

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

ANATOMY

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:

- a. Date of LoP when PG course was first permitted: _____
- b. Number of years since start of PG course: _____
- c. Name of the Head of Department: _____
- d. Number of PG Admissions (Seats): _____
- e. Number of Increase of Admissions (Seats) applied for: _____
- f. Total number of Units: _____
- g. Number of beds in the Department: _____
- h. 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)

Signature of Dean

Signature of Assessor

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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	Number s Available	Functiona l Status	Important Specifications in brief	Adequ ate Yes/No
Microscopes					
Special Microscopes					
Microscopes with camera					
General and Special Stained Histology Slides					

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Equipment	Must/Desirable	Numbers Available	Functional Status	Important Specifications in brief	Adequate Yes/No
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 ethmoid, 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:

- a) Number of large tables:
- b) Number of small tables:
- c) Number of cadavers
 - on the day of assessment:

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- average per day in a year:
- d) Cooling chamber (mortuary for minimum 4 bodies): Yes/No
- e) Embalming room: Yes/No
- f) Ventilation of dissection hall: Adequate
- g) Exhaust Fans in hall: Yes/No
- h) Exhaust Fans in Embalming Room: Yes/No
- i) Adequate no. of wash basins: Yes/No
- j) Projector Screen for teaching: Yes/No
- k) Cupboards and storage cabinets for instruments: Yes/No
- l) Proper drainage facility in hall: Yes/No
- m) 3D Virtual Dissection Table: Yes/No
- n) 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

- o 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	

- 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

D. ACADEMIC ACTIVITIES:

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
1	Clinical Seminars		
2	Journal Clubs		
3	Case presentations		
4	Group discussions		
5	Guest lectures		

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6	Physician conference/ Continuing Medical Education (CME) organized.		
7	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:

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E. EXAMINATION:

- i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):**
(Details in the space below)

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

- a. List of External Examiners:**

Name	Designation	College/ Institute

- b. List of Internal Examiners:**

Name	Designation

- c. List of Students:**

Name	Result (Pass/ Fail)

- d. Details of the Examination:** _____
Insert video clip (5 minutes) and photographs (ten).

Signature of Dean

Signature of Assessor

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

Signature of Dean

Signature of Assessor

G. 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

Signature of Dean

Signature of Assessor

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.

Signature of Dean

Signature of Assessor