

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

OPHTHALMOLOGY

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. Total number of ICU beds/ High Dependency Unit (HDU) beds in the department: _____
- i. 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	

j. 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	Type of Inspection (Physical/ Virtual)	Outcome (LOP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of	No of seats Increased	No of seats Decreased	Order issued on the basis of inspection (Attach copy of all the

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FORM-B (OPHTHALMOLOGY)/2024

	<i>Recognition/Surprise Inspection/Compliance Verification inspection/other)</i>		<i>increased seats done/denied /Renewal of Recognition done/denied /other)</i>			<i>order issued by NMC/MCI) as Annexure</i>

- k. 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/not Permitted by MCI/NMC	Number of Seats
	Yes/No	
	Yes/No	

B. INFRASTRUCTURE OF THE DEPARTMENT:

a. OPD

No of rooms: _____

Area of each OPD room (add rows)

	Area in M ²
Room 1	
Room 2	

Waiting area: _____ M²

Space and arrangements: _____

Adequate/ not adequate. _____

If not adequate, give reasons/details/comments: _____

b. Wards

No of wards: _____

Parameters	Details
Distance between two cots (in meter)	
Ventilation	Adequate/Not Adequate
Infrastructure and facilities	
Dressing /Procedure Room	

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FORM-B (OPHTHALMOLOGY)/2024

c. Operation Theatres:

i. Do you full fill Operation Theatre infrastructure guidelines given in Part -A of the form:

Yes/ No

If no, what measure are you taking to rectify the deficiencies?

ii. Total number of operation theatre (tables) per week for each unit:

d. 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

e. Seminar room

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

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

Particulars	Details
Number of Books	

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FORM-B (OPHTHALMOLOGY)/2024

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

g. Departmental Research Lab:

Space	
Equipment	
Research Projects Done in past 3 years	
list Research projects in progress in research lab	

h. Departmental Museum:

Space	
Total number of Specimens	
Total number of Chart/ Diagrams	

i. Equipment:

Name of Equipment	Must/ Desirable	Available/ Not available	Functional Status	Comments
Cataract				

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FORM-B (OPHTHALMOLOGY)/2024

Operating Microscope				
Ultrasound A Scan				
Ultrasound B Scan				
Keratometer				
Specular microscope				
Laser Interferometer				
IOL Master				
Phaco emulsification machine				
Cornea and Refractive surgery				
Pachymeter				
Contrast sensitivity				
Contrast sensitivity chart				
Orbscan or Pentacam				
Videokeratography				
Facility for amniotic membrane harvesting and storage (Deep freezer at -80°C)				
LASIK Laser				
Lenses for laser				
C3R				
Vitreo-retina& Uvea				
Operating Microscope with Biome and re inverter				
Indirect Ophthalmoscopes 6				
Fundus Camera 2				
Fundus fluorescein angiography (FFA) /ICG atleast 1				
Optical Coherence Tomography (OCT) 1				
Electroretinogram (ERG)-FF+MF 1				
Multifocal ERG (MfERG) 1				

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

Micro-perimetry 1				
Vitreotomy machines 2				
Endo laser 2				
Nd YAG laser for capsulotomy 1				
Red laser 1				
Lenses for laser				
Laser Indirect Ophthalmoscopy 1				
Cryophotocoagulation 1				
Surgical sets required for Retinal Surgery				
Glaucoma				
Gonioscope (Goldmann 1 or 2 mirror)				
Non-contact tonometer				
Applanation tonometer in all slit lamps				
Pachymetry				
Perkins tonometer/Tonopen				
Standard Automated perimeter with normative database and progression analysis software				
Fundus camera				
Pediatric Ophthalmology and Neuro-ophthalmology				
Indirect Ophthalmoscope				
Synaptophore				
Pediatric Refraction Set				
Red green goggles				
Hess or Lees chart				
Teller's / Cardiff Visual Acuity Cards				
Prism Bar				

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FORM-B (OPHTHALMOLOGY)/2024

Randot/ TNO test				
Maddox wing/ Maddox rod				
Electroretinogram (ERG)				
VER				
Low Vision				
Indirect Ophthalmoscope				
Low vision assessment kit				
Low vision aids <ul style="list-style-type: none"> • Filter lenses that control glare • Telescopes /magnifiers/ Adaptive devices • Electronic Aids including CCTV 				
Community Ophthalmology				
1. Provision of transport facilities for the patients to base hospital for surgeries.				
2. Equipment and other logistics for conducting outreach comprehensive eye screening camp in the remote and underserved areas.				
3. Facilities for conducting Community based research, surveys.				
4. Tele-ophthalmology setup				

j. List of Department specific laboratories/investigation room with important Equipment:

Name of Laboratory	List of important equipment available with functional status	Adequate/ Inadequate
Visual field analyser		
OCT		
TMS		
FFA		

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

ERG		
B scan		
Optical biometer		
Keratometer		
Photography		
Optical dispensary		

C. SERVICES:

- i. **Specialty clinics run by the department of Ophthalmology with number of patients in each:**

