**STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

**MICROBIOLOGY**

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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: (Specialty applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **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 on the basis of 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. Collection Centre**

No of rooms: \_\_\_\_\_\_\_\_\_\_

**Area of each Collection room (add rows)**

|  |  |
| --- | --- |
|  | **Area in M2** |
| **Room 1** |  |
| **Room 2** |  |
|  |  |

Waiting area: \_\_\_\_\_\_ M2

Space and arrangements: **Adequate/ Not Adequate.**

If not adequate, give reasons/details/comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b. 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 rest room | Available/not available |
| PG rest room | Available/not available |

**c. Seminar room/Demonstration Room:**

Space and facility: Adequate/ Not Adequate

|  |  |  |
| --- | --- | --- |
| **Particulars** | **Seminar room** | **Demo room** |
| Size (Area) |  |  |
| Capacity |  |  |
| Water Supply |  |  |
| Sinks |  |  |
| Electric points |  |  |
| Cupboards\* |  |  |

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipments details:

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

|  |  |  |
| --- | --- | --- |
| **Particulars** | **In the Department** | **In Central Library** |
| Number of Books |  |  |
| Total books purchased in the last three years( attach list as Annexure |  |  |
| Total Indian Journals available |  |  |
| Total Foreign Journals available |  |  |

Internet Facility: Yes/No

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

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

**Journal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Journal** | **Indian/foreign** | **Online/offline** | **Available up to** |
|  |  |  |  |
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**e. Departmental Research Lab:**

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

**f. Departmental Museum:**

|  |  |
| --- | --- |
| Space |  |
| Total number of Mounted Specimens |  |
| Total number of Wet Specimens |  |
| Total number of Chart/ Diagrams |  |

**g. Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment name** | **Must/ Desirable** | **Numbers Available** | **Functional Status** | **Important specifications in brief** | **Adequate**  **(Yes/No)** |
| Binocular Microscopes |  |  |  |  |  |
| Fluorescence Microscope |  |  |  |  |  |
| Inverted Microscope |  |  |  |  |  |
| Multi-header Microscope |  |  |  |  |  |
| BOD Incubator |  |  |  |  |  |
| Bacterial incubator |  |  |  |  |  |
| Hot air oven |  |  |  |  |  |
| Autoclave |  |  |  |  |  |
| Centrifuge |  |  |  |  |  |
| Anoxomat /  McIntosh Fildes Jar |  |  |  |  |  |
| pH meter |  |  |  |  |  |
| Electronic Weighing balance |  |  |  |  |  |
| Candle Jar |  |  |  |  |  |
| VDRL shaker/ Rotator |  |  |  |  |  |
| ELISA Washer |  |  |  |  |  |
| ELISA READER |  |  |  |  |  |
| LCD screens |  |  |  |  |  |
| Deep Freezer -200 |  |  |  |  |  |
| ~~C~~ Deep Freezer -800 |  |  |  |  |  |
| Laminar flow Horizontal |  |  |  |  |  |
| Laminar flow Vertical |  |  |  |  |  |
| Biosafety cabinet BSL2 |  |  |  |  |  |
| Digital water bath |  |  |  |  |  |
| Automated blood culture |  |  |  |  |  |
| RT ( Real Time )-PCR |  |  |  |  |  |
| Conventional PCR |  |  |  |  |  |
| GeneXpert |  |  |  |  |  |
| CLIA (Chemiluminescence-Immunoassay) |  |  |  |  |  |
| Any other equipment |  |  |  |  |  |
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**C. SERVICES:**

**i. Total number of Laboratories in the department:**

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| --- | --- | --- | --- | --- |
| **NAME OF THE Laboratory** | **Available**  **(yes/ no)** | **General Facility**  **(Adequate/ not adequate)** | **List of essential equipment**  **Available** | **Comment** |
| Bacteriology |  |  |  |  |
| Serology/ Immunology |  |  |  |  |
| Virology |  |  |  |  |
| Mycology |  |  |  |  |
| Parasitology |  |  |  |  |
| Mycobacteriology |  |  |  |  |
| STI lab |  |  |  |  |
| Anaerobic |  |  |  |  |
| Media Room |  |  |  |  |
| Hospital Infection Control Testing Facility & Record keeping |  |  |  |  |
| Any other facility  Like ICTC  DOTS |  |  |  |  |

**D. INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF MICROBIOLOGY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **On the day of assessment** | **Year 1** | **Year 2** | **Year 3(last year)** |
| Bacteriology |  |  |  |  |
| Serology/ Immunology |  |  |  |  |
| Mycology |  |  |  |  |
| Parasitology |  |  |  |  |
| Virology |  |  |  |  |
| Molecular tests |  |  |  |  |
| Any others |  |  |  |  |

**E. 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** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**G. ACADEMIC ACTIVITIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.**  **No.** | **Details** | **Number in the last**  **Year** | **Remarks**  **Adequate/ Inadequate** |
| 1. | Clinico- Pathological Correlation |  |  |
| 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:**

|  |
| --- |
|  |

**H. 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).

**I. 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**

**J. 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**

**K. 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.* |