

# STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

## PHYSIOLOGY

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 <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 based on 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. 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:

Signature of Dean

Signature of Assessor

**c. Details of Laboratories in the Department:**

<b>Nomenclature</b>	<b>Hematology</b>	<b>Clinical Physiology</b>	<b>Demo. Rooms</b>
Size (Area)			
Capacity			
Water Supply			
Sinks			
Electric points			
Cupboards*			
Equipment List			

Attach Important Equipment List for each Lab.

**d. Equipment:**

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

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

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

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

- Facilities available for training in Applied Physiology.
- Facilities available for training in other selected subjects

Signature of Dean

Signature of Assessor

**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

**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
<b>Cardiology:</b> ECG, HRV (Computerized), Hand-grip Dynamometer		
<b>Pulmonology:</b> Computerized Spirometry, PFT, Peak Flow Meter, BMR etc.		
<b>Autonomic Function Tests</b>		

Signature of Dean

Signature of Assessor

<p><b>Neurology:</b> EEG, Nerve Conduction Studies, EMG, Evoked Potential Studies (P300), VEP, BERA etc.</p>		
<p><b>Yoga</b> lab or clinic.</p>		
<p><b>Any other</b> special diagnostic facilities being provided by the department.</p>		

Signature of Dean

Signature of Assessor



\* - 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

### E. ACADEMIC ACTIVITIES:

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
1.	Clinico-physiological Symposia/ Seminar		
2.	Seminar		
3.	Journal Clubs		
4.	Group discussions		
5.	Guest lectures		

Signature of Dean

Signature of Assessor

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

Signature of Dean

Signature of Assessor


**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**

Signature of Dean

Signature of Assessor

**H. 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

**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/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