National Medical Commission

**UG Assessment form**

**Part A-II (a)**

**(for ANNUAL INTAKE OF \_\_\_\_\_\_\_\_\_ admissions OR INCREASE IN INTAKE from\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ admissions)**

**For Academic year 20\_\_\_\_ - 20\_\_\_\_**

All relevant sections of NMC Act 2019 and the regulations made thereunder

**The following have to be filled by the Institution/ Medical college and Assessor have to write their remarks.**

**Type of Assessment**

* **Regular/ Compliance**: Letter of Permission ( ), 1st renewal ( ), 2nd renewal ( ), 3rd renewal ( ), 4th renewal ( )
* **Increase Admission Capacity: Regular/Compliance:** Letter of Permission ( ), 1st renewal ( ), 2nd renewal ( ),

3rd renewal ( ), 4th renewal ( )

* **Recognition - Regular/ Compliance**
* **Continuation of Recognition -** Regular / Compliance

**Any Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name of the Institution** |  |
| **Whether Govt/ Private/ Trust/ Society** |  |
| **Address** |  |
| **Telephone No.**  |  |
| **Principal’s mobile number** |  |
| **E-mail** |  |
| **College Website (as per annexure III of MSR 2023)** |  |
| **Affiliating University** |  |
| **Stage of Assessment** |  |
| **LOP for Establishment (date& letter No)** |  |
| **Permitted annual intake of UG students** |  |
| **Year of Recognition** |  |
| **LOP for Increase of seats/ Renewal.****(Provide relevant details)** |  |
| **PG Courses** **(**Provide department wise details) | Subject | Number of Seats |
| **Was the college ever denied a batch** **(If yes, give reason)** |  |
| **Any other college run by the Trust/Society/Members** **(If yes, give details)** |  |
| **Last Assessment Date** |  |

**MEDICAL COLLEGE**

* 1. **College area (this is to be filled only during LOP and Recognition)**

|  |
| --- |
| The campus plot is Unitary/Divided into \_\_\_\_\_\_\_\_\_\_\_\_ parts. (If divided, Please give details) |
| Has the Building Plan been approved by the competent authority YES/ NO | Name--------------------- No.----------------------- Date------------- |
| Kindly provide a copy of Building Use/ Occupancy Certificate from the competent authority | Name--------------------- No.----------------------- Date------------- |

* 1. **Dean/Principal:** Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with \_\_\_\_\_\_\_\_\_\_ years of teaching experience including \_\_\_\_\_\_\_\_\_\_\_\_\_\_yrs as Professor & \_\_\_\_\_\_\_\_\_\_\_\_\_ yrs as Assoc. Prof. He is also holding the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Space Requirement** | **Required Space** **Adequate: Yes/No** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Dean/Principal Office |  |  |  |
| Staff Room  |  |  |
| College Council Room |  |  |

**1.3 College Website**:

| **S No.** | **Details of information** | **YES/NO** | **Remarks****(\* To be filled by the Assessor)** |
| --- | --- | --- | --- |
|  | Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, and E-mail etc. |  |  |
|  | Teaching staff, Resident doctors,non-teachingstaff, Technical staff, Nursing staff---(a)department & designation wise with joining date (b) Unit wise faculty & resident list |  |
|  | Details of the affiliated university and its Vice-Chancellor and Registrars.  |  |
|  | Details of fees for various courses and other costs. |  |
|  | List of students admitted merit-wise category-wise (UG & PG) for the current and previous year. |  |
|  | Result of all the examinations of last one year. |  |
|  | Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc...  |  |
|  | Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc...  |  |
|  | Toll free number to report ragging.  |  |
|  | Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (With the scan copies of permission letter) |  |
|  | Any research publication during the last one year. |  |
|  | Details of any CME programs, conferences and/or any academic activities conducted by the institution. |  |
|  | Details of any awards and achievements received by the students or faculty. |  |
|  | Detailed status of recognition of all the courses(with the scan copies of permission letter) |  |
|  | Details of clinical material in the hospital, OPD & IPD |  |

**1.4 Medical Education Unit (MEU):**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached.Yes/ No | **Remarks****(\* To be filled by the Assessor)** |
| * Name of the MEU coordinator
* Name, Designation & Experience of affiliated faculty
* Name of the NMC/MCI Regional (Nodal) Centre where above training has been undertaken.
* Details of the Orientation programme and Basic Course Workshop undergone by MEU(No. of programmes organized during Academic year, No. of Persons who attended, proceedings (to be verified at the time of assessment)
* Date/s of the above workshops
* Details & Duration of Workshops in Medical Education Technology conducted by MEU.
* Details of faculty who have undergone basic course workshop in Medical Education Technology at the allocated NMC/MCI Regional Centre
* Details of faculty who have undergone advanced course workshop in Medical Education Technology at the allocated NMC/MCI Regional Centre
* Feedback evaluation of workshops and action taken reports based on feedback obtained.
 |  |  |

**1.5 Continuing Medical Education:**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached Yes/ No | **Remarks****(\* To be filled by the Assessor)** |
| No. and Details of CMEs/workshop organized by the college held in the past 1 year. |  |  |

**1.6 (a) College Council:**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached.Yes/ No | **Remarks****(\* To be filled by the Assessor)** |
| * Name, designation, contact no. and address of the President & Secretary
* Composition of the Council (HODs as members & Principal / Dean as chairperson)
* Is there a student representative in the council?
* No. of times the College Council meets per year (min 4)
* Details of college Council meetings where students Welfare was discussed, and Action taken report (details / comments in annexure II)
 |  |  |

**1.6 (b) Curriculum Committee:**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached.Yes/ No | **Remarks****(\* To be filled by the Assessor)** |
| Name and designation of the MembersNo. of meeting in the previous yearAction taken report to be stated |  |  |

**1.6 (c) Pharmacovigilance Committee:**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached.Yes/ No | **Remarks****(\* To be filled by the Assessor)** |
| * Name and designation of the Members
* No. of meeting in the previous year
* Action taken report to be stated
 |  |  |

**1.6 (d) Gender Harassment Committee:**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached.Yes/ No | **Remarks****(\* To be filled by the Assessor)** |
| * Name and designation of the Members
* No. of meeting in the previous year
* Action taken report to be stated
 |  |  |

**1.6 (e) Anti Ragging Committee:**

|  |  |  |
| --- | --- | --- |
| Available as per Regulations | Document attached Yes/No | **Remarks****(\* To be filled by the Assessor)** |
| * Name and designation of the Members
* No. of meeting in the previous year
* Action taken report to be stated
 |  |  |

