**STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

**ANATOMY**

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| *1. Kindly read the instructions mentioned in the* ***Form ‘A’****.*  *2. Write* ***N/A*** *where it is* ***Not Applicable****. Write* ***‘Not Available’****, if the facility is* ***Not Available****.* |

**A. GENERAL**:

1. Date of LoP when PG course was first Permitted: \_\_\_\_\_\_\_\_\_\_
2. Number of years since start of PG course: \_\_\_\_\_\_\_\_\_
3. Name of the Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of PG Admissions (Seats): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of Increase of Admissions (Seats) applied for: \_\_\_\_\_\_\_\_\_
6. Total number of Units: \_\_\_\_\_\_\_\_\_\_
7. Number of beds in the Department: \_\_\_\_\_\_\_\_\_\_\_\_
8. Number of Units with beds in each unit:

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit** | **Number of Beds** | **Unit** | **Number of beds** |
| Unit-I |  | Unit-V |  |
| Unit-II |  | Unit-VI |  |
| Unit-III |  | Unit-VII |  |
| Unit-IV |  | Unit-VIII |  |

i. Details of PG inspections of the department in last five years:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of**  **Inspection** | **Purpose of**  **Inspection**  *(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise /Random Inspection/ Compliance Verification inspection/other)* | **Type of Inspection (Physical/ Virtual)** | **Outcome**  *(LoP received/denied. Permission for increase of seats received/ denied. Recognition of course done/denied. Recognition of increased seats done/denied / Renewal of Recognition done/ denied /other)* | **No of seats Increased** | **No of seats**  **Decreased** | **Order issued based on inspection**  *(Attach copy of all the order issued by NMC/ MCI as* ***Annexure)*** |
|  |  |  |  |  |  |  |

j. Any other Course/observer ship (PDCC, PDF, DNB, M.Sc., PhD, FNB, etc.) permitted/ not permitted by MCI/NMC is being run by the department? If so, the details thereof:

|  |  |  |
| --- | --- | --- |
| **Name of Qualification (course)** | **Permitted by MCI/NMC** | **Number of Admissions per year** |
|  | Yes/No |  |
|  | Yes/No |  |

**B. INFRASTRUCTURE OF THE DEPARTMENT:**

**a. Details of Laboratories in the Department:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nomenclature** | **Dissection**  **Hall** | **Histology Lab.** | **Genetic Lab** | **Embryology** | **Neuro-Anatomy** | **Research labs** | **Morphometry Lab** |
| **Available/ Not Available** |  |  |  |  |  |  |  |
| **Size (Area)** |  |  |  |  |  |  |  |
| **Capacity** |  |  |  |  |  |  |  |
| **Water Supply** |  |  |  |  |  |  |  |
| **Sinks** |  |  |  |  |  |  |  |
| **Electric points** |  |  |  |  |  |  |  |

**b. Equipment:**

| **Equipment** | **Must/ Desirable** | **Numbers Available** | **Functional Status** | **Important Specifications in brief** | **Adequate**  **Yes/No** |
| --- | --- | --- | --- | --- | --- |
| Microscopes |  |  |  |  |  |
| Special Microscopes |  |  |  |  |  |
| Microscopes with camera |  |  |  |  |  |
| General and Special Stained Histology Slides |  |  |  |  |  |
| Computers with Printers |  |  |  |  |  |
| Reagents for Tissue Processing |  |  |  |  |  |
| Embalming Machines and Reagents per Embalming |  |  |  |  |  |
| Equipment and Reagents for Karyotyping/ Chromosome Analysis |  |  |  |  |  |
| Advance Technology Anthropology Instruments |  |  |  |  |  |
| Histology Special Stains |  |  |  |  |  |
| separate head and neck bone like ethamoid, sphenoid bones |  |  |  |  |  |
| Separate Bones of Hand And Foot |  |  |  |  |  |
| Developing Bones Showing Epiphysis |  |  |  |  |  |
| Developing Embryo slides |  |  |  |  |  |
| Specially Stained Histology Slides |  |  |  |  |  |
| Meat (Body) Cutting machine |  |  |  |  |  |
| Other (add rows) |  |  |  |  |  |

**c. Dissection Hall:**

1. Number of large tables:
2. Number of small tables:
3. Number of cadavers

* on the day of assessment:
* average per day in a year:

1. Cooling chamber (mortuary for minimum 4 bodies): Yes/No
2. Embalming room: Yes/No
3. Ventilation of dissection hall: Adequate
4. Exhaust Fans in hall: Yes/No
5. Exhaust Fans in Embalming Room: Yes/No
6. Adequate no. of wash basins: Yes/No
7. Projector Screen for teaching: Yes/No
8. Cupboards and storage cabinets for instruments: Yes/No
9. Proper drainage facility in hall: Yes/No
10. 3D Virtual Dissection Table: Yes/No
11. Tank capacity:

|  |  |
| --- | --- |
| Tank 1 |  |
| Tank 2 |  |
| Tank 3 |  |

o) Agents used other than formaldehyde

**d. Departmental Museum:**

|  |  |
| --- | --- |
| Space |  |
| Total number of Specimens |  |
| Total number of Chart/ Diagrams |  |
| Total Number of Skeletons Articulated |  |
| Ones (Dis-articulated sets) |  |
| Imaging Sections |  |
| Catalogues |  |

