



NATIONAL MEDICAL COMMISSION
SELF-DECLARATION FORM FOR UNDERGRADUATE COURSES

1.

1.1. GENERAL INFORMATION OF MEDICAL COLLEGE/ INSTITUTION

- a) **Name of Medical College/Institution:** _____
- b) **College Type: Government/ Non-Government:** _____
- c) **Management of Non-government College :** Society/Trust/Company/ Autonomous Body/University/other

Date: Signature with stamp Dean/Principal/Director

d) LOP date of establishment of undergraduate college: _____

e) Dates of the Holidays of last year. Attach file as Annexure.

f) **Total working days of the year:** _____

g) College Address: _____

- College City/Town: _____

- College District: _____

- College State: _____

- Pin Code: _____

h) College Website: _____

i) College E-mail ID: _____

j) College Landline No.: _____

k) College Mobile/Phone No.: _____

Date: Signature with stamp Dean/Principal/Director

l) College Competent Authority: Dean/ Director/ Principal

m) College Competent Authority Name: _____

n) College Competent Authority E-mail ID: _____

o) College Competent Authority Mobile No: _____

p) College Competent Authority Landline No: _____

q) Name and Address of Affiliated University: _____

(University Affiliation details)

Ref. No. & Date

r) Name and address of the Vice-Chancellor: _____

s) Landline No. /Mobile No. of the Vice-Chancellor.: _____

t) E-mail address of the Vice-Chancellor: _____

Date: Signature with stamp Dean/Principal/Director

u) Permitted annual intake of UG students: _____

i. LOP for establishment (date & letter No.): _____

ii. LOP for Increase of seats/Renewal: (date & letter No.): _____

iii. Year of recognition: _____

iv. Missing batches and year (if any) _____

v. Was the college denied a batch (If yes, give reasons): _____

vi. Is the college running PG Course- Yes/No: _____

(If yes, give department wise details in section 1.13) _____

vii. Last physical Assessment Date: _____

1.2 (a) Location: The applicant college is located in _____ (city/village) of _____ taluka _____ district of _____ state.

1.2 (b) The College has following plots of land:

Date: Signature with stamp Dean/Principal/Director

Plot	Survey	Place	Area	Remarks if any

1.2 (c) Is the campus unitary/ divided into parts?

If not unitary, distance between parts. _____.

1.3 Building Plan approval from the competent authority: _____

Name of the authority: _____

Date of approval _____

1.4 Buildings:

College: _____ sq.mt.

Hospital (including OPD): _____ sq.mt.

Hostel _____ sq.mt.

Residential complex ----- sq.mt.

1.5 Building Use/ Occupancy Certificate: Order no: _____ dated _____

Approved by: (Name of Authority) _____

Date: Signature with stamp Dean/Principal/Director

1.6

Office Space	Area	Adequate/ Not Adequate
Medical superintendent's Office		
Administrative Office		

1.7 **Water Supply:** Through Municipal / Bore wells _____1.8 **Electric supply:** Sanctioned Load _____KVA.1.9 **Generators: available/not available,** Available load _____KVA1.10 **Drainage & sewage disposal (modality):**1.11 **Pollution Certificate (date and validity):**1.12 **Working Hours:**

1. OPD Timings: _____am to _____pm

2. College Timings: _____am to _____pm

3. Library Timings: _____am to _____pm

Date: Signature with stamp Dean/Principal/Director

1.13 (A) Details of PG courses run by the college / Institution:

S. No.	Department / Speciality	Diploma / MD / MS/ M.Ch/ DM/other	Number of permitted Seats	Number of Seats filled in last Academic year

1.13 (B) Details of other academic colleges available in the campus: [Yes / No]

- (a) Dental College : _____
- (b) Nursing College : _____
- (c) Physiotherapy College : _____
- (d) Pharmacy College : _____
- (e) Paramedical Sciences : _____
- (f) Ayush College : _____
- (g) Engineering College : _____
- (h) Any other : _____

1.13 (C) Details of any other medical college being run by same management / Trust / Society / Company, anywhere: Write location, No. of seats, LOP details, etc. (to be filled only by private colleges)

Date: Signature with stamp Dean/Principal/Director

1.14 Annual Budget: College& Hospital

Year	Current Financial Year		Previous financial year As per Audited report	
	College	Hospital	College	Hospital
Salary <u>Faculty</u> Doctors (Teaching) Residents/ Interns Doctors (Non-teaching) Nursing staff Technical Staff Other Staff				
Technical and Training				
Library & Education				

Date: Signature with stamp Dean/Principal/Director

Maintenance				
Contingencies				
Others				
Total				

1.15 Medical Education Unit (MEU):

Available as per Regulations: Yes/No

- Name of the MEU coordinator
- Name, Designation & Experience of affiliated faculty

Name	Designation	Experience	

- Name of the NMC/MCI Regional (Nodal) Centre where above training has been undertaken.