**1.7 College timings \_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1.8 Teaching facility**

**1.8 (A)Small Group Teaching**

1. **Teaching room**

|  |  |
| --- | --- |
| Present / Not present |  |
| Number  |  |
| AV aids (Yes / No) |  |
| Internet facility (Yes / No) |  |

1. **Student Practical Labs –**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lab name | **Available / Not Available** | **Number**  | **AV aids** | **Internet facility** |
| Histology  |  |  |  |  |
| Clinical Physiology |  |  |  |  |
| Biochemistry |  |  |  |  |
| Histopathology & Cytopathology |  |  |  |  |
| Clinical Pathology & Hematology |  |  |  |  |
| Microbiology |  |  |  |  |
| Clinical pharmacology |  |  |  |  |
| Computer Assisted Learning (CAL) in Pharmacology |  |  |  |  |

1. **Museum (for 50 students each)**

|  |  |
| --- | --- |
| Present / Not present |  |
| Capacity (1.2 sq.mt. per student) |  |
| Number  |  |
| AV aids (Yes / No) |  |
| Internet facility (Yes / No) |  |

**\*Attach schedule of sharing time if shared between the department**

**1.8(B) Skills laboratory**

|  |  |
| --- | --- |
| Present / Not present |  |
| Capacity (600 sq.mt. / 800 sq. mt.) |  |
| Number (minimum 4) |  |
| Room for demonstration (Yes/No) |  |
| Area of review or debriefing (Yes/ No) |  |
| Room for faculty coordinator and support staff (Yes/ No) |  |
| Adequate storage area for mannequin and other equipment (Yes/No) |  |
| Facility for video recording (Yes/ No) |  |
| Station for practicing skills individually/ group (Yes/ No) |  |
| Dedicated technical officer and adequate support staff (Yes/ No) |  |
| AV aids (Yes / No) |  |
| Internet facility (Yes / No) |  |

**1.9 Teaching Programme and assessment of Quality of medical education- direct observation of conduct of activity, interactions with faculty, interactions with student and evaluation process:**

**Qualitative indicators -**

1. **Implementation of the competency-based curriculum**
* Whether latest National Medical Commission (NMC), Competency Based Curriculum implemented in all phases (1st MBBS, 2nd MBBS, 3rd MBBS part-1 and 3rd MBBS part-2) of MBBS program: Yes/ No
* A notice regarding teaching timetable for first MBBS, Second MBBS, Third MBBS Part-I and Third MBBS Part-II is released from the office of Principal and Controller which clearly mentions the time and day allotted for theory lecture, demonstrations, clinical posting and practical classes in various subjects: Yes/ No
* Is Competency based teaching schedule with specific learning objectives being followed: Yes/ No
* Is Horizontal and vertical integration across one and multiple phases done: Yes/ No
* Is the Orientation/ foundation course implemented: Yes/ No
* Is AETCOM (Attitude, Ethics and Communication) being implemented in all phases: Yes/ No
* Is the teaching for AETCOM done in small groups using innovative teaching learning methods: Yes/ No
* Two months electives are being introduced for student: Yes/ No
* Does the college ensure that all the aspects of clinical medicine are included as part of required clinical instruction: Yes/ No
* Is the regular updating of student attendance done: Yes/ No
* Are the Competency based logbooks being implemented in all subjects of MBBS course in all the phases including electives and family adoption program: Yes/ No
* It is ensured that all the students complete their logbooks before appearing in the University examination: Yes/ No (take at least two samples of logbook)
* Curriculum displayed on notice board: Yes/ No
* Has the assessor directly observed whether faculty member displayed the specific learning objective for the student in the teaching session in lecture theatre?Yes/ No
* Is evidence-based teaching done (e.g.: through bedside case discussion and presentation by students): Yes/ No
* Do the students participate in required laboratory exercises (real or simulated): Yes/ No
* Is regular Mentor-mentee program being conducted where mentors are available 24\*7 to solve any problem encountered by the students: Yes/ No
* Is the college using optimal technology as teaching aid for medical education: Yes/ No
* Does college have implemented overall student development programme: Yes/No (support with documentary evidence)
* Extracurricular activities: Yes/No
* Yoga and Physical activity: Yes/No
* Programme for societal needs and demand on healthcare (field visit, industry visit and family adoption program): Yes/No
* Implementation of faculty development program:Yes/No
* Revised Basic Course Workshop (rBCW)/ Basic Course in Medical Education (BCME)/ Advanced course in Medical Education (ACME): Yes/ No
* Are faculty members trained for Curriculum Implementation Support Program (CISP): Yes/ No
* Faculty development activities to enhance skills for assessment of student’s performance: Yes/No
* Does the Medical Education unit continuously update all the faculty members regarding the curriculum and CBME: Yes/ No
* Is feedback from studentsregularly obtained: Yes/No

**1.9(A) Teaching Modalities**

|  |  |  |
| --- | --- | --- |
| **Available as per Regulations** | **YES/NO** | **Remarks****(\* To be filled by the Assessor)** |
| Didactic teaching | YES/NO |  |
| Demonstrations | YES/NO |
| Integrated teaching (Horizontal/Vertical teaching) | YES/NO |
| Clinical postings | YES/NO |
| Clinical Pathological Conference | YES/NO |
| Grand Rounds | YES/NO |
| Statistical Meeting | YES/NO |
| Seminars | YES/NO |
| SDL (Self Directed Learning) | YES/NO |
| AETCOM | YES/NO |
| SGD (Small group Discussion) | YES/NO |
| Integration of classes Phase I Phase IIPhase II | YES/NOYES/NOYES/NO |
| Internship training logbook (whether as per CBME curriculum) |  |

**1.9(B) Provide the examination results for the three most recently completed academic, including supplementary exams ……………. years. E.g.:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **No. examined** | **% passing** | **% Distinction** |
| 2022-23 |  |  |  |
| 2021-22 |  |  |  |
| 2020-21 |  |  |  |

**1.9 (C). Pass percentage /Graduation completion (for the last five years)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Last Year** | **2 Years Prior** | **3 Years Prior** | **4 Years Prior** | **5 Years Prior** |
| **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| Number of students graduated per year |  |  |  |  |  |  |  |  |  |  |
| Number of students failed |  |  |  |  |  |  |  |  |  |  |
| Graduates placed in internship  |  |  |  |  |  |  |  |  |  |  |
| Graduates successfully completed internship |  |  |  |  |  |  |  |  |  |  |