**e. Facilities for Practical/Research.**

* Facilities for theory and 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: adequate/ not adequate: **Yes /No**
* Lecture Hall
  + seating capacity (should be 10% more than max students): Yes/No
  + Podium: Yes/No
  + Audio-Visual equipment: Yes/No
  + Air conditioning: Yes/No
  + Mike and Sound system: Yes/No
  + Computer system for pen drives: Yes/No

**f. Department office details:**

|  |  |
| --- | --- |
| **Department Office** | |
| Department office | Available/Not Available |
| Staff (Steno /Clerk) | Available/Not Available |
| Computer and related Office equipment | Available/Not Available |
| Storage space for files | Available/Not Available |

|  |  |
| --- | --- |
| **Office Space for Teaching Faculty/residents** | |
| Faculty | Available/Not Available |
| Head of the Department | Available/Not Available |
| Professors | Available/Not Available |
| Associate Professors | Available/Not Available |
| Assistant Professor | Available/Not Available |
| Senior Residents Room | Available/Not Available |
| PG Room | Available/Not Available |

**g. Seminar Room:**

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

**h. Library facility pertaining to the Department/Specialty (Combined Departmental and Central Library data):**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| Number of Books |  |
| Total books purchased in the last three years (attach list as Annexure) | Adequate |
| Total Indian Journals available | Available |
| Total Foreign Journals available | At present no (min. 2 international journal needed) |

Internet Facility Yes/No

Central Library Timing: \_\_\_\_\_\_\_\_\_\_\_

Central Reading Room Timing: \_\_\_\_\_\_\_\_\_\_\_\_

**Journal details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Journal** | **Indian/Foreign** | **Online/offline** | **Available up to** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**i. Departmental Research Lab:**

|  |  |
| --- | --- |
| Space |  |
| Equipment |  |
| Research Projects completed in past 3 years |  |
| List Research projects in progress in research lab |  |

**C. STAFF**:

**i. Unit-wise Faculty and Senior Residents details:**

**Unit No.: \_\_\_\_\_\_**

| **Sr. No.** | **Designation** | **Name** | **Joining date** | **Relieved/**  **Retired/working** | **Relieving Date/ Retirement Date** | **Attendance in days for the year/part of the year \* with percentage of total working days\*\***  **[days ( %)]** | **Phone No.** | **E-mail** | **Signature** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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\* - Year will be previous Calendar Year (from 1st January to 31st December)

\*\* - Those who have joined mid-way should count the percentage of the working days accordingly.

**ii. Total eligible faculties and Senior Residents (fulfilling the TEQ requirement, attendance requirement and other requirements prescribed by NMC from time-to-time) available in the department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Number** | **Name** | **Total number of Admission (Seats)** | **Adequate / Not Adequate for number of Admission** |
| Professor |  |  |  |  |
| Associate Professor |  |  |
| Assistant  Professor |  |  |
| Senior Resident |  |  |

**iii. P.G students presently studying in the Department:**

| **Name** | **Joining date** | **Phone No** | **E-mail** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**iv. PG students who completed their course in the last year:**

| **Name** | **Joining date** | **Relieving Date** | **Phone no** | **E-mail** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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**D. ACADEMIC ACTIVITIES:**

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| --- | --- | --- | --- |
| **S.**  **No.** | **Details** | **Number in the last**  **Year** | **Remarks**  **Adequate/ Inadequate** |
|  | Clinical Seminars |  |  |
|  | Journal Clubs |  |  |
|  | Case presentations |  |  |
|  | Group discussions |  |  |
|  | Guest lectures |  |  |
|  | Physician conference/ Continuing Medical Education (CME) organized. |  |  |
|  | Symposium |  |  |

*Note:* *For Seminars, Journal Clubs, Case presentations, Guest Lectures the details of dates, subjects, name & designations of teachers and attendance sheets to be maintained by the institution and to be produced on request by the Assessors/PGMEB.*

**Publications from the department during the past 3 years:**

|  |
| --- |
|  |

**E. EXAMINATION:**

**i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):**

(Details in the space below)

**ii. Detail of the Last Summative Examination:**

1. **List of External Examiners:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **College/ Institute** |
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1. **List of Internal Examiners:**

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| --- | --- |
| **Name** | **Designation** |
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1. **List of Students:**

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| --- | --- |
| **Name** | **Result**  **(Pass/ Fail)** |
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**d. Details of the Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insert video clip (5 minutes) and photographs (ten).

**F. MISCELLANEOUS:**

**i. Details of data being submitted to government authorities, if any:**

**ii. Participation in National Programs.**

**(If yes, provide details)**

**iii. Any Other Information**

1. **Please enumerate the deficiencies and write measures which are being taken to rectify those deficiencies:**

**Date: Signature of Dean with Seal Signature of HoD with Seal**

**H. REMARKS OF THE 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 deficiencies and irregularities like fake/ dummy faculty, fake/dummy patients, fabrication/falsification of data of clinical material, etc. if any that you have noticed/came across, during the assessment. Please attach the table of list of the patients (IP no., diagnosis and comments) available on the day of the assessment/inspection.*  *4. Please comment on the infrastructure, variety of clinical material for the all-round training of the students.* |