Date: Signature with stamp Dean/Principal/Director

- Details of the Orientation programme and Basic Course Workshop undergone by MEU (No. of programmes organized during Academic year, No. of Persons who attended, proceedings (to be verified at the time of assessment))
- Date/s of the above workshops
- Details & Duration of Workshops in Medical Education Technology conducted by MEU.
- Details of faculty who have undergone basic course workshop in Medical Education Technology at the allocated NMC/MCI Regional Centre
- Details of faculty who have undergone advanced course workshop in Medical Education Technology at the allocated NMC/MCI Regional Centre
- Feedback evaluation of workshops and action taken reports based on feedback obtained

(Attach documents/details in a separate sheet wherever required)

1.16 Continuing Medical Education:

- Number and details of CMEs/workshop organized by the college held in the past 1 year: ____

1.17 (a) College Council:

Available as per Regulations: Yes/No

- Name, designation, contact no. and address of the President & Secretary.
- Composition of the Council (HODs as members & Principal / Dean as chairperson)
- Is there a student representative in the council? (Y/N)
- No. of times the College Council meets per year (minimum 4) : ____
- Action taken report on College Council Meetings (details / comments in annexure II)

1.17 (b) Curriculum Committee

Date: Signature with stamp Dean/Principal/Director

Available as per Regulations: Yes/No

- Name and designation of the Members
- No. of meeting in the previous year

(Action taken report to be stated/attach documents)

1.17 (c) Pharmacovigilance Committee: Available as per Regulations: Yes/No

- Name and designation of the Members
- No. of meeting in the previous year

(Action taken report to be stated/attach documents)

1.17 (d) Gender Harassment Committee: Available as per Regulations: Yes/No

- Name and designation of the Members
- No. of meeting in the previous year

(Action taken report to be stated/attach documents)

1.17 (e) Anti Ragging Committee: Available as per Regulations: Yes/No

- Name and designation of the Members
- No. of meeting in the previous year

(Action taken report to be stated/attach documents)

Date: Signature with stamp Dean/Principal/Director

1.18 TEACHING FACILITIES**1.18 (A) Small Group Teaching****i. Teaching rooms**

Number	
AV aids	Available/Not available
Internet facility	Available/Not available

ii. Student Practical Labs –

Name of the Lab	Number	AV aids	Internet facility
Histology		Available/Not available	Available/Not available
Clinical Physiology		Available/Not available	Available/Not available
Biochemistry		Available/Not available	Available/Not available
Histopathology & Cytopathology		Available/Not available	Available/Not available
Clinical Pathology & Hematology		Available/Not available	Available/Not available
Microbiology		Available/Not available	Available/Not available
Clinical pharmacology		Available/Not available	Available/Not available
Computer Assisted Learning (CAL) in Pharmacology		Available/Not available	Available/Not available

iii. Museum

Name of department	Capacity	AV aids	Internet facility available
		Available/Not available	Available/Not available

Date: Signature with stamp Dean/Principal/Director

		Available/Not available	Available/Not available
		Available/Not available	Available/Not available
		Available/Not available	Available/Not available
		Available/Not available	Available/Not available
		Available/Not available	Available/Not available
		Available/Not available	Available/Not available

***Attach schedule of sharing time if shared between the department**

1.18(B) Skills laboratory

Available/Not available	
Number	
Capacity	
Room for demonstration (Yes/No)	(Yes/No)
Area of review or debriefing (Yes/ No)	(Yes/No)
Room for faculty coordinator and support staff (Yes/ No)	(Yes/No)
Adequate storage area for mannequin and other equipment (Yes/No)	(Yes/No)
Facility for video recording (Yes/ No)	(Yes/No)
Station for practicing skills individually/ group (Yes/ No)	(Yes/No)
Dedicated technical officer and adequate support staff (Yes/ No)	(Yes/No)
AV aids (Yes / No)	(Yes/No)
Internet facility (Yes / No)	(Yes/No)

Date: Signature with stamp Dean/Principal/Director

1.19 (A) TEACHING PROGRAMME AND QUALITY OF MEDICAL EDUCATION

Qualitative indicators -

1. Implementation of the competency-based curriculum

- Whether latest National Medical Commission (NMC), Competency Based Curriculum implemented in all phases (1st MBBS, 2nd MBBS, 3rd MBBS part-1 and 3rd MBBS part-2) of MBBS program? Yes/ No
- A notice regarding teaching timetable for first MBBS, Second MBBS, Third MBBS Part-I and Third MBBS Part-II is released from the office of Principal and Controller which clearly mentions the time and day allotted for theory lecture, demonstrations, clinical posting and practical classes in various subjects? Yes/ No
- Is Competency based teaching schedule with specific learning objectives being followed? Yes/ No
- Is Horizontal and vertical integration across one and multiple phases done? Yes/ No
- Is the Orientation/ foundation course implemented? Yes/ No
- Is AETCOM (Attitude, Ethics and Communication) being implemented in all phase?: Yes/ No
- Is the teaching for AETCOM done in small groups using innovative teaching learning methods? Yes/ No
- Does two months electives are being introduced for student? Yes/ No
- Does the college ensure that all the aspects of clinical medicine are included as part of required clinical instruction? Yes/ No
- Is the regular updating of student attendance done? Yes/ No
- Are the Competency based logbooks being implemented in all subjects of MBBS course in all the phases including electives and family adoption program? Yes/ No
- It is ensured that all the students complete their logbooks before appearing in the University examination? Yes/ No (take at least two samples of logbook)
- Is curriculum displayed on notice board? Yes/ No
- Has the assessor directly observed whether faculty member displayed the specific learning objective for the student in the teaching session in lecture theatre? Yes/ No
- Is evidence-based teaching done (e.g.: through bedside case discussion and presentation by students)? Yes/ No
- Do the students participate in required laboratory exercises (real or simulated)? Yes/ No