**1.8(D) Lecture Theatres:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Medical college** | **Hospital (\*mandatory in case of hospital not in same unitary campus)** | **Remarks****(\* To be filled by the Assessor)** |
| **Required** | **Available** | **Required** | **Available** |
| **Number** | 04 |  | 01 |  |  |
| **Capacity** | >20% of annual intake |  | >20% of annual intake |  |
| **Gallery Type** | 04 |  | Yes |  |
| **A.V. Aids**  | Yes |  | Yes |  |
| **Internet facility** | Yes |  | Yes |  |
| **ICT enabled (Information, Communication and Technology)** | Yes  |  |  |  |  |

**1.8 (E) Examination Hall:**

|  |  |  |
| --- | --- | --- |
| **Requirement (as per NMC guidelines)** | **Available as per Regulations**YES/ NO  | **Remarks****(\* To be filled by the Assessor)** |
| **No. –** **Area -** **Capacity -** |  |  |

**1.9 Library:**

a. Air-conditioned – Yes/No b. Working Hours -

1. Stack room - d. Reading room -

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Area |  \_\_\_\_\_\_Sq.m. |  \_\_\_\_\_\_\_\_ Sq.m. |  |
| Student Reading Room  | \_\_\_\_\_\_\_ Capacity | \_\_\_\_\_\_\_ Capacity |
| Room for stocking old books, journals, etc., | Yes / No |
| No. of Books  |  |  |
| Internet Nodes (at least 10% of annual intake of students) |  |  |
| Faculty Reading Room | Yes / No |
| Room for librarian and other staff | Yes /No |
|  | **Required Nos.****Hard copy / e journals** | **Available Nos.****Hard copy / e journals** |
| Journals (Indian) |  |  |
| Journals (Foreign) |  |  |

**\*** List of books and journals attached – YES/ NO

Kindly provide invoice and proof of money paid in case order has been placed for new journals and books.

**1.10 Common Room for Boys & Girls:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Area Required** **(as per NMC guidelines)** | **Available Area**  | **Toilet – Attached** **Yes/No** | **Remarks****(\* To be filled by the Assessor)** |
| **Boys**  |  |  |  |  |
| **Girls** |  |  |  |

**1.11 Recreational Facilities:**

|  |  |  |
| --- | --- | --- |
| **Requirement** **(as per NMC guidelines)** | **Available as per Regulations** | **Remarks****(\* To be filled by the Assessor)** |
| **Outdoor games facilities** | Yes/No |  |
| Play field/s | Yes/No |
| **Indoor games facilities** | Yes/No |
| Gymnasium  | Yes/No |
| Cafeteria  | Yes/No |  |
| Space for cultural activities | Yes/No |  |

**1.12 Central Photography Section:** Available: Yes/No

 Staff: (give details as annexure) Equipment: (give stock details as annexure)

**1.13 Hostel:** Location – Within campus / Outside campus (distance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hostel Category** | **Required Capacity as per NMC guidelines** | **Available Capacity****(RoomsXcapacity = Total capacity)** | **Furnished****(Y/N)** | **Toilet** **(Y/N)** | **Mess (Y/N)** | **Hygiene of Hostel campus** | **Common room****(Y/N)** | **Visitor room, Recreation room with TV, Music, Indoor Games****(Y/N)** | **Remarks****(\* To be filled by the Assessor)** |
| UG Students  | At least 75% of total annual intake | Boys |  |  |  |  |  |  |  |
| Girls |  |  |  |  |  |  |
| Interns  | Boys |  |  |  |  |  |  |
| Girls |  |  |  |  |  |  |
| Residents including PGs | Boys |  |  |  |  |  |  |
| Girls |  |  |  |  |  |  |

\*As per new MSR,It is desirable that hostel rooms are double accommodation facilities. Adequate recreational, dining and 24x7 security facilities shall be provided at the hostels.

**1.14 Department of radio diagnosis:** Available / Not Available

* Personal Monitoring System of BARC.**:**Available / Not Available
* X Ray machine – conventional, static, portable, fluoroscopy, contrast studies : Yes/No
* Ultrasonography machine and color doppler: Yes/No
* CT machine: Yes/No
* Digital record room: Yes/No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment** | **Required no.\*** | **Available no.** | **AERB/ PNDT Approval****Y/N** | **Functional Status at the time of assessment****Y/N** | **Remarks****(\* To be filled by the Assessor)** |
| **Mobile X Ray**60 mA 100 mA |  |  |  |  |  |
| **Static X Ray**300 mA500 mA600 mA 800 mA 1000 mA With Fluoroscopy |  |  |  |  |  |
| **USG (with Color Doppler)** |  |  |  |  |  |
| **CT** **(Spiral Minimum 16 slice)** |  |  |  |  |  |
| **MRI** **(Minimum 1.5 Tesla)** |  |  |  |  |  |
| **Mammography** |  |  |  |  |  |

**1.15 Department of Yoga: Available / Not Available**

**Staff: 1 male and 1 female Yoga instructor/ trainer: Yes/No**

**Remarks (\* To be filled by the Assessor):**

**1.16 Department of Radiation Oncology(Optional): Available / Not Available**

* Is thedepartmentinaccordancewiththeregulatoryrequirementsand approval ofAERB: Yes/ No
* BARCapprovaloftheradiationtherapyrooms/planalongwithcompletelayoutoftheentire department: Yes / No

**Remarks (\* To be filled by the Assessor):**

**Teaching Hospital**

**2.1 Name of the Hospital:**

**Owned by:** Government/Trust/Society/Company/Autonomous body/Consortium.

**Inside the campus/ Outside the campus** (distance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**2.2** **Name of the Medical Superintendent:**

 **Qualification of the Medical Superintendent:**

 **Years of administrative experience:**

|  |  |  |
| --- | --- | --- |
|  | **Adequate space****Available / not available** | **Remarks****(\* To be filled by the Assessor)** |
| **Medical Supdt’s Office**  |  |  |
| **Administrative Office**  |  |

**2.3 OPD Facilities:**

|  |  |  |
| --- | --- | --- |
| OPD timings  | \_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_P.M. | **Remarks** **(\* To be filled by the Assessor)** |
| Adequate reception area | **Yes / No** |  |
| Patient waiting hall | **Yes / No** |  |
| Demonstration room | **Yes / No** |  |
| Examination Room | **Yes / No** |  |

