**STANDARD ASSESSMENT FORM- B**

 (DEPARTMENTAL INFORMATION)

**FORENSIC MEDICINE AND TOXICOLOGY**

|  |
| --- |
| *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 Forensic Medicine & Toxicology 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:**

**Departmental Research Lab.**

|  |  |
| --- | --- |
| Space  |  |
| Working Capacity |  |
| Water supply with sink |  |
| General Electric Appliances and Points with power supply |  |
| Storage facility for chemicals |  |
| Storage facility for files and equipment |  |
| Research Equipment (As per minimum eligibility criteria): |  |
| Research projects utilizing Research lab | 1.2.3. |

**e. Departmental Museum:**

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Numbers** | **Added in last 12 months**  |
| Wet Specimens |  |  |
| Bones |  |  |
| Weapons |  |  |
| Poisons |  |  |
| Charts/Diagrams |  |  |
| Models |  |  |
| Photographs |  |  |
| X-rays |  |  |
| Digital models |  |  |
| Any other exhibit |  |  |

**f. Medical Records Section:**  Yes / No

(If yes, mention how records are maintained):

1. **Cold storage facility:**

Type

Quantity

Adequate/inadequate

**h. Equipment:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Name of the Equipment** | **Must/ Desirable** | **Numbers Available** | **Functional Status** | **Important Specifications in brief** | **Adequate****(Yes/No)** |
| Autopsy Dissection table with running water facility  |  |  |  |  |  |
| Autopsy Examination Instrument Set  |  |  |  |  |  |
| Bone cutting Oscillating Saw |  |  |  |  |  |
| Microscope student-type  |  |  |  |  |  |
| Binocular microscope  |  |  |  |  |  |
| Binocular microscope with extension for display and photography  |  |  |  |  |  |
| X-Ray Machinesfor Mortuary  |  |  |  |  |  |
| Ultra-sonography  |  |  |  |  |  |
| Dead Body Weighing Machine  |  |  |  |  |  |
| HPLC  |  |  |  |  |  |
| Gas Chromatography (GC)  |  |  |  |  |  |
| Gas Chromatography - Mass Spectroscopy [GC-MS]  |  |  |  |  |  |
| Anthropometric Set  |  |  |  |  |  |
| Refrigerator  |  |  |  |  |  |
| Deep Freezer |  |  |  |  |  |
| Cold Storage for keeping body  |  |  |  |  |  |
| SLR Camera  |  |  |  |  |  |
| Video Camera  |  |  |  |  |  |
| Television  |  |  |  |  |  |
| Projectors |  |  |  |  |  |
| Chromatography  |  |  |  |  |  |
| Almira and Bookshelf  |  |  |  |  |  |
| Baby weighing machine  |  |  |  |  |  |
| Organ weighing machine |  |  |  |  |  |
| Any other equipment |  |  |  |  |  |

**i. Post-mortem facility details**

|  |  |
| --- | --- |
| **Particulars** | **Details as per Minimum Eligibility Criteria** |
| **Adequate/Inadequate** | **Remarks of deficiency** |
| Size |  |  |
| Ventilation |  |  |
| Adequate Lighting facility for night post-mortem services |  |  |
| Exhaust |  |  |
| Running Water supply |  |  |
| Drainage & waste disposal |  |  |
| Fly proofing arrangement |  |  |
| Cooling Chamber |  |  |
| Cooling Cabinet |  |  |
| Shadow less OT Light   |  |  |
| Air conditioning  |  |  |

Attached Office space for autopsy surgeons & other staff: Yes /NoSpace for Seminar /Resident Room: Yes/NoWaiting area for relatives of deceased: Yes /No**j. Space for Sex Crime Case examination:**

|  |  |  |
| --- | --- | --- |
| **Particulars**  | **Adequate** / **Inadequate**  | **Remarks**  |
| SC examination room with attached toilet  |   |    |
| Waiting area  |   |    |
| Child friendly environment  |   |    |
| UV lamp  |   |    |
| X-ray room  |   |    |
| USG room  |   |    |
| Counselling room  |   |    |

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**D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY:**

 **Permission to do Autopsy examinations\*:** Yes /No ***(verify document)***

* Institution is Govt./Pvt.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* Letter of permission issuing authority: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
* MoU signed with: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

 **\* (Strike out whatever is not applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **On the day of assessment** | **Year 1** | **Year 2** | **Year 3****(last year)** |
| Medico-legal autopsies  |  |  |  |  |
| Pathological autopsies  |  |  |  |  |
| Number of Injury cases examined  |  |  |  |  |
| Number of Sexual Offence Survivor examined |  |  |  |  |
| Number Sexual offence Accused examined |  |  |  |  |
| Number of DNA Sampling |  |  |  |  |
| Number of cases of age estimation |  |  |  |  |
| Number of cases of pregnancy certification |  |  |  |  |
| Number of crime scene visit   |  |  |  |  |

**Investigations performed in departmental laboratory:**

|  |  |
| --- | --- |
|  **Particulars** | **Numbers** |
| **On the day of assessment** | **Year 1** | **Year 2** | **Year 3 (last year)** |
| Histopathological Examination |  |  |  |  |
| X-Rays |  |  |  |  |
| Toxicological examination |  |  |  |  |
| Serological investigations |  |  |  |  |
| Vaginal smear examination  |  |  |  |  |

Whether analytical toxicology Laboratory is available: YES/NO

Whether Clinical Forensic Medicine Department is available, YES/NO

If available, is it under the Department of Forensic Medicine: YES/NO

Visit to other Departments by PG students (Compulsory Rotatory training of Residents): \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Yes/No** | **No of visits in last year**  | **No of visit in last-to-last year**  |
| Emergency Medicine | Yes/no |  |  |
| Radiology | Yes/no |  |  |
| Psychiatry | Yes/no |  |  |
| Pathology | Yes/no |  |  |
| Forensic Science Laboratory | Yes/no |  |  |

Number of students attending one post-mortem: \_ \_ \_ (***verify attendance record***)

Number of Post-mortem done by a P.G. student during the course: \_ \_ \_ (***verify log book***)

**E. 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. Postmortem staff:**

Dissection attendants

Sanitary personnel

Any others

**iii. 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 |  |  |

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **S.****No.** |  **Details** | **Number in the last****Year** | **Remarks****Adequate/ Inadequate** |
| 1. | Clinico- Pathological conference |  |  |
| 2. | Clinical Seminars |  |  |
| 3. | Journal Clubs |  |  |
| 4. | Case presentations |  |  |
| 5. | Group discussions |  |  |
| 6. | Guest lectures |  |  |
| 7. | Death Audit Meetings |  |  |
| 8. | Physician conference/ Continuing Medical Education (CME) organized. |  |  |
| 9. | 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:**

|  |
| --- |
|  |

**G. 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:**

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

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

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

**H. MISCELLANEOUS:**

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

(For e.g. data to NHRC for autopsies for Custodial Deaths)

**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**

**J. 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.* |