Name of the Clinic	Weekday/s	Timings	Number of cases (average)	Name of Clinic In-charge
Glaucoma Clinic				
Retina and Vitreoretinal Surgery Clinic				
Refraction Clinic				
Eye Bank				
Squint Clinic				
Paediatric Ophthalmology				
Uvea and Medical Retina				
Orbit and Oculoplasty				
Low vision aids				
Neuroophthalmology				
Cornea and Ocular Surface				
Contact Lens				

ii. Outreach services:

- Number of outreach camps conducted in a year
- Community eye care programmes run by the department (school eye checkups, diabetic retinopathy screening programmes etc.); number of patients seen per visit/ camp

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iii. Facilities available:

- | | |
|----------------------|----------|
| 1. Phaco Surgery: | Yes / No |
| 2. Ophthalmic laser: | Yes / No |
| 3. Retinal Surgery: | Yes / No |
| 4. Eye Bank: | Yes / No |

D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF OPHTHALMOLOGY:

Parameter	Numbers				
	On the day of assessment	Previous Day Data	Year 1	Year 2	Year 3 (last year)
1	2	-	3	4	5
Total numbers of Out-Patients					
Out-Patients attendance (write Average daily Out-Patients attendance in column 3,4,5)*					
Total numbers of new Out-Patients					
New Out Patients attendance (write average in column 3,4,5) * for Average daily New Out-Patients attendance					
Total Admissions for Year					
Bed occupancy			X	X	X
Bed occupancy for the whole year above 75% (Prepare a Data Table)	X	X	Yes/No	Yes/No	Yes/No
Total Major surgeries in the department					
Major Surgeries (write average in column 3,4,5)					
Total Minor surgeries in the department					
OCT scans					
HFA					
Biometry					
CT Scan per day (OPD + IPD) (average of all working days)					
MRI per day (OPD + IPD) (average of all working days)					
Histopathology Workload per day (average of all working days)					

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

Cytopathology Workload per day (OPD + IPD) (average of all working days)					
OPD Cytopathology Workload per day (average of all working days)					
Haematology workload per day (OPD + IPD) (average of all working days)					
OPD Haematology workload per day (average of all working days)					
Biochemistry Workload per day (OPD + IPD) (average of all working days)					
OPD Biochemistry Workload per day (average of all working days)					
Microbiology Workload per day (OPD + IPD) (average of all working days)					
OPD Microbiology Workload per day (average of all working days)					

* **Average daily Out-Patients attendance** is calculated as below.

Total OPD patients of the department in the year divided by total OPD days of the department in a year

E. MAJOR SURGERIES:

Name of the Surgery	On the day of Assessment	Year 1	Year 2	Year 3 (last Year)
LID & LACRIMAL				
1. TARSORAPHY				
2. LID REPAIR				
3. ECTROPION & ENTROPION				
4. PTOSIS CORRECTION				
5. DCT				
6. DCR				
7. PROBING				
8. TUMOUR EXCISION WITH LID RECONSTRUCTION				
STRABISMUS				
ORBITAL PROCEDURES				

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

CYCLOCRYO / CYLOPHOTOCOAGULATION				
OCULAR SURFACE – PTERYGIUM EXCISION WITH GRAFT				
CATARACT				
1. ECCE				
2. SICS				
3. PHACOEMULSIFICATION				
4. SECONDARY IOL IMPLANTATION				
RETINA				
1. INTRAVITREAL INJECTIONS				
2. ANTERIOR VITRECTOMY				
3. PPV				
4. SCLERAL BUCKLING				
GLAUCOMA				
1. TRABECULECTOMY				
2. GLAUCOMA VALVE IMPLANT SURGERY				
CORNEA				
1. KERATOPLASTY				
2. CORNEAL / CORNEO SCLERAL TEAR REPAIR				
3. C3R				
MINOR SURGICAL PROCEDURES				
1. FB REMOVAL – CONJUNCTIVAL / CORNEAL				
2. CHALAZION – INCISION & CURETTAGE				
3. EPILATION				
4. SYRINGING				
5. SUBCONJUNCTIVAL INJECTION				

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

6. SUTURE REMOVAL				
7. CONJUNCTIVAL TEAR SUTURING				
8. PST				
LASER				
1. YAG PI				
2. YAG CAP				
3. FOCAL & PAN RETINAL PHOTOCOAGUATION				
KERATOREFRACTIV E PROCEDURE				

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

- * - 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.

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Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

- 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 conference		
2.	Clinical Seminars		
3.	Journal Clubs		
4.	Case presentations		
5.	Group discussions		

Signature of Dean

Signature of Assessor

FORM-B (OPHTHALMOLOGY)/2024

6.	Guest lectures		
7.	Death Audit Meetings		

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

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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).

I. MISCELLANEOUS:

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

ii. Participation National Program for Prevention and control of Blindness
 (If yes, provide details)

iii. Any Other Information

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J. Please enumerate the deficiencies and write measures 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.

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