**2.4 Facilities available in the OPDs :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department**  | **OPD Area** | **Available as per requirement (Yes/ No or Give Numbers)** | **Remarks (including direct observation of the activity)****(\* To be filled by the Assessor)** |
| **Medicine** | Injection room  - Male Yes/No - Female Yes/NoE.C.G. Room - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)  |  |  |
| **Dermatology**  | Clinical demonstration room - Yes/NoPatient examination rooms (give numbers) |  |  |
| **Psychiatry**  | Clinical demonstration room - Yes/NoPatient examination rooms (give numbers) |  |  |
| **Surgery**  | Dressing room - - Male Yes/No - Female Yes/NoMinor OT - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)Average OPD attendance (per day) – |  |  |
| **Orthopaedics** | Dressing room - - Male Yes/No - Female Yes/NoPlaster room - Yes/NoPlaster cutting room - Yes/NoMinor OT - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)Average OPD attendance (per day) - |  |  |
| **Ophthalmology** | Refraction Rooms - Yes/NoDressing Rooms / Minor Procedure RoomMinor OT - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)Average OPD attendance (per day) – |  |  |
| **ENT** | Audiometry (Room AC &Soundproof) - Yes/NoSpeech Therapy - Yes/NoMinor OT - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)Average OPD attendance (per day) – |  |  |
| **Pediatrics** | Well Baby Clinic - Yes/NoImmunization Clinic - Yes/NoChild Rehabilitation Clinic - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)Average OPD attendance (per day) – |  |  |
| **OBS & GYN** | Antenatal Clinic - Yes/NoInfertility Clinic - Yes/NoFamily Welfare Clinic - Yes/NoCancer Detection Clinic - Yes/NoMinor OT - Yes/NoClinical demonstration room - Yes/NoPatient examination rooms (give numbers)Average OPD attendance (per day) - |  |  |

**2.5 Department of Anaesthesia**

Services available 24\*7: Yes/ No

**2.5 (A)PAC (Pre-Anesthetic Checkup): Available / Not Available**

**2.5(B) Pain Clinic: Available / Not Available**

**Remarks (\* To be filled by the Assessor):**

**2.6ART Centre:** Available and functional: Yes / No

Facility for management of (MDR)-TB: )-TB : Yes/ No

Under control of department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average number of cases: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks (\* To be filled by the Assessor):**

**2.7 Central Clinical Laboratory:** Under control of department of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Separate sections for Clinical Pathology, Microbiology, Hematology &Clinical Biochemistry: Available/ Not available**

|  |  |  |
| --- | --- | --- |
| **Labs** | **Number of samples required/ day** | **Available number of samples/ day** |
| Histopathology  | At least 20% of total major surgeries |  |
| Cytopathology  | At least 1% of total hospital OPD |  |
| Hematology  | At least 15% of OPD and 30 % of indoor beds |  |
| Clinical Pathology | At least 15% of OPD and 30 % of indoor beds |  |
| Clinical Biochemistry | At least 15% of OPD and 30 % of indoor beds |  |
| Microbiology  | At least 30% of indoor beds and 50% of total surgery cases |  |

**Remarks (\* To be filled by the Assessor):**

**2.8Department of Dentistry: Available / Not Available**

**Remarks (\* To be filled by the Assessor):**

**2.9 Department of Integrative Medical Research: Available / Not Available**

**Remarks (\* To be filled by the Assessor):**

**2.10 Hospital Infection Control Committee (HICC): Available / Not Available**

**Remarks (\* To be filled by the Assessor):**

**2.11 Blood Bank:**

Available and functional: **Yes / No**

Under control of department of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Airconditioned: Yes / NO

License valid up to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (licence number and copy to be appended as **annexure**)

Blood component Facility – Available/Not available

Number of units dispensed in a day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of units stored on day of assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks (\* To be filled by the Assessor):**

**2.12Pharmacy:**24-Hour Pharmacy services available: YES/ NO

 Pharmacist In charge and other staff available: Yes/ No(List enclosed)

**Remarks (\* To be filled by the Assessor):**

**2.13 Medical Record Section:**

* Manual / Computerized \_\_\_\_\_\_\_
* ICD X classification of diseases followed for indexing: Yes/ No

**Remarks (\* To be filled by the Assessor):**

**2.14 Central sterilization Department: Available / Not Available**

* Timings: \_\_\_\_\_\_\_\_ & Shifts: \_\_\_\_\_\_
* Equipment: Horizontal autoclaves\_\_\_\_\_\_\_\_ / Vertical autoclaves\_\_\_\_\_\_\_\_\_, ETO Sterilisers: \_\_\_\_\_\_\_\_
* Separate receiving and distribution points - Yes/No

**Remarks (\* To be filled by the Assessor):**

**2.15 Central laundry/Alternative Arrangements: Available / Not Available**

* In House/Outsourced {if outsourced, then MOU copy to be annexed}

**Remarks (\* To be filled by the Assessor):**

**2.16 Kitchen/ Pantry Arrangements**

* In-House/Outsourced {if outsourced, then MOU copy to be annexed} :
* Food free of charge: Yes/No
* Provision of special diet: Yes/No
* Services of a nutritionist/dietician: Available/Not available

**2.17 (a) Total no. of Canteens:** \_\_\_\_\_\_\_\_\_\_ For staff\_\_\_\_\_\_\_\_\_ For students \_\_\_\_\_\_\_\_\_ For Patients/Relatives:\_\_\_\_\_\_\_\_\_

**(b) Total no. of Mess in campus:** \_\_\_\_\_\_\_\_\_\_\_

**2.18 Arrangements for Biomedical Waste Management:**

* Outsourced/in-house: (if outsourced, append MOU) (If in-house, please give details of facilities available as annexure)
* Is it compliant as per BMW (Management & Handling) Rules 2019: Yes/No
* Provide registration certificate and receipt.
* Is the provision of fire safety & PWD(Person with disability)-friendly arrangement available: Yes/ No

**Remarks (\* To be filled by the Assessor):**

**2.19 Central Research Lab:** Available – Yes/No

 Manpower available (as per annexure I of new MSR 2023): Yes/No

**Remarks (\* To be filled by the Assessor):**

**2.20 Research projects of the Institution: Yes/ No**

* + Completed Nos. \_\_\_\_\_
	+ Ongoing Nos. \_\_\_\_\_ -

**Remarks (\* To be filled by the Assessor):**

**2.21 Intercom:** Available:**Yes/ No**

 No. of incoming lines \_\_\_\_\_\_\_\_\_\_\_ No. of extension lines: \_\_\_\_\_\_\_\_\_\_\_

