**STANDARD ASSESSMENT FORM- B**

 (DEPARTMENTAL INFORMATION)

**PHYSIOLOGY**

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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:

|  |  |  |  |
| --- | --- | --- | --- |
|  **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. Details of Laboratories in the Department:**

| **Nomenclature** | **Hematology** | **Clinical Physiology** | **Demo. Rooms** |
| --- | --- | --- | --- |
| Size (Area) |  |  |  |
| Capacity |  |  |  |
| Water Supply |  |  |  |
| Sinks |  |  |  |
| Electric points |  |  |  |
| Cupboards\* |  |  |  |
| Equipment List |  |  |  |

 **Attach Important Equipment List for each Lab.**

**d. Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Equipment** | **Must/ Desirable** | **Numbers Available** | **Functional Status** | **Important Specifications in brief** | **Adequate****Yes/No** |
| Digital Physiograph |  |  |  |  |  |
| Treadmill |  |  |  |  |  |
| Mosso’s ergograph |  |  |  |  |  |
| Perimeter |  |  |  |  |  |
| Stethograph |  |  |  |  |  |
| Spirometer |  |  |  |  |  |
| pH meter |  |  |  |  |  |
| Any other equipment |  |  |  |  |  |

**e. Facilities for Practical/Research.**

1. Facilities for theory and practical classes for UG students as per NMC recommendations: Yes / No
2. Facilities to carry out additional classes and practical at PG level. Yes /No
3. Laboratories and other facilities for conducting research. Yes /No

**f. Brief details regarding Applied Physiology**:

* 1. Facilities available for training in Applied Physiology.
	2. Facilities available for training in other selected subjects

**g. 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** |
|  |  |  |  |
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**h. Departmental Research Lab:**

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

**C. SERVICES:**

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Available/Not Available** | **Comments** |
| **Cardiology**: ECG, HRV (Computerized), Hand-grip Dynamometer |  |  |
| **Pulmonology**: Computerized Spirometry, PFT, Peak Flow Meter, BMR etc. |  |  |
| **Autonomic Function Tests** |  |  |
| **Neurology**: EEG, Nerve Conduction Studies, EMG, Evoked Potential Studies (P300), VEP, BERA etc. |  |  |
| **Yoga** lab or clinic.  |  |  |
| **Any other** special diagnostic facilities being provided by the department. |  |  |

**D. 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. 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 |  |  |

**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**  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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**E. ACADEMIC ACTIVITIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.****No.** |  **Details** | **Number in the last****Year** | **Remarks****Adequate/ Inadequate** |
|  | Clinico-physological Symposia/ Seminar |  |  |
|  | Seminar |  |  |
|  | Journal Clubs |  |  |
|  | Group discussions |  |  |
|  | Guest lectures |  |  |
|  | Physician conference/ Continuing Medical Education (CME) organized. |  |  |
|  | 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:**

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:**

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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).

**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**

1. **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**

**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.* |