**STANDARD ASSESSMENT FORM- B**

 (DEPARTMENTAL INFORMATION)

**BIOCHEMISTRY**

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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. Department office details:**

|  |  |
| --- | --- |
| **Department Office** | **Details** |
| 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** | **Details** |
| **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 |  |

 **b. Seminar Room:**

Space and facility: Adequate/ Not Adequate

 Internet facility: Available/not available

 Audiovisual equipment details:

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

|  |  |
| --- | --- |
| **Particulars**  | **Details** |
| Number of Books  |  |
| Total books purchased in the last three years (attach list as Annexure) |  |
| Total number of Indian Journals available |  |
| Total number of Foreign Journals available |  |

Internet Facility: Yes/No

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

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

**Journal details (relevant to Biochemistry available in the department library or Central Library) – separate list may be attached.**

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

**d. Departmental Research Lab:**

|  |  |
| --- | --- |
| Space | **Adequate / Not Adequate**  |
| Equipment in the research lab with reagents.\*Desirable. May be in Central Research Lab | **Equipment** | **Functional Status** |
| 1. **Electrophoresis**
2. **Chromatography**
3. **Semi / auto analyzer**
4. **Electrolyte analyzer**
5. **ELISA**
6. **PCR\***
7. **HPLC\***
 |  |
| Research Projects completed in past 3 years. Provide details |  |
| List the Research projects in progress in research lab. Provide details |  |

**e. List of Department specific laboratories with important Equipment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Laboratory Name** | **Equipment** | **Numbers Available** | **Functional status** |
| UG Laboratory | As per UGMSR2023 | *Input in table below* | X |
| PG Laboratory | 1. **Electrophoresis**
2. **Chromatography**
3. **Spectrophotometer**
4. **Semi / auto analyzer**
5. **Electrolyte analyzer**
6. **ELISA**
 |  |  |
| Clinical Chemistry Laboratory in Hospital | 1. Semi Auto Analyzer
2. Fully Auto Analyzer
 |  |  |
| Immunochemistry  | 1. Immunochemistry Analyzer
2. CLIA
 |  |  |

**f. Equipment: List of important equipment available in the Department as per UGMSR 2023**

| **Name of the Equipment** | **Must/ Desirable** | **Numbers Available**  | **Functional Status** | **Important Specification in Brief** | **Adequate****(Yes/No)** |
| --- | --- | --- | --- | --- | --- |
| Centrifuges More Than or Equal to 8 Tubes |  |  |  |  |  |
| Glucometers |  |  |  |  |  |
| Urinometers |  |  |  |  |  |
| Hot Air Oven |  |  |  |  |  |
| Digital Colorimeters |  |  |  |  |  |
| Microscopes |  |  |  |  |  |
| Thermometer 0 – 250 OC |  |  |  |  |  |
| Semi Auto Analyzer |  |  |  |  |  |
| Boiling Water Bath |  |  |  |  |  |
| Constant Temp Water Bath Tank Capacity (Temp Range 5 to 80OC) |  |  |  |  |  |
| Digital pH Meter |  |  |  |  |  |
| Fixed Volume Pipettes 1 mL, 0.5 Ml, 0.2 mL, 0.1 mL, 0.02 Ml |  |  |  |  |  |
| Bottle Dispensers |  |  |  |  |  |
| Variable and Fixed Volume Micro Auto Pipettes |  |  |  |  |  |
| Vacutainer Tubes |  |  |  |  |  |
| PCR Machine |  |  |  |  |  |
| ABG Machine |  |  |  |  |  |
| AUTO Analyser |  |  |  |  |  |
| Chromotographic Unit for Paper & TLC |  |  |  |  |  |
| Complete Electrophoresis (Paper, Page, Agarose) Apparatus With Power Supply |  |  |  |  |  |
| Densitometer With Computer |  |  |  |  |  |
| Vortex Mixer |  |  |  |  |  |
| Incubator of 37 OC |  |  |  |  |  |
| Fume Cup Boards |  |  |  |  |  |
| Digital Analytical Balance Up to 200 G – 1G Increment |  |  |  |  |  |
| Micro Analytical Balance |  |  |  |  |  |
| Spectro Photometer |  |  |  |  |  |
| PCR  |  |  |  |  |  |
| Elisa Reader & Washer |  |  |  |  |  |
| Urine Dip Sticks for Glucose, Protein and Ketone Bodies |  |  |  |  |  |
| ISE Analyzer |  |  |  |  |  |
| Refrigerator – 400 L Capacity |  |  |  |  |  |
| Ultra Centrifuge for DNA /RNA Extraction |  |  |  |  |  |
| Refrigerated Ultra Centrifuge |  |  |  |  |  |
| HPLC |  |  |  |  |  |
| Bio Safety Cabinet |  |  |  |  |  |
| Centrifuges |  |  |  |  |  |
| Digital colorimeters |  |  |  |  |  |
| Semi Auto Analyzer |  |  |  |  |  |
| Fully Auto Analyzer |  |  |  |  |  |
| Electrolyte Analyzer |  |  |  |  |  |
| Clia Analyzer |  |  |  |  |  |
| Computer and Printer  |  |  |  |  |  |