**2.22(A) Aadhar Enabled Biometric Attendance System (AEBAS): Available: Yes / No**

 (a) If available, for faculty: Yes/No

 (b) For residents: Yes/No

 (c) For support staff: Yes/No

 (d) For students (preferably with face recognition) :Yes / No (As per new UG MSR 2023)

**\* Biometric attendance to be collected by the Assessors on the day of assessment and adequacy to be checked as per guidelines**

**Remarks (\* To be filled by the Assessor):**

**(B) Closed circuit TV monitoring of Medical Colleges(as per annexure II of new MSR): Available: Yes/No**

**2.22(B)Is close circuit TV monitoring of Medical College (as per annexure II of new MSR 2023) available? Yes/ No**

* **Is Close circuit cameraavailable?: Yes/ No**
* **Are Cameras installed as per Annexure II of new UG MSR 2023 : Yes/ No**
* **Mention the number of cameras as per the annexure II of new UG MSR 2023:**

**Remarks (\* To be filled by the Assessor):**

**2.23 Total Number of Teaching Beds (Distance between two beds should be 1.5 m)**

**Total Beds in Teaching Hospital (Inside Campus) - \_\_\_\_\_\_\_\_\_\_**

**Total Beds in Teaching Hospital (Outside the Campus) (\_\_\_\_\_\_\_Kms. from the main campus) - \_\_\_\_\_\_\_\_\_\_**

\*For hospitals with 100 or more beds dedicated for Gen. Surgeon, at least 10'% shall be dedicated to Pediatric surgery.

| **Department** | **No. of Wards and Units** | **Total Beds Available** | **Beds Required \*****(as per NMC guidelines)** | **Is there PG course running.****Y/N** | **Are Additional beds available for PG seats** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursing Station****Y/N** | **Exam and Treat Room****Y/N** | **Storeroom****Y/N** | **Pantry room** | **HDU (High Dependency Unit)** | **Resident and Student Duty Room****Y/N** | **Clinical demo Room Y/N** | **Remarks****(\* To be filled by the Assessor)** |
| **Gen. Medicine** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Pediatrics** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Psychiatry** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dermatology** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Gen. Surgery** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Orthopedics** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ophthalmology** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OBS & GYN** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* If PG courses are running, beds requirement to be increased according to PG seats

**2.24 Central casualty/ Emergency services:**

 **No of Beds: Required\*\_\_\_\_\_\_\_\_\_\_ Available \_\_\_\_\_\_\_\_\_\_**

* Number of CMO posted/Shift: \_\_\_\_\_\_\_\_\_ No. of CMO present during Assessment round \_\_\_\_\_\_\_\_\_\_
* Number of nurses posted /Shift: \_\_\_\_\_\_\_\_\_ No. of nurses present during Assessment round \_\_\_\_\_\_\_\_\_\_
* Separate casualty for OBGY cases: Yes/ No If available, No. of beds \_\_\_\_\_\_\_
* Facilities for triage: Yes/ No No. of patient trolleys \_\_\_\_\_\_\_ No. of Triage area beds \_\_\_\_\_\_\_\_\_\_\_
* Accommodation for resuscitation services: Yes / No
* Minor OT: Yes/ No Plaster room: Yes/ No

| **Equipment** | **Availability****Yes/No** | **Number** | **Remarks****(\* To be filled by the Assessor)** |
| --- | --- | --- | --- |
| Central Oxygen & suction facility |  |  |  |
| Pulse oximeter |  |  |
| Ambu bag  |  |  |
| Ultrasonography Machine |  |  |
| Crash Cart  |  |  |
| Emergency Drug Tray |  |  |
| Defibrillator |  |  |
| Ventilator |  |  |
| X-ray Unit – (Mobile)  |  |  |
| Investigation facilities |  |  |

**2.25 Operation theatres:**

|  |  |  |  |
| --- | --- | --- | --- |
| **OT FOR MBBS SEAT CAPACITY** | **Required**  | **Available Yes/ No** | **Remarks****(\* To be filled by the Assessor)** |
| **50** | **100** | **150** | **200** | **250** |  |  |
| Major OT  | 4 | 7 | 9 | 10 | 11 |  |  |
| Minor OT- well equipped (with Anaesthesia facility)  | 1 for each surgical specialty |  |  |

\*Every surgical specialty shall have at least one well equipped Minor OT attached to it

 **Equipment available in O. T. (Specify numbers)**

| **Department**  | **AC****Y/N** | **Central Oxygen/ Nitrous****Oxide****Y/N** | **Anesthesia Machine****Y/N** | **Multipara Monitor with Capnograph****Y/N** | **Defibrillators****Y/N** | **Infusion Pumps****Y/N** | **Average no. of major surgeries per week**  | **Remarks****(\* To be filled by the Assessor)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gen Surgery  |  |  |  |  |  |  |  |  |
| ENT |  |  |  |  |  |  |  |
| Ophthal |  |  |  |  |  |  |  |
| Ortho |  |  |  |  |  |  |  |
| Obs & Gyne |  |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |  |

No. of Pre-operative Beds available \_\_\_\_\_\_\_\_\_\_\_

No. of Post Operative Beds available \_\_\_\_\_\_\_\_\_\_\_

**2.26 Intensive Care:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Beds****(Required\*)** | **Beds****(Available)** | **AC****Y/N** | **Central Oxygen/****Suction****Y/N** | **Major Equipment****(Trolley-cum-beds, Monitors, Ventilators, ABG, Pulse Oximeters, Infusion pumps, Glucometers etc.)****Y/N** | **Portable** **X-Ray, USG, ECG** | **Residents Appointed** | **Nurses Appointed** | **Patients on day of assessment****(\* To be filled by the Assessor)** | **Remarks****(\* To be filled by the Assessor)** |
| ICCU |  |  |  |  |  |  |  |  |  |  |
| ICU  |  |  |  |  |  |  |  |  |  |
| Intensive Respiratory Care Unit |  |  |  |  |  |  |  |  |  |
| Post – op surgical critical care unit |  |  |  |  |  |  |  |  |  |
| NICU |  |  |  |  |  |  |  |  |  |
| PICU |  |  |  |  |  |  |  |  |  |
| Critical care burns unit |  |  |  |  |  |  |  |  |  |
| OBS HDU/ICU |  |  |  |  |  |  |  |  |  |

**\* Total no of ICU beds should be either 20 or 30 depending on the number of UG seats as per new UG MSR 2023**

**2.27 Labor Room:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rooms** | **Beds** | **Average No. of cases per week** | **Remarks****(\* To be filled by the Assessor)** |
| Clean Cases |  |  |  |
| Septic Cases |  |  |
| Eclampsia |  |  |

