

**राष्ट्रीय आयुर्विज्ञान आयोग**  
**National Medical Commission**  
**Medical Assessment & Rating Board (MARB)**

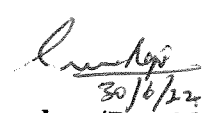
No. M-19011/21/2022-MARB/NMC

Date: 30.06.2022

**CIRCULAR**

It has been decided by the Medical Assessment and Rating Board (MARB) to revise the format of Affidavit and hereby informed that only applications with the affidavit (copy attached) without any changes will be accepted by the Medical Assessment and Rating Board w.e.f. 30.06.2022.

2. All institutions/medical colleges are hereby directed to submit the prescribed affidavit alongwith their application w.e.f. 30.06.2022 whosoever is intended to apply for -
- i. Establishment of New Medical College,
  - ii Renewal of Permission,
  - iii. Increase of seats,
  - iii. Recognition and
  - iv. Continuation of Recognition.

  
30/6/22  
**Member/President**  
**Medical Assessment and Rating Board (MARB)**  
**National Medical Commission**

**Copy to-**

- i. PPS to President (UGMEB)
- ii. PPS to President (PGMEB)

## PART A

**A1. Name of College:**

**A1.1. Address with pincode**

**A2. Annual student intake permitted:**

**A3. Are you running a PG program in your college (Please provide the subjects and the number of seats permitted to take along with the date from which permitted/recognized:**

**A4. Name of affiliating University& since when:**

**A5. Has your college ever been affiliated to any other university earlier in the past? If so, which university and from when till when?**

**A6. Stage of assessment/Batch:**

**A7. Details of hospital alongwith date of registration of the hospital (dd/mm/yyyy):**

**A8. College contact details:**

- I. Address:**
- II. Email:**
- III. Phone nos.:**
- IV. Website address:**
- V. Principal's detail alongwith mobile no. and Email id:**

**A9. Please provide the data asked for in the columns below with signatures, Stamp with name& designation and certify the contents to be true and verified.**

S. No.	Information	Reply
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1	Date of first LOP (Provide copy of LOP order from NMC/MCI/Ministry of H & FW) and number of seats:	
	Details of further LOPs with change of number of seats	
2	Date of essentiality certificate issued by Government(Provide copy of Essentiality Certificate order)	
3	Status of UG course and Recognition	
4	<b>Date of previous Renewals (Please provide approval letters for each)</b>	
	1 <sup>st</sup> renewal (2 <sup>nd</sup> batch)	
	2nd Renewal(3 <sup>rd</sup> batch)	
	3rd Renewal(4 <sup>th</sup> batch)	
	4th Renewal(5 <sup>th</sup> batch)	
	5th renewal renewal/Recognition	
	Any other	
	Date of Continuation of Recognition assessment	
5	Number of students admitted in last session: MBBS MD/MS DM/MCh.	
6	Has your college ever been denied a batch? If so, the reason thereof. Please provide a copy of the MCI/Ministry/NMC communication informing the reasons of the denial	
7	Has your college ever been given renewal of permission based on an undertaking from the Government/management? If so, please provide a copy of the undertaking given by the authority along with the deficiencies as they existed then.	
8	Has your college ever filed any case /ever been a party to any case against the Commission? If so,	

	Kindly provide the details of the case along with orders of the court.	
9	Has your college ever been granted any permission through the order of the court? If so, mention the year in which granted permission & also provide a copy of the order of the same	
10	Have you ever undergone a surprise assessment in your college? If so, when, and details of the show cause notice issued and the reply submitted?	
11	In case of private colleges, does the trust/society/any of the members running your college also run any other medical college? If so, give details	
12	In case of private colleges, has any medical college run by the trust/society/any of the members running your college ever been closed after opening? If so, give details:	
	I. Name of college	
	II. When started	
	III. When closed	
	IV. How many batches taken in	
	V. Have the students been distributed in other colleges. Please provide details thereof	
	VI. Essentiality certificate of that college (provide copy)	
	VII. Consent of affiliation of that college(Provide copy)	
	VIII. Name of the Trust/Society/Members running or managing the	

	medical college	
	IX. Details of the reason for closure	
13	Date when your last assessment was conducted? Mention the date of the regular assessment and the date of compliance assessment. What were the deficiencies pointed at that time?	
14	Have the deficiencies pointed out in the last assessment been complied with at present (Provide point by point compliance details on current date?	
15	What deficiencies pointed out last assessment still exist?	
16	Do you have BSL 2 Lab? Is it mentioned on the ICMR website?	
17	Name of the Grievance redressal officer alongwith email id and address	
	Grievances reported	2020 2021 2022

Certified that the above information provided is correct and has been verified by the undersigned

Signatures of Principal/Director/Dean with date, name and seal	Signatures of Chairperson of the management with date, name and seal( in case of private college)
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**NOTE: Please note that the signatory/ies is/are fully responsible for the veracity of the above information and if any false information is provided, action as may be deemed fit will be initiated against the person/s**

## PART B

Name of College:

Annual student intake permitted:

Are you running a PG program?

