STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

PHARMACOLOGY

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** *(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	
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 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. List of Department specific laboratories with important Equipment:

Name of Laboratory	Size in square meter	List of important equipment available with total numbers	Adequate/ Inadequate

d. 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 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

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 Specimens	
Total number of Chart/ Diagrams	

g. Total number of Laboratories and other facilities in the Department:

Nomenclature	Clinical Pharmacology	Clinical Pharmacy	Experimental Pharmacology	Research lab	Seminar Room	Demonstration rooms	Any other
Size (Area)							
Capacity							
Water Supply							
Sinks							
Electric points							
Cupboards*							
Equipment List							

*** For storage of equipment, drugs, etc.**

h. Animal House (Optional) /Animal Hold area

a. CPCSEA Guidelines followed: Yes /No
b. Animal Ethics Committee constituted: Yes /No
c. Technology used to reduce animal experiments: Yes /No

i. Equipment:

Name of the Equipment	Must/ Preferable/ can be shared with other department	Numbers Available	Functional Status	Important Specifications in brief
Critical Flicker Fusion Apparatus (Must)				
Choice Reaction Time Apparatus (Must)				

Hand Grip Dynamometer (Must)				
Hand Steadiness Tester (Optional)				
ECG Machine (Can be shared with other departments)				
Stethoscope (Must)				
B.P. instrument (Must)				
Weighing balance (Must)				
Spectrophotometer (Can be shared with other departemnts0)				
HPLC (High Performance Liquid Chromatography) (Can be shared with other departments)				
Analgesiometer				
Mammalian Heart perfusion assembly				
Physiograph / Data Acquisition System				
Cook's pole climbing apparatus/alternative				
Digital pH meter				
Electro convulsiometer				
Photoactometer				
Rota rod				
Plethysmograph				
Any other equipment				

C. SERVICES:

i. Special diagnostic/ Pharmacy Store or other services being provided by the department (Provide details of services offered in the past 3 years)

ii. Is the Pharmacovigilance Committee constituted: Yes / No.

If yes, number of meetings held in the past 3 years: _ __ _ _

Minutes of the meetings verified by the Assessor: **Yes / No.**

Number of Adverse Drug Reactions/Medical Device Adverse Events reported in past one year:

Is the Institution an ADR Monitoring Centre/MDAE Monitoring Centre? **Yes / No**

D. 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

Signature of Dean

Signature of Assessor

* - 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.

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**

E. ACADEMIC ACTIVITIES:

S. No.	**Details**	**Number in the last Year**	**Remarks Adequate/ Inadequate**
1.	Clinical Seminars		
2.	Journal Clubs		
3.	Case presentations		
4.	Group discussions		
5.	Guest lectures		

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.*

Publications from the department during the past 3 years:

F. 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).

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

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**

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.*