (Primary and Secondary)
   6. Measurement and interpretation of CRP, RF, ANF.
   7. Evaluation of cellular immune system including count B cell, T cell, T cell subsets; CD4 & CD8. Able to perform T cell function test; *in-vitro* demonstration of CMI, Blast transformation, *in vivo* test e.g., Intradermal inoculation.
   8. Evaluation humoral immune system including B cell function evaluation and immunoglobulin estimation
   9. Estimation of level of complements
   10. Estimation of cytokines in blood and fluids
   11. HLA-typing of cells and organs
   12. Evaluation of collagen vascular disorders, autoimmune disorders, immunodeficiency status (primary and secondary)
   13. Investigation of various hypersensitivity and allergic disorders

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Microbiology\*:**
   1. **Provide numbers per year**:
2. Grams Staining \_ \_ \_ \_ \_ \_ \_ \_
3. AFB Staining \_ \_ \_ \_ \_ \_ \_ \_
4. Bacterial Culture \_ \_ \_ \_ \_ \_ \_ \_
5. Antibiotic Sensitivity \_ \_ \_ \_ \_ \_ \_ \_
6. Any other test \_ \_ \_ \_ \_ \_ \_ \_
   1. **Facilities available for the following** Yes / No
7. Rapid diagnostic tests (e.g., Malaria, Leishmania and HIV)
8. Common stains like Gram, Giemsa, Albert and AFB stains, and India ink preparation
9. Preparation of culture media and ibacterial cultures
10. Drug sensitivity tests in culture.
11. Biochemical tests for microbial identification and their serotyping (including Widal test).
12. Cell culture studies for the diagnosis of viral & other microbial infections.
13. Specific strains of microbes in the laboratory, as required
14. TORCH screening
15. Markers of different kind of viral hepatitis
16. Tests for Tuberculosis including drug-resistant tuberculosis
17. Investigations for infections and infestations in an immune-compromised host
18. Examination of body fluids and excreta (stool, urine) for parasites including protozoa, nematodes, cestodes and trematodes and their diagnosis by gross, microscopic (concentration method, when necessary), special staining, and serological & culture methods.
19. Diagnosis of amoebiasis, giardiasis, leishmaniasis, toxoplasmosis & malaria
20. Identification of common mycotic organisms by microscopy and special stains
21. Hospital Infection Surveillance program

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Molecular Biology\***
   1. **Give number of Tests per year**
   2. PCR \_ \_ \_ \_ \_ \_ \_ \_
   3. RT-PCR \_ \_ \_ \_ \_ \_ \_ \_
   4. CRP \_ \_ \_ \_ \_ \_ \_ \_
   5. **Facilities available for the following** Yes / No
2. Extract DNA from cell homogenate and use nano drop spectrophotometer for DNA isolation.
3. Nucleic acid amplification techniques: PCR, RT-PCR (including Melting Curve analysis), LCR, LAMP, digital PCR, and Non-PCR based Isothermal amplification and probe amplification.
4. Post-translation analysis including electrophoresis, hybridization (solid phase and solution phase) assays, microarray, dot-blot, line probe assay
5. Gel electrophoresis in gel documentation unit
6. Investigations on chromosomal and genetic disorders
7. New Generation Gene Sequencer (NGS), if available

***\*Please indicate if any of these investigations are available only in other Departments in the institution or outsourced and if so details may be provided***

1. **Surgical Pathology**
2. Number of specimen per year: \_ \_ \_ \_ \_ \_.
3. Facilities for:
   1. Frozen section: Yes / No
   2. Histochemistry / Special staining: Yes / No
   3. Immunohistochemistry: Yes / No

**11. Cytology (Number of samples per year)**:

* 1. Exfoliative: \_ \_ \_
  2. Gynecological: \_ \_ \_
  3. Non-Gynecological: \_ \_ \_
  4. Fine needle aspiration:
     1. Ultrasound guided: \_ \_ \_
     2. C.T. guided: \_ \_ \_
  5. Any other: \_ \_ \_
     1. **Details of Autopsies (Give numbers for the past year)**
  6. Adult: \_ \_ \_ (b) Children: \_ \_ \_ (c) Neonate: \_ \_ \_ (d) Medico-legal: \_ \_ \_
     1. **Academic activities**

**(i) Outcome based:**

|  |  |
| --- | --- |
| 1. **Theory classes taken in the past 12 months** | |
| 1. Numbers |  |
| 1. Dates and subject | Available & Verified / Not available |
| 1. Name and Designation of the Teacher | Available & Verified / Not available |
| 1. Attendance sheet | Available & Verified / Not available |
| 1. **Clinical seminars in the past 12 months** | |
| 1. Numbers |  |
| 1. Dates and subject | Available & Verified / Not available |
| 1. Name and Designation of the Teacher | Available & Verified / Not available |
| 1. Attendance sheet | Available & Verified / Not available |

**Academic activities (outcome based) (contd from previous page):**

|  |  |
| --- | --- |
| 1. **Journal clubs conducted in the past 12 months** | |
| 1. Numbers |  |
| 1. Dates and subject | Available & Verified / Not available |
| 1. Name and Designation of the Teacher | Available & Verified / Not available |
| 1. Attendance sheet | Available & Verified / Not available |
| 1. **Tutorials held in the past 12 months** | |
| 1. Numbers |  |
| 1. Dates and subject | Available & Verified / Not available |
| 1. Name and Designation of the Teacher | Available & Verified / Not available |
| 1. Attendance sheet | Available & Verified / Not available |
| 1. **Group discussions held in the past 12 months** | |
| 1. Numbers |  |
| 1. Dates and subject | Available & Verified / Not available |
| 1. Name and Designation of the Teacher | Available & Verified / Not available |
| 1. Attendance sheet | Available & Verified / Not available |
| 1. **Guest lectures organized in the past 12 months** | |
| 1. Numbers |  |
| 1. Dates and subject | Available & Verified / Not available |
| 1. Name and Designation of the Teacher | Available & Verified / Not available |
| 1. Attendance sheet | Available & Verified / Not available |

1. **Rotational Posting Schedule in the past 12 months**

**All curricular activity, including those requiring hands-on training / experience such as performance of tests is done in other Departments, this must be reflected in the Posting Schedule**

1. **Any Other Information**

**PART III**

(POSTGRADUATE EXAMINATION)

**(Only at the time of recognition Assessment)**

1. Minimum prescribed period of training:  
   Date of admission of the Regular Batch appearing in examination: \_ \_ /\_ \_ /\_ \_ \_ \_
2. Minimum prescribed essential attendance:
3. Whether periodic performance appraisal is carried out:
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations2000:
5. Whether the thesis submitted by the candidates appearing in the examination been accepted:
6. Whether the candidates appearing in the examination have:
   * 1. presented one poster Yes / No
     2. presented a research paper at a National/State conference Yes / No
     3. published / received acceptance for a paper during their PG study period Yes / No
     4. communicated a paper for publication. Yes / No
7. Provide details of examiners appointed by Examining University below (No Annexures):
8. Whether appointment, eligibility of examiners and conduct of examination is as per prescribed NMC/MCI norms: Yes / No

If not, provide details:

1. Standard of Theory papers and that of Clinical / Practical Examination:
2. Year of passing out of the 1stbatch of PG students (mention name of previous/existing University)

Degree Course ------------------

**Note:**

* + 1. Retired/Superannuated/re-employed faculty members should not be appointed as External Examiner.
    2. There should be two internal and two external examiners.
    3. Three external examiners should be appointed if two internal examiners are not available in the department.