Name of affiliating University:

Stage of assessment/Batch:

Please provide the information as asked below

Note:

- *Only the facilities available and fully functional to be mentioned.*
- *Please do not mention any facility which is not available/operational/functional/under procurement/under construction/not available for use for whatever reason*

S. No.	Facility	Required at current stage of assessment	Available on date (ONLY FULLY FUNCTIONAL, FURNISHED & OPERATIONAL TO BE MENTIONED)	Deficiency, if any (To be mentioned by the college)
1	No of <b>examination halls</b> with capacity of each			
2	No. of <b>Lecture theatres</b> with capacity of each Capacity in college and in hospital			
	Air conditioned(Please mention for each LT)			
	AV aids (Please mention for each LT)			
	E class enabled(Please mention for each LT)			
3	Number of books in <b>central library</b>			
	Number of <b>Foreign</b>			

	<b>journals</b> in central library			
	No of <b>Indian journals</b> in central library			
	No. of <b>computers nodes</b> for students in library			
4	Capacity available in <b>hostel</b> for UG students Men Women Interns/Residents			
5	Total no. of <b>beds in hospital</b>			
	No. of beds in Emergency Medicine (Casualty)			
	Bed Occupancy Rate			
6	<b>No. of beds/units</b> in the Departments of:			
	General Medicine			
	Pediatrics			
	Resp. Medicine			
	Psychiatry			
	Dermatology			
	General surgery			
	Orthopedics			
	Ophthalmology			
	ENT			
	Obs/Gynec			
	TOTAL BEDS			
7	Which clinical departments have a <b>demonstration room</b> exclusively for use of teaching of UG students Where located (Ward/OPD) and capacity			
8	<b>Clinical material</b>	<b>Last 3 months</b>	<b>Last 15 days</b>	
	<b>OPD attendance</b> Average for 2021			



		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2020		
	2021		
	2022		
	<b>Bed occupancy</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	Bed Occupancy Average in 2022		
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2020		
	2021		
	2022		
	<b>Major operative case load</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	Average major operative case load in 2022		
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2020		
	2021		
	2022		
	<b>No. of deliveries</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	No. of average deliveries In 2022		
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2020		
	2021		
	2022		
	<b>No. of Caesarian sections</b>	<b>Last 3 months</b>	<b>Last 15 days</b>
	No. of average Caesarian sections in 2022		
		<b>Months of Jan/Feb/Mar</b>	<b>Months of Sept/Oct/Nov</b>
	2020		
	2021		
	2022		
		<b>Average figures of Last 3 months</b>	<b>Average Figures of Last 15 days</b>
	Average no. of plain X-rays		

	Average no. of CT scans			
	Average no. of MRI scans			
	Average no of Ultrasounds			
9	No. of Births reported to the Municipality/village register	2020 2021 2022		
	Address and pin code of the Corporation/village where births are reported			
	Website link/email Id /hyperlink of the corporation /village			
	No. of Deaths reported to the Municipality/village register	2020 2021 2022		
	Address and pin code of the Corporation/village where deaths are reported			
	Website link/email Id /hyperlink of the corporation /village			
10	Total no. of functional <b>major OT's</b>			
11	Total no. of functional <b>minior OT's</b>			
12	Total number of <b>Intensive care beds</b> along with Distribution:			
	ICU			
	ICCU			
	NICU			
	PICU			
	SICU			
13	Any other			
	No. of <b>X-ray machines</b> 60/100 mA (Portable)			
	500 mA			

	600 mA			
	800 mA			
	1000 mA			
	USG machines			
	CT scanner (Please mention if owned and operated by college or on PPP basis)			
	MRI scan (Please mention if owned & operated by hospital or on PPP basis)  <b>Please provide AERB certificates for each machine)</b>			
14	<b>Blood Bank</b> license number. Valid till?			
15	No. of <b>Nursing staff</b> / Matron/Nursing Suptd. DNS ANS Sister In charge Nursing officers			
16	<b>Para medical staff</b>			
17	<b>College website</b> address. Is it updated till date?			
18	<b>Department of Anatomy</b>			
	Labs with capacity			
	Museum			
	No. of demo rooms with capacity			
	AV aids available in demo rooms			
	Books in Dept. Lib			
	No. of dissection tables			
	Body chambers			
No. of cadavers				
19	<b>Department of Physiology</b>			
	Labs with capacity			