**g. Hospital Laboratory Details:**

Spacing and Organization of Laboratory Adequate / Inadequate

Laboratory Management Information System: Available / Not Available

Internal Quality Assurance Practiced: Yes/No

External quality assurance services practiced: Yes/No

If yes, details of EQAS

Lab Accredited: Yes/No

If Yes, Give Details

**C. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF BIOCHEMISTRY:**

**Total No. of samples received:**

**Total No. of Tests Done:**

**i. Clinical chemistry Investigations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Investigations** | **On the day of Assessment** | **Year 1** | **Year 2** | **Year 3****(Last Year)** | **Daily Average for the Last Year** |
| Glucose |  |  |  |  |  |
| Urea |  |  |  |  |  |
| Creatinine |  |  |  |  |  |
| Serum bilirubin |  |  |  |  |  |
| Serum proteins |  |  |  |  |  |
| Electrolytes |  |  |  |  |  |
| Lipid profile |  |  |  |  |  |
| Calcium |  |  |  |  |  |
| Magnesium |  |  |  |  |  |
| Phosphorus |  |  |  |  |  |
| Uric acid |  |  |  |  |  |
| Urine analysis |  |  |  |  |  |
| Pleural fluid |  |  |  |  |  |
| CSF |  |  |  |  |  |
| Peritoneal Fluid |  |  |  |  |  |
| Any other |  |  |  |  |  |

**ii. Special investigations including enzymes, chemiluminescence and immunochemistry:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Investigations** | **On the day of assessment** | **Year 1** | **Year 2** | **Year 3** | **Daily Average for the last year** |
| Serum Amylase |  |  |  |  |  |
| Serum Lipase |  |  |  |  |  |
| Serum AST |  |  |  |  |  |
| Serum ALT |  |  |  |  |  |
| Serum ALP |  |  |  |  |  |
| Any Other |  |  |  |  |  |
| Hormonal Assays |  |  |  |  |  |
| Thyroid Hormones |  |  |  |  |  |
| Steroid Hormones |  |  |  |  |  |
| Sex Hormones |  |  |  |  |  |
| Vitamins Assay |  |  |  |  |  |
| Iron Profile |  |  |  |  |  |
| HbA1C |  |  |  |  |  |
| Ferritin |  |  |  |  |  |
| CRP |  |  |  |  |  |
| Tumor markers |  |  |  |  |  |
| Immunoglobulin Assays |  |  |  |  |  |
| Troponins |  |  |  |  |  |
| Any Other |  |  |  |  |  |
|  |  |  |  |  |  |

**D. STAFF**:

**i. Unit-wise Faculty and Senior Resident 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 |  |  |
| AssistantProfessor |  |  |
| 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**  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**E. ACADEMIC ACTIVITIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.****No.** |  **Details** | **Number in the last****Year** | **Remarks****Adequate/ Inadequate** |
| 1. | Seminars |  |  |
| 2. | Journal Clubs |  |  |
| 3. | Case presentations |  |  |
| 4. | Group discussions |  |  |
| 5. | Guest lectures and others (specify) |  |  |
| 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.*

**Total number of publications from the department during the past 3 years:**

|  |
| --- |
|  |

**F. EXAMINATION:**

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

(Give details of all assessments done for the PGs in the last year in the space below. A separate sheet may be attached if necessary)

**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:**

|  |  |
| --- | --- |
| **Name** | **Designation** |
|  |  |
|  |  |
|  |  |
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|  |  |

1. **List of Students:**

|  |  |
| --- | --- |
| **Name** | **Result****(Pass/ Fail)** |
|  |  |
|  |  |
|  |  |

**d. Details of the Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**G. 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**

 **I. 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.* |