

# STANDARD ASSESSMENT FORM- B

## (DEPARTMENTAL INFORMATION) MICROBIOLOGY

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: (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 <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 <b>(Physical/ Virtual)</b>	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 on the basis of inspection <i>(Attach copy of all the order issued by NMC/ MCI as Annexure)</i>

**Signature of Dean**

**Signature of Assessor**

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 M <sup>2</sup>
<b>Room 1</b>	
<b>Room 2</b>	

Waiting area: \_\_\_\_\_ M<sup>2</sup>

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

**Signature of Dean**

**Signature of Assessor**

**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 -20 <sup>0</sup>					
⊖Deep Freezer -80 <sup>0</sup>					

**Signature of Dean**

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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					

### C. SERVICES:

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

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				

Signature of Dean

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

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

**Signature of Dean****Signature of Assessor**



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\* - Year will be previous Calendar Year (from 1<sup>st</sup> January to 31<sup>st</sup> December)

\*\* - Those who have joined mid-way should count the percentage of the working days accordingly.

Signature of Dean

Signature of Assessor



- 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		

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**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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**H. 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

**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**

Signature of Dean

Signature of Assessor

**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**

Signature of Dean

Signature of Assessor

**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/come 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