	Demo. Rooms with capacity			
	AV aids available in demo. Rooms			
	Books in Dept. Library			
20	<b>Department of Biochemistry</b>			
	Labs with capacity			
	Demo. Rooms with capacity			
	AV aids available in demo. Rooms			
	Books in Dept. Library			
21	<b>Department of Pathology</b>			
	Labs with capacity			
	Demo. Rooms with capacity			
	AV aids available in demo. Rooms			
	Books in Dept. Library			
	Service Lab – Histopathology Cytopathology Hematology Any specialized work			
22	<b>Department of Microbiology</b>			
	Labs with capacity			
	Demo. Rooms with capacity			
	AV aids available in demo. Rooms			
	Books in Dept. Library			
	Service Lab's availability –			
23	<b>Department of Pharmacology</b>			
	Labs with capacity			
	Demo. Rooms with capacity			

	AV aids available in demo. Rooms			
	Books in Dept. Library			
	CAL Lab with no. of terminals			
24	<b>Department of Forensic Medicine</b>			
	Labs with capacity			
	Demo. Rooms with capacity			
	30AV aids available in demo. Rooms			
	Books in Dept. Library			
	Mortuary			
	Museum			
	Cold storage facility			
	Post mortem permission			
	MLC cases done			
25	<b>Department of Community Medicine</b>			
	Labs with capacity			
	Demo. Rooms with capacity			
	AV aids available in demo. Rooms			
	Books in Dept. Library RHTC			
	Hostel facility			
	Specialists visits			
	National programmes			
	UHTC			

Signatures of Principal/Director/Dean with date, name and seal	Signatures of Chairperson of the management with date, name and seal( in case of private college)
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## PART C

### Faculty availability

- Please do not include any faculty member who is not available/is yet to be appointed/is still under consideration for appointment/has been relieved from the institution/has resigned from institution/is on long leave for any reason/ or is unavailable for whatever reason*

Current Designation	Names of the faculty members with qualification, Aadhar no., pan card no. and IMR no.(state registered )	Nature of employment Regular/Permanent or Contractual/Outsourced and Date of promotion	Details of service in the last 5 years					No. of lectures taken in last academic year	UG/PG Compliment (If conduction PG courses)	Total required	Total Available	Deficiency (College to calculate deficiency)
			1	2	3	4	5					
<b>Department: Anatomy</b>												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Tutor												
<b>Department: Physiology</b>												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Tutor												
<b>Department: Biochemistry</b>												
Professor												
Assoc. Prof.												
Asstt. Prof.												

Tutor													
<b>Department: Pharmacology</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Tutor													
<b>Department: Pathology</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Tutor													
<b>Department: Microbiology</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Tutor													
<b>Department: Forensic Medicine</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Tutor													
<b>Department: Community Medicine</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Epidemio -Logist- Cum- Asstt.Prof													
Statisticia n-Cum- Tutor													
Tutor													
<b>Department: General Medicine</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Sr. Resident													

Jr. Resident													
<b>Department: Paediatrics</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Sr. Resident													
Jr. Resident													
<b>Department: Respiratory Medicine</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Sr. Resident													
Jr. Resident													
<b>Department: Dermatology</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Sr. Resident													
Jr. Resident													
<b>Department: Psychiatry</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Sr. Resident													
Jr. Resident													
<b>Department: General Surgery</b>													
Professor													
Assoc. Prof.													
Asstt. Prof.													
Sr. Resident													



Jr. Resident												
Department: Orthopaedics												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Sr. Resident												
Jr. Resident												
Department: Otorhinolaryngology												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Sr. Resident												
Jr. Resident												
Department: Ophthalmology												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Sr. Resident												
Jr. Resident												
Department: Obstetrics & Gynaecology												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Sr. Resident												
Jr. Resident												
Department: Anaesthesiology												
Professor												
Assoc. Prof.												
Asstt. Prof.												
Sr. Resident												
Jr. Resident												

Department: Radiodiagnosis											
Professor											
Assoc. Prof.											
Asstt. Prof.											
Sr. Resident											
Department: Dentistry											
Professor											
Assoc. Prof.											
Asstt. Prof.											
Jr. Resident											

(Faculty number deficiency: Faculty members available /Faculty members required)

Faculty deficiency percentage:

- Has the Dean verified and certified all the educational and experience documents of the faculty members
- Has the Dean verified the form 16 and 26 AS from the Traces website and certifies that the faculty member is being paid his salary regularly on monthly basis into the account directly by RTGS & that his income tax is being deducted regularly & deposited in the account.
- The Dean/Principal/Director and also Chairman Management (in case of Private college) to verify and certify that they have verified every fact above and they are responsible for the veracity of the facts mentioned above.

Please note that in case any of the above information is found to be wrong, they would be held responsible for the same and action initiated as may be deemed fit.

Signatures of Principal/Director/Dean with date, name and seal	Signatures of Chairperson of the management with date, name and seal (in case of private college)
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