**2.28Non-teaching staff (Doctors, Nurses, Paramedical and Support staff):**

|  |  |  |
| --- | --- | --- |
| **Category** | **Available No.** | **Remarks****(\* To be filled by the Assessor)** |
| Non-Teaching Specialists |  |  |
| Medical Officers |  |
| Non-PG Junior Residents |  |
| Paramedical & Technical staff |  |
| Sanitary & Support staff |  |

|  |  |  |
| --- | --- | --- |
| **Nursing staff** | **Available No.** | **Remarks****(\* To be filled by the Assessor)** |
| Staff Nurses  |  |  |
| Sister Incharge |  |
| ANS |  |
| DNS |  |
| Nursing Suptd |  |
| Total |  |

**DEPARTMENT WISE TEACHING FACILITIES**

**2.29 Anatomy**

| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| --- | --- | --- | --- | --- |
| Demonstration Room/sNo \_\_\_\_ Capacity \_\_\_\_\_\_\_ |  | AV Aids: |  |  |
| Histology practical laboratory - Number of Lab seats \_\_\_\_\_Number of microscopes\_\_\_\_\_  |  | Museum: \_\_\_\_ seating capacityMounted specimens Models – Wet & DryBone Sets – Articulated\_\_ & Disarticulated- \_\_\_MRI & CT images |  |
| * Dissection Hall (should accommodate 50% of annual student intake)

Number of dissection tables - Cold store / cooling chambers –Capacity of \_\_\_\_\_\_ BodiesEmbalming room – Number of Cadavers – Storage tanks – Band saw -  |  |
| Lockers - \_\_\_\_\_ |  | Departmental Library- (Mention No. of Books. And attach list) |  |

Adequate exhaust, light, water supply and drainage facilities - Available/not available

Rooms for Faculty - Available/not available

Rooms for non teaching staff – Available/Not available

\*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.30 Physiology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Demonstration Room/sNo – \_\_\_\_\_\_\_Capacity - \_\_\_\_\_\_\_\_ |  | AV Aids: |  |  |
| Departmental Library – (Mention No. of Books. And attach list) |  | Clinical Physiology Lab. |  |
|  |  |

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

\*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.31 Biochemistry**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Demonstration Room/sNo \_\_\_\_\_Capacity - \_\_\_\_\_\_ |  | AV Aids: |  |  |
| Number of practical laboratories  |  | Library / Seminar rooms– (Mention No. of Books. And attach list) |  |
| Number of Lab seats - \_\_\_\_ |  |  |  |

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

\*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.32 Pathology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Workstation/ (Lab seats) |  | AV Aids: |  |  |
| Practical labs – Morbid Anatomy/Histopath./ Cytology – \_\_\_\_\_ Microscopes\_\_\_\_\_\_\_\_\_\_\_\_Clinical Pathology/Hematology – \_\_\_\_\_ Microscopes\_\_\_\_\_ |  | Museum: Seating Capacity-\_\_\_\_\_\_ studentsSpecimens: * Mounted
* Unmounted
* Catalogues
 |  |
| Departmental library – (Mention No. of Books. And attach list) |  |
| Service Lab – Histopathology/Cytopathology/Hematology/Any specialized work |  |

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

\*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.33 Microbiology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available****Yes/ No** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Service Lab for * Bacteriology including anaerobic bacteria.
* Serology
* Virology
* Parasitology
* Mycology
* Tuberculosis
* Immunology
 |  | AV Aids: |  |  |
|  Practical laboratoryNumber of Lab seats -\_\_\_\_\_\_Number of microscopes/laboratory - \_\_\_\_\_ |  | Media preparation facility Autoclaving, Washing, and drawing room  |  |
| Number of service laboratories -7-BSL-2 Virology lab – Yes/ No |  | Museum: Specimen, Charts, Models & CatalogueSeating capacity- \_\_\_\_\_\_\_\_ |  |
| Departmental library - (Mention No. of Books. And attach list) |  |

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

\*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.34 Pharmacology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Demonstration Room/sNo – \_\_\_\_\_\_Capacity - \_\_\_\_\_\_ students |  | AV Aids: |  |  |
|  | Museum:\_\_\_\_\_ seating capacitySpecimens ChartsModelsHistory of MedicineCatalogues |  |
| Clinical pharmacology Lab |  |
| Is there animal holding area: Yes/NoIf yes, then is it as per CPCSEA guidelines: Yes/No |  |
| Computer Assisted Learning Lab |  | Mannequins  |  |

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

\*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.35 Forensic Medicine and Toxicology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Demonstration Room/sNo – \_\_\_\_\_\_\_Capacity - \_\_\_\_\_\_\_ students |  | AV Aids: |  |  |
| Forensic Medicine Practical Lab  |  | Museum :* Medico-Legal Specimens\_\_\_\_\_\_\_\_
* Charts\_\_\_\_\_\_\_\_
* Prototype fire arms\_\_\_\_\_\_\_\_
* Slides\_\_\_\_\_\_\_\_\_
* Poisons \_\_\_\_\_\_\_
* Photographs\_\_\_\_\_\_\_\_

Catalogues\_\_\_\_\_\_\_\_\_\_ |
| Autopsy Block.Location – In/Near hospital in a separate structure. |  |
| Mortuary available: Yes/No |  |
| Cold storage -\_ Capacity of\_\_\_\_\_\_ Bodies |  |
| Departmental library – (Mention No. of Books. And attach list) |  |

Rooms for Faculty - Available/not available

 Rooms for non-teaching staff – Available/Not available

 \*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status.

