

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

BIOCHEMISTRY

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 <i>(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)</i>	Type of Inspection (Physical/ Virtual)	Outcome <i>(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)</i>	No of seats Increased	No of seats Decreased	Order issued based on inspection <i>(Attach copy of all the order issued by NMC/ MCI as Annexure)</i>

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. 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:

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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		

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e. List of Department specific laboratories with important Equipment:

Laboratory Name	Equipment	Numbers Available	Functional status
UG Laboratory	As per UGMSR2023	<i>Input in table below</i>	X
PG Laboratory	<ol style="list-style-type: none"> 1. Electrophoresis 2. Chromatography 3. Spectrophotometer 4. Semi / auto analyzer 5. Electrolyte analyzer 6. ELISA 		
Clinical Chemistry Laboratory in Hospital	<ol style="list-style-type: none"> 1. Semi Auto Analyzer 2. Fully Auto Analyzer 		
Immunochemistry	<ol style="list-style-type: none"> 1. Immunochemistry Analyzer 2. CLIA 		

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

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Name of the Equipment	Must/ Desirable	Number s Availabl e	Function al Status	Important Specification in Brief	Adequ ate (Yes/N o)
Centrifuges More Than or Equal to 8 Tubes					
Glucometers					
Urinometers					
Hot Air Oven					
Digital Colorimeters					
Microscopes					
Thermometer 0 – 250 °C					
Semi Auto Analyzer					
Boiling Water Bath					
Constant Temp Water Bath Tank Capacity (Temp Range 5 to 80°C)					
Digital pH Meter					
Fixed Volume Pipettes 1 mL, 0.5 MI, 0.2 mL, 0.1 mL, 0.02 MI					
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 °C					
Fume Cup Boards					

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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					

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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: If yes, details of EQAS	Yes/No
Lab Accredited: If Yes, Give Details	Yes/No

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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					

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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					

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- 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

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		

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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:

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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:

a. List of External Examiners:

Name	Designation	College/ Institute

b. List of Internal Examiners:

Name	Designation

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c. 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

Signature of Dean

Signature of Assessor

H. 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

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.

Signature of Dean

Signature of Assessor