

**STANDARD ASSESSMENT FORM- B**

(DEPARTMENTAL INFORMATION)

**RADIO DIAGNOSIS**

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. 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 on the basis of inspection (Attach copy of all the order issued by NMC/MCI) as <b>Annexure -XIII</b>

- h. 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

Signature of Dean

Signature of Assessor

	Yes/No	
	Yes/No	

## B. INFRASTRUCTURE OF THE DEPARTMENT:

### i. 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

### ii. Seminar room

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

### iii. 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	

Signature of Dean

Signature of Assessor

<b>Total Foreign Journals available</b>	
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Internet Facility: \_\_\_\_\_ Yes/No

Central Library Timing: \_\_\_\_\_

Central Reading Room Timing: \_\_\_\_\_

#### Journal details

Name of Journal	Indian/foreign	Online/offline	Available up to

#### iv. Departmental Research:

<b>Research Projects Done in past 3 years</b>	
<b>list Research projects in progress in research lab</b>	

#### v. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief	Adequate Yes/No
X-Ray Machines-Static i. ii. iii.				
X-Ray Machines-Portable i. ii. iii.				
X-Ray Machines-TV/Imaging facility				
CT Scan (Mention slices, year of manufacturing with other specifications) i. ii.				

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MRI (Mention Tesla, year of manufacture with other specifications)				
USG – Grey Scale (mention probes available with each machine) i. ii. iii.				
USG – Colour Doppler (mention probes available with each machine) i. ii. iii.				
Mammography				
DSA				
Digital X-Ray storage system (PACS system)				
Any other equipment (add rows)				

**C. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF RADIO DIAGNOSIS:**

Parameter	On the day of assessment	Previous day data	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	-	(3)	(4)	(5)
<b>Total Plain X-rays (write average of all working days in a year in column 3, 4, 5)</b>					
IVP					
Barium Swallow					
Barium Upper GI studies					
Barium Meal Follow through					
<i>Barium Enema</i>					
<i>HSG</i>					

Signature of Dean

Signature of Assessor

Parameter	On the day of assessment	Previous day data	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	-	(3)	(4)	(5)
<i>Silography</i>					
Urethrogram					
MCUG					
Fistulography/ Sinography					
Total Number of Ultrasonography					
Number of Ultrasonography <i>(write average of all working days in a year in column 3, 4, 5)</i>					
Doppler studies for abdominal vessels and scrotal conditions					
Doppler study for peripheral vessels. Prepare data table.					
Doppler study for carotid vessels					
Other Doppler studies					
USG Guided procedures-FNAC/ Biopsy					
USG Guided procedures – aspiration/intervention					
Total CT scan					
<b>Total CT scan per day</b> <i>(write average of all working days in a year in column 3, 4, 5)</i>					
Number of plain CT Scans <i>(without contrast)</i>					
Number of plain CT Scans Brain. Prepare data table					
Number of plain CT Scans Abdomen. Prepare data table					
Number of plain CT Scans Head and Neck					
Number of CT contrast Enterography					
Number of CT contrast Urography. Prepare data table					
Number of CT contrast Enema					
CT guided procedures like FNAC/BIOPSY					
Total MRI					
<b>Total MRI per day</b> <i>(write average of all working days in a year in column 3, 4, 5)</i>					
Number of plain MRI (without contrast)					

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<b>Parameter</b>	<b>On the day of assessment</b>	<b>Previous day data</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3 (Last Year)</b>
<b>(1)</b>	<b>(2)</b>	<b>-</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
Number of plain MRI Brain. Prepare data table					
Number of plain MRI for spine. Prepare data table					
Number of MRI with contrast					
Number of MR Urography					
Number of MR Cholangiopancreatography. Prepare data table					
Mammography. Prepare data table					
Angiography (Conventional). Prepare data table					
Angiography (DSA)					
Any others (Please add rows)					

Signature of Dean

Signature of Assessor



## FORM-B (RADIO DIAGNOSIS)/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

### E. 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		
6.	Guest lectures		
7.	Death Audit Meetings		

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8.	Physician conference/ Continuing Medical Education (CME) organized.		
9.	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:**

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**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

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**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**

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/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.