Date: Signature with stamp Dean/Principal/Director

- Is regular Mentor-mentee program being conducted where mentors are available 24*7 to solve any problem encountered by the students: Yes/ No
- Is the college using optimal technology as teaching aid for medical education? Yes/ No
- Does college have implemented overall student development programme? Yes/No (support with documentary evidence)
 - Extracurricular activities: Yes/No
 - Yoga and Physical activity: Yes/No
 - Programme for societal needs and demand on healthcare (field visit, industry visit and family adoption program): Yes/No
- Has the college implemented faculty development program? Yes/No
 - Revised Basic Course Workshop (rBCW)/ Basic Course in Medical Education (BCME)/ Advanced course in Medical Education (ACME): Yes/ No
 - Are faculty members trained for Curriculum Implementation Support Program (CISP)? Yes/ No
 - Faculty development activities to enhance skills for assessment of student's performance? Yes/No
 - Does the Medical Education unit continuously update all the faculty members regarding the curriculum and CBME? Yes/ No
- Is feedback from students regularly obtained? Yes/No

2. Describe where in the curriculum (specific course or clerkship) students gain experience in the following areas. Include the settings in which instruction occurs (e.g., classroom, clinical) and the format(s) used (e.g., lecture, small-group, standardized patient, role play, etc.).

- a. Communicating with patients and patient families.
- b. Communicating with colleagues (medical and non-medical)

Indicate where in the curriculum students learn about the medical consequences of common societal problems.

- 3. Describe how in the curriculum students learn about cultural and socio-economic issues.**
- 4. Describe any institution-level programmes to enhance the teaching and evaluation skills of graduate students, postdoctoral fellows, or residents.**

Date: Signature with stamp Dean/Principal/Director

5. What are the respective roles of central college bodies, e.g. the Medical education unit, Curriculum Committee and individual disciplines in designing and implementing assessments?
6. How does the college ensure the maintenance of standards and the fairness of assessments?
7. Describe how the college ensures that the methods used to assess student performance are appropriate to achieve its institutional and course or clerkship-specific objectives.
8. If the curriculum contains formal experiences in problem solving and clinical reasoning, provide examples and indicate how student achievement is assessed.
9. Describe how the college ensures that mid-course assessments occur. Include methods (such as review of test results, formal written comments, oral comments) used to provide formative feedback.
10. Include a copy of any standard form(s) used by faculty members or resident physicians to assess students during required clinical clerkships.
11. Describe how the college assesses the personal qualities of students and interactions with patients and colleagues.
12. Describe the composition of various college committees and mechanisms for selecting its members and chair.
13. Describe the roles of the Curriculum Committee and any subcommittees, chief academic officer or associate dean for educational programmes. How do the committees ensure use of appropriate teaching methods or instructional formats?
14. Describe how the college ensures that content is coordinated and integrated within and across academic periods of study?
15. Describe how the Curriculum Committee monitors the content of required courses and clerkships, and how gaps and unwanted redundancies are identified.
16. Summarize the principal features of last major revision of the curriculum including the reasons for the change and the specific goals that the change was designed to accomplish.

Date: Signature with stamp Dean/Principal/Director

17. Describe the process of formal review of the curriculum with respect to required courses, academic periods and timetable. Include in the description how often such reviews are conducted, how they are conducted, and under what auspices (e.g., the department, the curriculum committee) they are undertaken.

1.19 (B) Teaching Modalities

Available as per Regulations	YES/NO
Didactic teaching	YES/NO
Demonstrations	YES/NO
Integrated teaching (Horizontal/ Vertical teaching)	YES/NO
Clinical postings	YES/NO
Clinical Pathological Conference	YES/NO
Grand Rounds	YES/NO
Statistical Meeting	YES/NO
Seminars	YES/NO
SDL (Self Directed Learning)	YES/NO
AETCOM	YES/NO
SGD (Small group Discussion)	YES/NO
Integration of classes	
Phase I	YES/NO
Phase II	YES/NO
Phase II	YES/NO
Internship training logbook (whether as per CBME curriculum)	

Date: Signature with stamp Dean/Principal/Director

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1.19 (C) Provide the examination results for the three most recently completed academic including supplementary exams years.
E.g.:

Year	No. examined	% passing	% Distinction
2022-23			
2021-22			
2020-21			

1.19 (D) Pass percentage / Graduation completion (for the last five years)