**2.36 Community Medicine**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required** | **Available** | **Required** | **Available** | **Remarks****(\* To be filled by the Assessor)** |
| Demonstration Room/sNo – \_\_\_\_\_\_Capacity - \_\_\_\_\_\_ students |  | AV Aids: |  |  |
| Museum: * Charts
* Models
* Specimens
* Catalogues
 |  | Departmental Library - (Mention No. of Books. And attach list) |  |

Rooms for Faculty - Available/not available

**3.37 (a) Health Centers (Department of Community Medicine)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manpower** | **RHTC for population of 30,000 and****UHTC for population of 50,000** | **Actual Availability** | **Deficiency** |
| **Students** | **50** | **100** | **150** | **200** | **250** |  |  |
| Assistant Professor in-charge (in rotation) & MO (one male, one female) (at least one must be a Lady Medical Officer) | 2 | 2 | 2 | 2 | 2 |  |  |
| PHN/trained staff nurse with community field experience | 1 | 2 | 2 | 2 | 2 |  |  |
| ANM | 2 | 2 | 4 | 5 | 5 |  |  |
| Medical Social Worker | 1 | 2 | 3 | 4 | 5 |  |  |
| Technician/ Technical Assistant | 1 | 1 | 1 | 1 | 1 |  |  |
| Pharmacist  | 1 | 1 | 1 | 1 | 1 |  |  |
| Sanitary inspector/ health Inspector | 1 | 1 | 2 | 2 | 2 |  |  |
| Health educator | 1 | 1 | 1 | 1 | 1 |  |  |
| Storekeeper/ record keeper | 1 | 1 | 1 | 1 | 1 |  |  |

RHTC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Distance from the college)

|  |  |  |
| --- | --- | --- |
| Population covered by the RHTC |  | **Remarks****(\* To be filled by the Assessor)** |
| Is itowned by /affiliated to College(Yes/No) **OR**Affiliated to Government owned health centres (Yes/No) |  |  |
| Distance from the college (within 30 Kms for Tier I cities or within 50 Kms) Yes/No |  |  |
| No. of Students\_\_\_\_\_\_\_Visit per batch throughout the year No. of Interns\_\_\_\_\_\_\_\_Posted per batch throughout the year |  |  |
| Separate residential arrangement for accommodating boys and Girls(For Interns): Yes/No |  |  |
| Facilities for cooking &dining: Yes/No**OR**Mess facility: Yes/No |  |  |
| Transport facility: Yes/No |  |  |
| Is there scheme of adoption of families: Yes/No |  |  |
| Flexibility of distribution of interns in various OPDs: Yes/No(In addition to current CRMI postings) |  |  |
| Daily OPD |  |  |
| Specialist visits if any |  |  |
| Cold chain equipment available |  |  |
| Survey/MCH/Immunization/FP registers |  |  |
| Activities under the National Health Programmes |  |  |

**2.37 (b) U.H.T.C**.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distance from college

|  |  |  |
| --- | --- | --- |
| Population covered by the UHC |  | **Remarks****(\* To be filled by the Assessor)** |
| Is it owned by /affiliated to College (Yes/No) **OR**Affiliated to Government owned health centres (Yes/No) |  |  |
| Daily OPD |  |  |
| Diagnostics camps |  |  |
| Survey/MCH/Immunization/FP registers |  |  |
| Specialist visits if any |  |  |
| No. of Students and interns posted in batches of |  |  |
| Deficiency if any |  |  |

**2.38 CONDUCT OF III MBBS EXAMINATION** *(only for recognition under 11(2))*

* University which conducts Examination:
* No. of Candidates appeared in Examination:
* The III MBBS examination (Part-II) was conducted satisfactorily: Yes/No
* Centre for written/practical examination:
* Was the standard sufficient for MBBS Examination as required by Regulations of the Medical Council of India read with section 61(2) of NMC Act 2019? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **THE FOLLOWING TABLES TO BE FILLED BY THE ASSESSORS**

**ON THE DAY OF ASSESSMENT**

|  |  |
| --- | --- |
| **Assessment date:** |  |
| **Name of the Assessors** | **Correspondence Address** | **Contact No.** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2.39 CLINICAL MATERIAL (**\*Random verification to be done by the Assessor)

| **Item** | **On the Day of Assessment** | **Data of past three days(to be checked from hospital register or MRD record)** | **Remarks** |
| --- | --- | --- | --- |
| O.P.D. attendance (at 2.00 PM On first day) |  |  |  |  |  |
| Casualty attendance (24 hrs. data)  |  |  |  |  |  |
| No. of admissions  |  |  |  |  |  |
| No. of discharges |  |  |  |  |  |
| Bed occupancy% (at 10.00AM On first day) |  |  |  |  |  |
| No. of Medico-legal cases |  |  |  |  |  |
| No. of Births |  |  |  |  |  |
| No. of Deaths |  |  |  |  |  |
| **Operative Work** |  |  |  |  |  |
| No. of major surgical operations |  |  |  |  |  |
| No. of minor/day-care surgical procedures |  |  |  |  |  |
| No. of normal deliveries |  |  |  |  |  |
| No. of caesarian sections |  |  |  |  |  |
| **Radiological Investigations (No. of cases)** | **O.P. D** | **I.P.D** |  |  |  |  |
| X-ray |  |  |  |  |  |  |
| Ultrasonography |  |  |  |  |  |  |
| Contrast X-rays |  |  |  |  |  |  |
| C.T. Scans |  |  |  |  |  |  |
| MRI |  |  |  |  |  |  |
| Angiography |  |  |  |  |  |  |

| **Laboratory Investigations (No. of cases)** | **On the Day of assessment** | **Data of past three days (to be checked from hospital register or MRD record)** | **Remarks** |
| --- | --- | --- | --- |
| **O.P. D** | **I. P. D** |  |
| Biochemistry  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |
| Serology |  |  |  |  |  |  |
| Virology  |  |  |  |  |  |  |
| Hematology |  |  |  |  |  |  |
| Clinical pathology/ Lab medicine |  |  |  |  |  |  |
| Histopathology |  |  |  |  |  |  |
| Immunohistochemistry  |  |  |  |  |  |  |
| Cytopathology |  |  |  |  |  |  |

**Teaching Faculty**

| **Department** | **Designation** | **Requirement as per MSR (UG)**  | **Available number as per AEBAS registration & attendance** **(for UG)** | **Deficiency****(for UG)** | **Additional faculty required for running PG courses.****(If any)** | **Available number as per AEBAS registration & attendance** **(For PG)** | **Deficiency****(for PG)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Anatomy | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Physiology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Biochemistry | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Pharmacology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Pathology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Microbiology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Forensic Medicine and Toxicology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| Community Medicine | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr.Resident |   |  |  |   |   |  |
| Statistician (minimum AP level) |   |  |  |   |   |  |
| Tutor/Demonstrator |   |  |  |   |   |  |
| General Medicine | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident  |   |  |  |   |   |  |
| Jr. Resident  |   |  |  |   |   |  |
| Paediatrics | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Dermatology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Psychiatry | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Clinical Psychologist |  |  |  |  |  |  |
| Jr. Resident |   |  |  |   |   |  |
| General Surgery | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Orthopaedics | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Oto-Rhino-Laryngology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Ophthalmology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Obstetrics &Gynaecology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof.  |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |   |  |  |   |   |  |
| Anaesthesiology | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Jr. Resident |  |  |  |  |  |  |
| Radio-Diagnosis | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |   |  |  |   |   |  |
| Dentistry | Professor |   |  |  |   |   |  |
| Assoc. Prof. |   |  |  |   |   |  |
| Asstt.Prof. |   |  |  |   |   |  |
| Sr. Resident |  |  |  |  |  |  |