	Last Year		2 Years Prior		3 Years Prior		4 Years Prior		5 Years Prior	
	No.	%	No.	%	No.	%	No.	%	No.	%
Number of students graduated per year										
Number of students failed										
Graduates placed in internship										
Graduates successfully completed internship										

Date: Signature with stamp Dean/Principal/Director

1.19 (E) Lecture Theatres (Medical college):

Name	capacity	Gallery Type	A.V. Aids	Internet facility	ICT enabled (Information, Communication and Technology)
Lecture Theatres 1		Yes/No	Available/Not available	Available/Not available	Available/Not available
Lecture Theatres 2		Yes/No	Available/Not available	Available/Not available	Available/Not available
Lecture Theatres 3		Yes/No	Available/Not available	Available/Not available	Available/Not available

Lecture Theatres :Hospital (*mandatory in case of hospital not in same unitary campus)

Name	capacity	Gallery Type	A.V. Aids	Internet facility	ICT enabled (Information, Communication and Technology)
Lecture Theatres 1			Available/Not available	Available/Not available	Available/Not available

1.19 (F) Examination Hall: Available: Yes/No

Area:

Capacity:

Date: Signature with stamp Dean/Principal/Director

1.20 Library:

a. Air-conditioned – Yes/No

b. Working Hours: _____

	Required		Available	
Area	_____ Sq.m.		_____ Sq.m.	
Student Reading Room	_____ Capacity		_____ Capacity	
Room for stocking old books, journals, etc.,	Yes / No			
No. of Books				
Internet Nodes (at least 10% of annual intake of students)			Available/Not Available	
Faculty Reading Room	Available/Not Available			
Room for librarian and other staff	Available/Not Available			
	Required Nos		Available Nos.	
	Hard copy	/ e journals	Hard copy	/ e journals
Journals (Indian)				
Journals (Foreign)				

Kindly provide invoice and proof of money paid in case order has been placed for new journals and books.

1.21 Common Room for Boys & Girls:

	Available Area	Toilet – Attached Yes/ No	Comment on maintenance/cleanliness
Boys			
Girls			

Date: Signature with stamp Dean/Principal/Director

1.22 Recreational Facilities:

	Details
Outdoor games facilities	
Play field/s	
Indoor games facilities	
Gymnasium	
Cafeteria	
Space for cultural activities	

1.23 Central Photography Section: Available:/Not Available:

Staff details:

Equipments details:

1.24 Hostel: Location – Within campus / Outside campus (distance _____)

Hostel Category	Available Capacity (RoomsXcapacity = Total capacity)	Furnished (Y/N)	Toilet (Y/N)	Mess (Y/N)	Hygiene of Hostel campus	Common room (Y/N)	Visitor room, Recreation room with TV, Music, Indoor Games

Date: Signature with stamp Dean/Principal/Director

							(Y/N)
UG Students	Boys						
	Girls						
Interns	Boys						
	Girls						
Residents including PGs	Boys						
	Girls						

*As per new MSR, It is desirable that hostel rooms are double accommodation facilities. Adequate recreational, dining and 24x7 security facilities shall be provided at the hostels.

1.25 Department of radio diagnosis

a. Equipment:

Sl. No.	Name of the Equipment		Numbers Available	Functional Status	Important Specifications in brief

Date: Signature with stamp Dean/Principal/Director

1.	X-Ray Machines- Static i. ii. iii.				
2.	X-Ray Machines- Portable i. ii. iii.				
3.	X-Ray Machines- TV/Imaging facility				
4.	CT Scan (Mention slices, year of manufacturing with other specifications) i. ii.				
5.	MRI (Mention Tesla, year of manufacture with other specifications)				

Date: Signature with stamp Dean/Principal/Director

6.	USG – Grey Scale (mention probes available with each machine) i. ii. iii.				
7.	USG – Colour Doppler (mention probes available with each machine) i. ii. iii.				
8.	Mammography				
9.	DSA				
10.	Any other equipment (add rows)				

Date: Signature with stamp Dean/Principal/Director

1.26 Department of Yoga: Available / Not Available**Number of Yoga instructor/ trainer: Male****Female****1.27 Clinical Material**

OPD timings	_____A.M. to _____P.M.
Adequate reception area	Yes / No
Patient waiting hall	Yes / No

Department	OPD Area	Yes/no	Available as per requirement
Medicine	Injection room for male	Yes/no	Yes/no
	Injection room for female	Yes/no	Yes/no
	E.C.G. Room	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no
	Patient examination rooms (give numbers)		Yes/no
	Average OPD attendance (per day) -		Yes/no
Dermatology	Clinical demonstration room -	Yes/No	Yes/no
	Patient examination rooms (give numbers)		Yes/No
Psychiatry	Clinical demonstration room	Yes/No	Yes/No
	Patient examination rooms (give numbers)		Yes/No

Date: Signature with stamp Dean/Principal/Director

Surgery	Dressing room - Male	Yes/no	Yes/no
	Dressing room - Female	Yes/no	Yes/no
	Minor OT	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no
	Patient examination rooms (give numbers		Yes/no
	Average OPD attendance (per day) -		Yes/no
Orthopaedics	Dressing room - Male	Yes/no	Yes/no
	Dressing room - Female	Yes/no	Yes/no
	Plaster room	Yes/no	Yes/no
	Plaster cutting room	Yes/no	Yes/no
	Minor OT	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no
	Patient examination rooms (give numbers)		Yes/no
	Average OPD attendance (per day) -		Yes/no
Ophthalmology	Refraction Rooms	Yes/no	Yes/no

Date: Signature with stamp Dean/Principal/Director

	Dressing Rooms / Minor Procedure Room	Yes/no	Yes/no
	Minor OT	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no
	Patient examination rooms (give numbers)		Yes/no
	Average OPD attendance (per day)		Yes/no
ENT	Audiometry (Room AC & Soundproof) -	Yes/no	Yes/no
	Speech Therapy	Yes/no	Yes/no
	Minor OT	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no
	Patient examination rooms (give numbers)		Yes/no
	Average OPD attendance (per day) -		Yes/no
Pediatrics	Well Baby Clinic	Yes/no	Yes/no
	Immunization Clinic	Yes/no	Yes/no
	Child Rehabilitation Clinic	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no

Date: Signature with stamp Dean/Principal/Director

	Patient examination rooms (give numbers)	Yes/no	Yes/no
	Average OPD attendance (per day)		Yes/no
OBS & GYN	Antenatal Clinic	Yes/no	Yes/no
	Infertility Clinic	Yes/no	Yes/no
	Family Welfare Clinic	Yes/no	Yes/no
	Cancer Detection Clinic	Yes/no	Yes/no
	Minor OT	Yes/no	Yes/no
	Clinical demonstration room	Yes/no	Yes/no
	Patient examination rooms (give numbers)		Yes/no
	Average OPD attendance (per day) -		Yes/no

Item	Data
Average daily O.P.D. attendance (Of OPD days of 12 months)	

Date: Signature with stamp Dean/Principal/Director

Item	Data
Average daily Casualty attendance (24 hrs. data) (Of all days of 12 months)	
No of admissions of 12 months (Whole hospital)	
No. of discharges of 12 months (Whole hospital)	
% of Bed occupancy (daily average of whole year)	
No. of medicolegal cases of whole year	

Date: Signature with stamp Dean/Principal/Director

Item	Data	
No. of births of whole year including caesarian section(Attach minimum 5 birth certificates)		
Average weekly birth rate		
No. of normal deliveries		
No. of caesarian sections		
No. of deaths (of whole year) Attach minimum 5 death certificates)		
<u>Operative Work</u>		
Average No. of major surgical operations per day (average of all working days of year)		
Average No. of minor surgical operations per day (average of all working days of year)		
<u>Radiological Investigations - No of patients.</u>	O.P.D	I.P.D
Plain X-ray (Daily average (Of 12 months))		

Date: Signature with stamp Dean/Principal/Director

Item	Data	
Ultrasonography (Daily average (Of 12 months))		
Contrast X rays (Daily average (Of 12 months))		
C.T. Scan (Daily average (Of 12 months))		
MRI (Daily average (Of 12 months))		
<u>Laboratory Investigations – No of patients/samples</u>	O.P.D	I.P.D
Biochemistry (Daily average (Of 12 months))		
Microbiology (Daily average (Of 12 months))		

Date: Signature with stamp Dean/Principal/Director

Item	Data	
Serology (Daily average (Of 12 months))		
Haematology (Daily average (Of 12 months))		
Clinical pathology/Lab Medicine (Daily average (Of 12 months))		
Histopathology (Daily average (Of 12 months))		
Cytopathology (Daily average (Of 12 months))		
Others (Daily average (Of 12 months))		
Any other (HIV/ AIDS, DOTs, Malaria etc) (Daily average		

Date: Signature with stamp Dean/Principal/Director

Item	Data
(Of 12 months))	

1.28 Department of Anaesthesia

Services available 24*7: Yes/ No

1.28 (A) PAC (Pre-Anesthetic Checkup): Available / Not Available**1.28 (B) Pain Clinic: Available / Not Available****1.29 ART Centre:** Available and functional: Yes / No

Facility for management of (MDR)-TB: Yes/ No

1.30 Central Clinical Laboratory: Under control of department of: _____**Separate sections for Clinical Pathology, Microbiology, Hematology & Clinical Biochemistry: Available / Not available**

Labs	Available (Y/N)	Average number of samples per day
Histopathology		
Cytopathology		
Hematology		

Date: Signature with stamp Dean/Principal/Director

Clinical Pathology		
Clinical Biochemistry		
Microbiology		

1.31 Department of Dentistry: Available / Not Available

1.32 Department of Integrative Medical Research : Available / Not Available

1.33 Hospital Infection Control Committee (HICC): Available / Not Available

1.34 Blood Bank:

Available and functional: **Yes / No**

Under control of department of : _____

Airconditioned: Yes / NO

License valid up to: _____ (license number and copy to be appended as **annexure**)

Blood component Facility – Available/Not available

Average number of units dispensed in a day _____

1.35 Pharmacy: 24-Hour Pharmacy services available: YES/ NO

Pharmacist In charge and other staff available: Yes/ No

1.36 Medical Record Section:

- Manual / Computerized _____

Date: Signature with stamp Dean/Principal/Director

- ICD X classification of diseases followed for indexing: Yes/ No

1.37 Central sterilization Department: Available / Not Available

1.38 Central laundry/Alternative Arrangements: Available / Not Available

- In House/Outsourced {if outsourced, then MOU copy to be annexed}

1.39 Kitchen/ Pantry Arrangements

- In-House/Outsourced {if outsourced, then MOU copy to be annexed} :
- Food free of charge: Yes/No
- Provision of special diet: Yes/No
- Services of a nutritionist/dietician: Available/Not available

1.40 (a) Total no. of Canteens: _____ For staff _____ For students _____ For Patients/Relatives: _____

(b) Total no. of Mess in campus: _____

1.41 Arrangements for Biomedical Waste Management:

- Outsourced/in-house: (if outsourced, append MOU) (If in-house, please give details of facilities)
- Is it compliant as per BMW (Management & Handling) Rules 2019: Yes/No
- Provide registration certificate and receipt.
- Is the provision of fire safety & PWD (Person with disability)-friendly arrangement available: Yes/ No

1.42 Central Research Lab: Available – Yes/No

Manpower available (as per annexure I of UG MSR 2023): Yes/No

1.43 Are there any research projects completed/ongoing in the last academic year: Y/N

Date: Signature with stamp Dean/Principal/Director

1.44 (A) Aadhar Enabled Biometric Attendance System (AEBAS): Available: Yes / No

(a) If available, for faculty: Yes/No

(b) For residents: Yes/No

(c) For support staff: Yes/No

(d) For students (preferably with face recognition) :Yes / No (As per new MSR 2023)

1.44 (B) Is closed circuit TV monitoring of Medical Colleges (as per annexure II of UG MSR) available? Yes/No

- Is close circuit camera available? Yes/ No
- Are Cameras installed as per Annexure II of UG MSR 2023 : Yes/ No
- Mention the number of cameras as per the Annexure II of UG MSR 2023

1.45 Total Number of Teaching Beds (Distance between two beds should be 1.5 m)

Total Beds in Teaching Hospital (Inside Campus) - _____

Total Beds in Teaching Hospital (Outside the Campus) (_____ Kms. from the main campus) - _____

*For hospitals with 100 or more beds dedicated for Gen. Surgeon, at least 10% shall be dedicated to Pediatric surgery.

Department	No. of Wards and Units	Total Beds Available	Beds Required * (as per NMC guidelines)	Is there PG course running Y/N	Are Additional beds available for PG seats			Storage room Y/N	Pantry room	HDU (High Dependency Unit)	Resident and Student Duty Room Y/N	Clinical demo Room Y/N
						Nursing Station Y/N	Exam and Treat Room Y/N					
Gen. Medicine												
Pediatrics												
Psychiatry												

Date: Signature with stamp Dean/Principal/Director

Dermatology												
Gen. Surgery												
Orthopedics												
Ophthalmology												
ENT												
OBS & GYN												
Total												

* If PG courses are running, beds requirement to be increased according to PG seats

1.46 Central casualty/ Emergency services: Available No of Beds:

- Number of CMO posted/Shift : _____
- Number of nurses posted /Shift: _____
- Separate casualty for OBGY cases: Yes/ No If available, No. of beds _____
- Facilities for triage: Yes/ No No. of patient trolleys _____ No. of Triage area beds _____
- Accommodation for resuscitation services: Yes / No
- Minor OT: Yes/ No Plaster room: Yes/ No

Date: Signature with stamp Dean/Principal/Director

Equipment	Availability Yes/No	Number
Central Oxygen & suction facility		
Pulse oximeter		
Ambu bag		
Ultrasonography Machine		
Crash Cart		
Emergency Drug Tray		
Defibrillator		
Ventilator		
X-ray Unit – (Mobile)		
Investigation facilities		

1.47 Operation theatres:

OT as per requirements	No. of OT
Major OT	
Minor OT- well equipped (with Anaesthesia facility) (1 for each surgical specialty)	

Date: Signature with stamp Dean/Principal/Director

*Every surgical specialty shall have at least one well equipped Minor OT attached to it

Equipment available in O. T. (Specify numbers)

Department	AC Y/N	Central Oxygen/ Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N	Average no. of major surgeries per week
Gen Surgery							
ENT							
Ophthal							
Ortho							
Obs & Gyne							
Emergency							
Septic							

No. of Pre-operative Beds available _____

No. of Post Operative Beds available _____

1.48 Intensive Care:

Type	No. of Beds Avail able	AC Y/N	Central Oxygen/ Suction Y/N	Major Equipment (Trolley-cum-beds, Monitors, Ventilators, ABG, Pulse Oximeters, Infusion pumps, Glucometers etc.) Y/N	Portable X-Ray, USG, ECG	Residents Appointed	Nurses Appointed	Average No. of Patients per day
ICCU								
ICU								
NICU								

Date: Signature with stamp Dean/Principal/Director

PICU								
OBS HDU/ICU								
Critical care burns unit								
Intensive Respiratory care units								
Post-op surgical critical care unit								
Total								

1.49 Labor Room: Available/Not available

1.50 Non-teaching staff (Doctors, Nurses, Paramedical and Support staff):

Category	Available No.
Non-Teaching Specialists	
Medical Officers	
Non PG Junior Residents	
Paramedical/ Ancillary/ Technical staff	
Sanitary & Support staff	

Date: Signature with stamp Dean/Principal/Director

Nursing staff	Available No.
Staff Nurses	
Sister Incharge	
ANS	
DNS	
Nursing Suptd	
Total	

DEPARTMENT WISE TEACHING FACILITIES

1.51 Anatomy

	Available		Available
Demonstration Room/s No ____ Capacity _____		AV Aids:	
Histology practical laboratory - Number of Lab seats ____ Number of microscopes_____		Museum: ____ seating capacity Mounted specimens	

Date: Signature with stamp Dean/Principal/Director

	Available		Available
- Dissection Hall (should accommodate 50% of annual student intake) - Number of dissection tables - - Cold store / cooling chambers - - Capacity of _____ Bodies - Embalming room - - Number of Cadavers - - Storage tanks - - Band saw -		Models - Wet & Dry Bone Sets Articulated Disarticulated MRI & CT images	
Lockers - _____		Departmental Library- (Mention No. of Books. And attach list)	

Adequate exhaust, light, water supply and drainage facilities - Available/not available

Rooms for Faculty - Available/not available

*Please attach List of available Equipment along with their functional status.

1.52 Physiology

	Available		Available
Demonstration Room/s No _____ Capacity - _____		AV Aids:	
Number of practical laboratories		Library / Seminar rooms- (Mention No. of Books. And attach list)	

Date: Signature with stamp Dean/Principal/Director

Number of Lab seats - ____			
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Rooms for Faculty - Available/not available

*Please attach List of available Equipment along with their functional status

1.53 Biochemistry

	Available		Available
Demonstration Room/s No ____ Capacity - ____		AV Aids:	
Number of practical laboratories		Library / Seminar rooms- (Mention No. of Books. And attach list)	
Number of Lab seats - ____			

Rooms for Faculty - Available/not available

*Please attach List of available Equipment along with their functional status

1.54 Pathology

	Available		Available
Number of Lab seats /Workstations		AV Aids:	
Practical labs - Morbidity Anatomy/Histopath./ Cytology - ____		Museum: Seating Capacity-____ students	

Date: Signature with stamp Dean/Principal/Director

Microscopes_____		Specimens: • Mounted • Unmounted • Catalogues	
Clinical Pathology/Hematology - _____			
Microscopes_____			
Departmental library - (Mention No. of Books. And attach list)			
Service Lab - Histopathology/Cytopathology/ Hematology/Any specialized work			

Rooms for Faculty - Available/not available

*Please attach List of available Equipment along with their functional status

1.55 Microbiology

	Available Yes/ No		Available
No. of Service Laboratories • Bacteriology including anaerobic bacteria. • Serology • Virology • Parasitology • Mycology • Tuberculosis • Immunology		AV Aids:	
Practical laboratory Number of Lab seats - _____ Number of microscopes/laboratory -		Media preparation facility Autoclaving, Washing, and drawing room	

Date: Signature with stamp Dean/Principal/Director

BSL-2 Virology lab – Yes/ No		Museum: Specimen, Charts, Models & Catalogue	
Departmental library - (Mention No. of Books. And attach list)		Seating capacity- _____	

Rooms for Faculty - Available/not available

*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status

1.56 Pharmacology

	Available		Available
Demonstration Room/s No - _____ Capacity - _____ students		AV Aids:	
Clinical pharmacology Lab		Museum: _____ seating capacity Specimens Charts Models History of Medicine Catalogues	
Is there animal holding area: Yes/No If yes, then is it as per CPCSEA guidelines: Yes/No			
Computer Assisted Learning Lab		Mannequins	

Rooms for Faculty - Available/not available

*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status

Date: Signature with stamp Dean/Principal/Director

1.57 Forensic Medicine and toxicology

	Available		Available
Demonstration Room/s No - _____ Capacity - _____ students		AV Aids:	
Forensic Medicine Practical Lab		Museum : • Medico-Legal Specimens _____ • Charts _____ • Prototype fire arms _____ • Slides _____ • Poisons _____ • Photographs _____ Catalogues _____	
Autopsy Block. Location – In/Near hospital in a separate structure.			
Mortuary available: Yes/No			
Cold storage - _ Capacity of _____ Bodies			
Departmental library – (Mention No. of Books. And attach list)			

Rooms for Faculty - Available/not available

*Please attach List of available Equipment (as per schedule III of new MSR 2023) along with their functional status

1.58 Community Medicine

	Available		Available
Demonstration Room/s No - _____ Capacity - _____ students		AV Aids:	
Museum: • Charts • Models • Specimens • Catalogues		Departmental Library - (Mention No. of Books. And attach list)	

Date: Signature with stamp Dean/Principal/Director

Rooms for Faculty - Available/not available

1.59 (a) Health Centers (Department of Community Medicine)

RHTC: Available/Not Available

Number: _____(Place/Location) _____ (Distance from the college) _____

Population covered by the RHTC	
Is it owned by /affiliated to College (Yes/No) OR Affiliated to Government owned health centres (Yes/No)	
Distance from the college (within 30 Kms for Tier I cities or within 50 Kms) Yes/No	
No. of Students_____Visit per batch throughout the year No. of Interns_____Posted per batch throughout the year	
Separate residential arrangement for accommodating boys and Girls (For Interns): Yes/No	
Facilities for cooking & dining: Yes/No OR Mess facility: Yes/No	
Transport facility: Yes/No	
Is there scheme of adoption of families: Yes/No	

Date: Signature with stamp Dean/Principal/Director

Daily OPD	
Specialist visits if any	
Cold chain equipment available	
Survey/MCH/Immunization/FP registers	
Activities under the National Health Programmes	

1.59 (b) U.H.T.C.: Available/Not Available

Number: _____ (Place/Location) _____ (Distance from the college) _____

Population covered by the UHC	
Is it owned by /affiliated to College (Yes/No) OR Affiliated to Government owned health centres (Yes/No)	
Daily OPD	
Diagnostics camps	
Survey/MCH/Immunization/FP registers	
Specialist visits if any	
No. of Students and interns posted in batches of	

Date: Signature with stamp Dean/Principal/Director

Manpower	RHTC	UHTC
Students		
Assistant Professor in-charge (in rotation) & MO (one male, one female) (at least one must be a Lady Medical Officer)		
PHN/trained staff nurse with community field experience		
ANM		
Medical Social Worker		
Technician/ Technical Assistant		
Pharmacist		
Sanitary inspector/ health Inspector		
Health educator		
Storekeeper/ record keeper		

1.60 CONDUCT OF III MBBS EXAMINATION (*only for recognition under 11(2)*)

- University which conducts Examination:
- No. of Candidates appeared in Examination:
- The III MBBS examination (Part-II) was conducted satisfactorily: Yes/No
- Centre for written/practical examination:
- Was the standard sufficient for MBBS Examination as required by Regulations of the Medical Council of India read with section 61(2) of NMC Act 2019? _____

1.61 Teaching Faculty

Mention the required faculty if PG course is running by the college.

Date: Signature with stamp Dean/Principal/Director

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance
Anatomy	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
Physiology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
Biochemistry	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
Pharmacology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
	Professor		

Date: Signature with stamp Dean/Principal/Director

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance
Pathology	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
Microbiology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
Forensic Medicine and Toxicology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Tutor/Demonstrator		
Community Medicine	Professor		
	Assoc. Prof.		
	Asstt. Prof.		
	Sr. Resident		
	Statistician (minimum AP level)		
	Tutor/Demonstrator		

Date: Signature with stamp Dean/Principal/Director

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance
General Medicine	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Paediatrics	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Dermatology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Psychiatry	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Clinical Psychologist		

Date: Signature with stamp Dean/Principal/Director

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance
	Jr. Resident		
General Surgery	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Orthopaedics	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Oto-Rhino-Laryngology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Ophthalmology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		

Date: Signature with stamp Dean/Principal/Director

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance
	Jr. Resident		
Obstetrics & Gynaecology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Anaesthesiology	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
	Jr. Resident		
Radio-Diagnosis	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		
Dentistry	Professor		
	Assoc. Prof.		
	Asstt.Prof.		
	Sr. Resident		

Date: Signature with stamp Dean/Principal/Director

Total faculty strength

Faculty	Required	Available	Deficiency
Professor			
Assoc. Prof.			
Asstt.Prof.			
Sr. Resident			
Tutor/Demo			

*Teaching staff of all departments of medical college should be as per the regulations of UG MSR 2023

Department wise list of Faculty Members (To per point number 30 of annexure 3, UG MSR-2023)

LIST OF EQUIPMENT (for various departments in the College and Hospitals). (Attach document as per Schedule III, UG MSR 2023)

Undertaking - To be given by the Dean/Principal/Director of the Institute

I hereby given an undertaking that:

Date: Signature with stamp Dean/Principal/Director

- (i) The college will admit students only after obtaining the permission from National Medical Commission. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for any such misdeclaration or misstatement.
- (ii) In case, the declaration made by me is found to be false in any material point then necessary Civil / Criminal proceedings, including prosecution under Section 199 of the Indian Penal Code, 1860, may be initiated against me by the Competent Authority.
- (iii) The college has obtained all requisite statutory approvals.
- (iv) The college has fulfilled all requirements as per the applicable Minimum Standard Requirements for Annual M.B.B.S. Admissions Regulations, 2023 (UG MSR-2023)
- (v) The mandatory requirements laid down by the Persons with Disabilities Act are met by the college.

Date: Signature with stamp Dean/Principal/Director