**Department wise list of Faculty Members: to be attached as per point no 30, of annexure III of newUG MSR 2023**

**1) Deficiency of Teaching Faculty for UG seats:\_\_\_\_\_\_\_\_%**

 **Deficiency of Teaching Faculty for additional PG seats (Department wise):**

 **2) Deficiency of Tutors/Residents for UG seats: \_\_\_\_\_\_\_\_%**

 **Deficiency of Tutors/Residents for additional PG seats (Department wise):**

**NOTE: For purpose of working out the deficiency, please refer New MSR 2023.**

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| (A**) For Teaching Faculty**: |
| 1. The teaching staff of all departments of medical college, shall be full-time, faculty shall not indulge in private practice during college functioning hours.
2. These regulations cover the minimum requirements of undergraduate medical education as per the annual MBBS student intake and the minimum patient load indicated in these regulations. However, the medical colleges/institutions and teaching hospital(s) need to make provision for additional staff as indicated below.
* Additional staff shall be provided proportionate to the workload.
* Non-teaching staff shall also be required in OPD, Indoors, Operation theatres and Intensive Care areas, emergency care area, labor room, clinical laboratories, or for outreach work where workload is heavy or is of specialized nature.
* Additional teaching staff shall be required when starting postgraduate courses in accordance with "Postgraduate Medical Education Regulations" as prescribed from time to time.

c) In department of Anatomy, Physiology, Biochemistry, non-medical teachers may be appointed to the extent of 15% of the total number of posts  in the department subject to non-availability of medical teachers. 'The above mentioned non-medical teachers and the Statistician in the department of Community Medicine should possess qualification in that particular subject from a recognized University as per requirements in Teacher Eligibility Qualification Regulations.d) Post of junior cadre faculties up to Assistant Professors can be filled by senior cadre faculties, for example Assistant Professor, by Associate Professor or Professor. Similarly Associate Professor by Professor, Tutors/demonstrators, and S. Rs together shall meet the total number of required persons.e) Senior Resident Doctors (SRs) shall be postgraduate candidates of the corresponding specialty or department. Tutors shall be MBBS.candidates. Demonstrators shall be postgraduates with PhD in the subject to be appointed, and not having qualifications of MBBS.f) Teachers appointed as faculty in super-specialty departments shall not be counted against the complement of teachers required for undergraduatemedical education in broad specialtydepartments. However. teachers appointed in a broad specialty department who may also have super-specialty qualifications shall be counted against the complement of teachers required for undergraduatemedical education in the concerned broad specialty department.g) Visiting faculty. With a view to enhance the comprehensiveness and quality of teaching of undergraduate students, "Visiting Faculty" may be appointed as prescribed in "Minimum Qualifications for Teachers in Medical Institutions" regulations over and above the minimum faculty prescribed herewith. The Visiting Faculty, however, shall not be considered as faculty as per minimum requirements prescribed herewith. |
|  |
| (B) **For Tutors/ Demonstrator/ Resident Doctors:** |
| (a) Excess of Tutors/ Demonstrator/ SR can be compensated to the deficiency of JR of the same department only.(b) Excess Tutors/ Demonstrator/ SR/JR of any department cannot compensate the deficiency of Tutors/ Demonstrator/ SR/JR in any other department.(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department. (d) Any excess/ extra Teaching Faculty of same or any other department cannot compensate the deficiency of Tutors/ Demonstrator/ SR/JR.e.g. excess of Assistant Professor cannot compensate the deficiency of Tutors/ Demonstrator/ SR / JR. |
|  |
| * A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city

and run by the same management. |
|  |
| * Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations – 2000.
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**LIST OF EQUIPMENT (**forvariousdepartmentsintheCollegeand Hospitals). (Attach document as per Schedule III of new MSR 2023)

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| **Summary of Assessment**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(College Name),

is run by Government/ Trust/ Society/Company1. The college has got Permission from GOI/MCI with intake of \_\_\_\_\_\_\_\_\_ seats for the last academic year.
2. Type of assessment: No. of seats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PG courses : Yes/ No
4. Salient points of assessment-
 |

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| --- | --- | --- |
| S No.  |  Major categories | Deficient/ Adequate |
| 1  | Manpower  | **Deficiency of Teaching Faculty** (% deficient) |   |
| **Deficiency of Tutor/ Residents/Demonstrators**(% deficient) |   |
| 2  | College Infrastructure |   |
| 3 | Availability of Equipment in each Department |  |
| 4 |  Hostel facility |  |
| 4 | Committees |  |
| 5 | Skill Lab |  |
| 6 | Quality medical education and evaluation process(MEU, Curriculum,T- L Methods, Feedback, Assessment methodology etc.,) |  |
| 7 | Faculty (Professor, Associate Professor, Asst. Professor & Sr Resident) |  |
| 8 | Teaching facility |  |
| 9 | Research Lab |  |
| 10 | AEBAS (Aadhar Enabled Biometric Attendance System) |  |
| 11 | Hospital Infrastructure |  |
| 12 | Clinical Material  |  |
|  | Investigations (numbers adequate or not)Equipment available as per schedule III of UG MSR 2023 |  |
| 13 | Variety of Surgical Procedures |  |
| 14 | Any other Remarks |

**NOTE: No recommendations, only observations to be recorded**

**NOTE: No recommendations, only observations to be recorded**

# Significant Contributors

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| --- | --- | --- |
| S. No. | Name | Designation |
| 1 | Dr. J. L. Meena | Member, MARB, National Medical Commission, New Delhi |
| 2 | Dr. L.H. Ghoteker | Director Professor & Head, Dept. of Medicine, Dept. of Neurology, Lady Hardinge Medical College, New Delhi |
| 3 | Dr. Vandana Saini | Professor, Dept. of Biochemistry, Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi. |
| 4 | Dr. Neha Kawatra Madan | Professor, Dept. of Pathology,Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi |
| 5 | Dr. Tribhuvan Pal Yadav | Professor, Dept. of Paediatrics, ESIC Medical College, Faridabad |
| 6 | Dr Monika Gupta | Professor, Dept of OBGY,Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi |