

NATIONAL MEDICAL COMMISSION

UG ASSESSMENT FORM

Part A-II (a)

(FOR ANNUAL INTAKE OF _____ ADMISSIONS OR INCREASE IN INTAKE FROM _____ TO _____ ADMISSIONS)

For Academic year 20____ - 20____

All relevant sections of NMC Act 2019 and the regulations made thereunder

The following have to be filled by the Institution/ Medical college and Assessor have to write their remarks.

Type of Assessment

- ◇ **Regular/ Compliance:** Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()
- ◇ **Increase Admission Capacity: Regular/Compliance:** Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()
- ◇ **Recognition - Regular/ Compliance**
- ◇ **Continuation of Recognition - Regular / Compliance**

Any Other: _____

Name of the Institution	
Whether Govt/ Private/ Trust/ Society	

Signature of Dean/ Principal

Signatures of Assessors with Date

Address		
Telephone No.		
Principal's mobile number		
E-mail		
College Website (as per annexure III of MSR 2023)		
Affiliating University		
Stage of Assessment		
LOP for Establishment (date& letter No)		
Permitted annual intake of UG students		
Year of Recognition		
LOP for Increase of seats/ Renewal. (Provide relevant details)		
PG Courses (Provide department wise details)	<u>Subject</u>	<u>Number of Seats</u>

Signature of Dean/ Principal

Signatures of Assessors with Date

Was the college ever denied a batch (If yes, give reason)		
Any other college run by the Trust/Society/Members (If yes, give details)		
Last Assessment Date		

MEDICAL COLLEGE

1.1 College area (this is to be filled only during LOP and Recognition)

The campus plot is Unitary/Divided into _____ parts. (If divided, Please give details)	
Has the Building Plan been approved by the competent authority YES/ NO	Name----- No.----- Date-----
Kindly provide a copy of Building Use/ Occupancy Certificate from the competent authority	Name----- No.----- Date-----

1.2 Dean/Principal: Dr. _____, with _____ years of teaching experience including _____ yrs as Professor & _____ yrs as Assoc. Prof. He is also holding the post of _____ in the Department of _____.

Signature of Dean/ Principal

Signatures of Assessors with Date

Office Space Requirement	Required Space Adequate: Yes/No	Available	Remarks (* To be filled by the Assessor)
Dean/Principal Office			
Staff Room			
College Council Room			

1.3 College Website:

S No.	Details of information	YES/NO	Remarks (* To be filled by the Assessor)
1.	Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, and E-mail etc.		
2.	Teaching staff, Resident doctors, non-teaching staff, Technical staff, Nursing staff--- (a) department & designation wise with joining date (b) Unit wise faculty & resident list		
3.	Details of the affiliated university and its Vice-Chancellor and Registrars.		
4.	Details of fees for various courses and other costs.		
5.	List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.		
6.	Result of all the examinations of last one year.		
7.	Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc...		
8.	Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc...		
9.	Toll free number to report ragging.		
10.	Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (With the scan copies of permission letter)		
11.	Any research publication during the last one year.		
12.	Details of any CME programs, conferences and/or any academic activities conducted by the institution.		

Signature of Dean/ Principal

Signatures of Assessors with Date

S No.	Details of information	YES/NO	Remarks (* To be filled by the Assessor)
13.	Details of any awards and achievements received by the students or faculty.		
14.	Detailed status of recognition of all the courses(with the scan copies of permission letter)		
15.	Details of clinical material in the hospital, OPD & IPD		

1.4 Medical Education Unit (MEU):

Available as per Regulations	Document attached. Yes/ No	Remarks (* To be filled by the Assessor)
- Name of the MEU coordinator - Name, Designation & Experience of affiliated faculty - Name of the NMC/MCI Regional (Nodal) Centre where above training has been undertaken. - 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		

Signature of Dean/ Principal

Signatures of Assessors with Date

- 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.		
--	--	--

1.5 Continuing Medical Education:

Available as per Regulations	Document attached Yes/ No	Remarks (* To be filled by the Assessor)
No. and Details of CMEs/workshop organized by the college held in the past 1 year.		

1.6 (a) College Council:

Available as per Regulations	Document attached. Yes/ No	Remarks (* To be filled by the Assessor)
- Name, designation, contact no. and address of the President & Secretary - Composition of the Council (HODs as members & Principal / Dean as chairperson)		

Signature of Dean/ Principal

Signatures of Assessors with Date

• Is there a student representative in the council? • No. of times the College Council meets per year (min 4) • Details of college Council meetings where students Welfare was discussed, and Action taken report (details / comments in annexure II)		
---	--	--

1.6 (b) Curriculum Committee:

Available as per Regulations	Document attached. Yes/ No	Remarks (* To be filled by the Assessor)
Name and designation of the Members No. of meeting in the previous year Action taken report to be stated		

1.6 (c) Pharmacovigilance Committee:

Available as per Regulations	Document attached. Yes/ No	Remarks (* To be filled by the Assessor)
• Name and designation of the Members • No. of meeting in the previous year • Action taken report to be stated		

Signature of Dean/ Principal

Signatures of Assessors with Date

1.6 (d) Gender Harassment Committee:

Available as per Regulations	Document attached. Yes/ No	Remarks (* To be filled by the Assessor)
- Name and designation of the Members - No. of meeting in the previous year - Action taken report to be stated		

1.6 (e) Anti Ragging Committee:

Available as per Regulations	Document attached Yes/No	Remarks (* To be filled by the Assessor)
- Name and designation of the Members - No. of meeting in the previous year - Action taken report to be stated		

1.7 College timings _____ **To** _____

1.8 Teaching facility

1.8 (A) Small Group Teaching**i. Teaching room**

Present / Not present	
Number	

Signature of Dean/ Principal

Signatures of Assessors with Date

AV aids (Yes / No)	
Internet facility (Yes / No)	

ii. Student Practical Labs –

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

iii. Museum (for 50 students each)

Present / Not present	
Capacity (1.2 sq.mt. per student)	
Number	
AV aids (Yes / No)	
Internet facility (Yes / No)	

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

1.8(B) Skills laboratory

Signature of Dean/ Principal

Signatures of Assessors with Date

Present / Not present	
Capacity (600 sq.mt. / 800 sq. mt.)	
Number (minimum 4)	
Room for demonstration (Yes/No)	
Area of review or debriefing (Yes/ No)	
Room for faculty coordinator and support staff (Yes/ No)	
Adequate storage area for mannequin and other equipment (Yes/No)	
Facility for video recording (Yes/ No)	
Station for practicing skills individually/ group (Yes/ No)	
Dedicated technical officer and adequate support staff (Yes/ No)	
AV aids (Yes / No)	
Internet facility (Yes / No)	

1.9 Teaching Programme and assessment of Quality of medical education- direct observation of conduct of activity, interactions with faculty, interactions with student and evaluation process:

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

Signature of Dean/ Principal

Signatures of Assessors with Date

- Is the Orientation/ foundation course implemented: Yes/ No
- Is AETCOM (Attitude, Ethics and Communication) being implemented in all phases: Yes/ No
- Is the teaching for AETCOM done in small groups using innovative teaching learning methods: Yes/ No
- 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)
- 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
- 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
- Implementation of 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

Signature of Dean/ Principal

Signatures of Assessors with Date

- 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

1.9(A) Teaching Modalities

Available as per Regulations	YES/NO	Remarks (* To be filled by the Assessor)
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)		

Signature of Dean/ Principal

Signatures of Assessors with Date

1.9(B) 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			

1.9 (C). 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										

Signature of Dean/ Principal

Signatures of Assessors with Date

1.8(D) Lecture Theatres:

	Medical college		Hospital (*mandatory in case of hospital not in same unitary campus)		Remarks (* To be filled by the Assessor)
	Required	Available	Required	Available	
Number	04		01		
Capacity	≥20% of annual intake		≥20% of annual intake		
Gallery Type	04		Yes		
A.V. Aids	Yes		Yes		
Internet facility	Yes		Yes		
ICT enabled (Information, Communication and Technology)	Yes				

1.8 (E) Examination Hall:

Requirement (as per NMC guidelines)	Available as per Regulations YES/ NO	Remarks (* To be filled by the Assessor)
No. -		
Area -		

Signature of Dean/ Principal

Signatures of Assessors with Date

Capacity -		
------------	--	--

1.9 Library:

a. Air-conditioned – Yes/No

b. Working Hours -

c. Stack room -

d. Reading room -

	Required	Available	Remarks (* To be filled by the Assessor)
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)			
Faculty Reading Room	Yes / No		
Room for librarian and other staff	Yes /No		
	Required Nos. Hard copy / e journals	Available Nos. Hard copy / e journals	
Journals (Indian)			
Journals (Foreign)			

* List of books and journals attached – YES/ NO

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

1.10 Common Room for Boys & Girls:

	Area Required (as per NMC guidelines)	Available Area	Toilet – Attached Yes/No	Remarks (* To be filled by the Assessor)
Boys				
Girls				

Signature of Dean/ Principal

Signatures of Assessors with Date

1.11 Recreational Facilities:

Requirement (as per NMC guidelines)	Available as per Regulations	Remarks (* To be filled by the Assessor)
Outdoor games facilities	Yes/No	
Play field/s	Yes/No	
Indoor games facilities	Yes/No	
Gymnasium	Yes/No	
Cafeteria	Yes/No	
Space for cultural activities	Yes/No	

1.12 Central Photography Section: Available: Yes/No

Staff: (give details as annexure)

Equipment: (give stock details as annexure)

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

Hostel Category	Required Capacity as per NMC guidelines	Available Capacity (Rooms X capacity = 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 (Y/N)	Remarks (* To be filled by the Assessor)
UG Students	At least 75% of	Boys							

Signature of Dean/ Principal

Signatures of Assessors with Date

	total annual intake	Girls							
Interns		Boys							
		Girls							
Resident s includin g 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.

1.14 Department of radio diagnosis: Available / Not Available

- Personal Monitoring System of BARC.: Available / Not Available
- X Ray machine – conventional, static, portable, fluoroscopy, contrast studies : Yes/No
- Ultrasonography machine and color doppler: Yes/No
- CT machine: Yes/No
- Digital record room: Yes/No

Equipment	Required no.*	Available no.	AERB/ PNDT Approval Y/N	Functional Status at the time of assessment Y/N	Remarks (* To be filled by the Assessor)
Mobile X Ray 60 mA 100 mA					

Signature of Dean/ Principal

Signatures of Assessors with Date

Static X Ray 300 mA 500 mA 600 mA 800 mA 1000 mA With Fluoroscopy					
USG (with Color Doppler)					
CT (Spiral Minimum 16 slice)					
MRI (Minimum 1.5 Tesla)					
Mammography					

1.15 Department of Yoga: Available / Not Available

Staff: 1 male and 1 female Yoga instructor/ trainer: Yes/No

Remarks (* To be filled by the Assessor):

1.16 Department of Radiation Oncology(Optional): Available / Not Available

- Is the department in accordance with the regulatory requirements and approval of AERB: Yes/ No
- BARC approval of the radiation therapy rooms/ plan along with complete layout of the entire department: Yes / No

Remarks (* To be filled by the Assessor):

Signature of Dean/ Principal

Signatures of Assessors with Date

TEACHING HOSPITAL**2.1 Name of the Hospital:****Owned by:** Government/Trust/Society/Company/Autonomous body/Consortium.**Inside the campus/ Outside the campus** (distance _____)**2.2 Name of the Medical Superintendent:****Qualification of the Medical Superintendent:****Years of administrative experience:**

	Adequate space Available / not available	Remarks (* To be filled by the Assessor)
Medical Supdt's Office		
Administrative Office		

2.3 OPD Facilities:

OPD timings	_____A.M. to _____P.M.	Remarks (* To be filled by the Assessor)
Adequate reception area	Yes / No	
Patient waiting hall	Yes / No	
Demonstration room	Yes / No	

Signature of Dean/ Principal

Signatures of Assessors with Date

Examination Room	Yes / No	
------------------	----------	--

2.4 Facilities available in the OPDs :

Department	OPD Area	Available as per requirement (Yes/ No or Give Numbers)	Remarks (including direct observation of the activity) (* To be filled by the Assessor)
Medicine	Injection room - Male Yes/No - Female Yes/No E.C.G. Room - Yes/No Clinical demonstration room - Yes/No Patient examination rooms (give numbers)		
Dermatology	Clinical demonstration room - Yes/No Patient examination rooms (give numbers)		
Psychiatry	Clinical demonstration room - Yes/No Patient examination rooms (give numbers)		
Surgery	Dressing room - - Male Yes/No - Female Yes/No Minor OT - Yes/No Clinical demonstration room - Yes/No Patient examination rooms (give numbers) Average OPD attendance (per day) -		
Orthopaedics	Dressing room - - Male Yes/No - Female Yes/No Plaster room - Yes/No		

Signature of Dean/ Principal

Signatures of Assessors with Date

	Plaster cutting room - Yes/No Minor OT - Yes/No Clinical demonstration room - Yes/No Patient examination rooms (give numbers) Average OPD attendance (per day) -		
Ophthalmology	Refraction Rooms - Yes/No Dressing Rooms / Minor Procedure Room Minor OT - Yes/No Clinical demonstration room - Yes/No Patient examination rooms (give numbers) Average OPD attendance (per day) -		
ENT	Audiometry (Room AC & Soundproof) - Yes/No Speech Therapy - Yes/No Minor OT - Yes/No Clinical demonstration room - Yes/No Patient examination rooms (give numbers) Average OPD attendance (per day) -		
Pediatrics	Well Baby Clinic - Yes/No Immunization Clinic - Yes/No Child Rehabilitation Clinic - Yes/No Clinical demonstration room - Yes/No Patient examination rooms (give numbers) Average OPD attendance (per day) -		
OBS & GYN	Antenatal Clinic - Yes/No Infertility Clinic - Yes/No Family Welfare Clinic - Yes/No Cancer Detection Clinic - Yes/No Minor OT - Yes/No		

Signature of Dean/ Principal

Signatures of Assessors with Date

	Clinical demonstration room - Yes/No Patient examination rooms (give numbers) Average OPD attendance (per day) -		
--	--	--	--

2.5 Department of Anaesthesia

Services available 24*7: Yes/ No

2.5 (A)PAC (Pre-Anesthetic Checkup): Available / Not Available**2.5(B) Pain Clinic: Available / Not Available**

Remarks (* To be filled by the Assessor):

2.6ART Centre: Available and functional: Yes / No

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

Under control of department : _____

Average number of cases: _____

Remarks (* To be filled by the Assessor):

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

Signature of Dean/ Principal

Signatures of Assessors with Date

Labs	Number of samples required/ day	Available number of samples/ day
Histopathology	At least 20% of total major surgeries	
Cytopathology	At least 1% of total hospital OPD	
Hematology	At least 15% of OPD and 30 % of indoor beds	
Clinical Pathology	At least 15% of OPD and 30 % of indoor beds	
Clinical Biochemistry	At least 15% of OPD and 30 % of indoor beds	
Microbiology	At least 30% of indoor beds and 50% of total surgery cases	

Remarks (* To be filled by the Assessor):

2.8 Department of Dentistry: Available / Not Available

Remarks (* To be filled by the Assessor):

2.9 Department of Integrative Medical Research: Available / Not Available

Remarks (* To be filled by the Assessor):

Signature of Dean/ Principal

Signatures of Assessors with Date

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

Remarks (* To be filled by the Assessor):

2.11 Blood Bank:

Available and functional: **Yes / No**

Under control of department of : _____

Airconditioned: Yes / NO

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

Blood component Facility - Available/Not available

Number of units dispensed in a day _____

Number of units stored on day of assessment _____

Remarks (* To be filled by the Assessor):

2.12Pharmacy:24-Hour Pharmacy services available: YES/ NO

Pharmacist In charge and other staff available: Yes/ No(List enclosed)

Remarks (* To be filled by the Assessor):

Signature of Dean/ Principal

Signatures of Assessors with Date

2.13 Medical Record Section:

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

Remarks (* To be filled by the Assessor):

2.14 Central sterilization Department: Available / Not Available

- Timings: _____ & Shifts: _____
- Equipment: Horizontal autoclaves _____ / Vertical autoclaves _____, ETO Sterilisers: _____
- Separate receiving and distribution points - Yes/No

Remarks (* To be filled by the Assessor):

2.15 Central laundry/Alternative Arrangements: Available / Not Available

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

Remarks (* To be filled by the Assessor):

2.16 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

Signature of Dean/ Principal

Signatures of Assessors with Date

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

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

2.18 Arrangements for Biomedical Waste Management:

- Outsourced/in-house: (if outsourced, append MOU) (If in-house, please give details of facilities available as annexure)
- 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

Remarks (* To be filled by the Assessor):

2.19 Central Research Lab: Available – Yes/No

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

Remarks (* To be filled by the Assessor):

2.20 Research projects of the Institution: Yes/ No

- Completed Nos. _____
- Ongoing Nos. _____ -

Remarks (* To be filled by the Assessor):

2.21 Intercom: Available: Yes/ No

No. of incoming lines _____ No. of extension lines: _____

Signature of Dean/ Principal

Signatures of Assessors with Date

2.22(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 UG MSR 2023)

*** Biometric attendance to be collected by the Assessors on the day of assessment and adequacy to be checked as per guidelines**

(B) C

Remarks (* To be filled by the Assessor):

2.22(B) Is close circuit TV monitoring of Medical College (as per annexure II of new MSR 2023) available? Yes/ No

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

Remarks (* To be filled by the Assessor):

2.23 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) - _____

Signature of Dean/ Principal

Signatures of Assessors with Date

*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								
						Nursing Station Y/N	Exam and Treat Room Y/N	Store room Y/N	Pantry room	HDU (High Dependency Unit)	Resident and Student Duty Room Y/N	Clinical demo Room Y/N	Remarks (* To be filled by the Assessor)
Gen. Medicine													
Pediatrics													
Psychiatry													
Dermatology													
Gen. Surgery													
Orthopedics													
Ophthalmology													
ENT													
OBS & GYN													
Total													

Signature of Dean/ Principal

Signatures of Assessors with Date

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

2.24 Central casualty/ Emergency services:

No of Beds: Required* _____ Available _____

- Number of CMO posted/Shift: _____ No. of CMO present during Assessment round _____
- Number of nurses posted /Shift: _____ No. of nurses present during Assessment round _____
- 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

Equipment	Availability Yes/No	Number	Remarks (* To be filled by the Assessor)
Central Oxygen & suction facility			
Pulse oximeter			
Ambu bag			
Ultrasonography Machine			
Crash Cart			
Emergency Drug Tray			
Defibrillator			
Ventilator			

Signature of Dean/ Principal

Signatures of Assessors with Date

Equipment	Availability Yes/No	Number	Remarks (* To be filled by the Assessor)
X-ray Unit – (Mobile)			
Investigation facilities			

2.25 Operation theatres:

OT FOR MBBS SEAT CAPACITY	Required					Available Yes/ No	Remarks (* To be filled by the Assessor)
	50	100	150	200	250		
Major OT	4	7	9	10	11		
Minor OT- well equipped (with Anaesthesia facility)	1 for each surgical specialty						

*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	Remarks (* To be filled by the Assessor)
Gen Surgery								
ENT								
Ophthal								
Ortho								
Obs & Gyne								

Signature of Dean/ Principal

Signatures of Assessors with Date

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	Remarks (* To be filled by the Assessor)
Emergency								
Septic								

No. of Pre-operative Beds available _____

No. of Post Operative Beds available _____

2.26 Intensive Care:

Type	Beds (Required*)	Beds (Available)	AC Y/ N	Central Oxygen/ Suction Y/N	Major Equipment (Trolley-cum- beds, Monitors, Ventilators, ABG, Pulse Oximeters, Infusion pumps, Glucometers etc.) Y/N	Portabl e X-Ray, USG, ECG	Residents Appointe d	Nurses Appointe d	Patients on day of assessment (* To be filled by the Assessor)	Remarks (* To be filled by the Assessor)
ICCU										
ICU										
Intensive Respiratory Care Unit										
Post - op surgical										

Signature of Dean/ Principal

Signatures of Assessors with Date

critical care unit										
NICU										
PICU										
Critical care burns unit										
OBS HDU/ICU										

* Total no of ICU beds should be either 20 or 30 depending on the number of UG seats as per new UG MSR 2023

2.27 Labor Room:

Rooms	Beds	Average No. of cases per week	Remarks (* To be filled by the Assessor)
Clean Cases			
Septic Cases			
Eclampsia			

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

Category	Available No.	Remarks (* To be filled by the Assessor)
Non-Teaching Specialists		
Medical Officers		

Signature of Dean/ Principal

Signatures of Assessors with Date

Non-PG Junior Residents		
Paramedical & Technical staff		
Sanitary & Support staff		

Nursing staff	Available No.	Remarks (* To be filled by the Assessor)
Staff Nurses		
Sister Incharge		
ANS		
DNS		
Nursing Suptd		
Total		

DEPARTMENT WISE TEACHING FACILITIES

2.29 Anatomy

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
Demonstration Room/s No ____ Capacity _____		AV Aids:		
Histology practical laboratory -				

Signature of Dean/ Principal

Signatures of Assessors with Date

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
Number of Lab seats _____ Number of microscopes _____		Museum: _____ seating capacity		
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 - _____ Lockers - _____		Mounted specimens Models – Wet & Dry Bone Sets – Articulated _____ & Disarticulated- _____ MRI & CT images		
		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

Rooms for non teaching staff – Available/Not available

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

2.30 Physiology

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
Demonstration Room/s No - _____ Capacity - _____		AV Aids:		

Signature of Dean/ Principal

Signatures of Assessors with Date

Departmental Library – (Mention No. of Books. And attach list)		Clinical Physiology Lab.		

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

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

2.31 Biochemistry

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
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

Rooms for non-teaching staff – Available/Not available

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

2.32 Pathology

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
Workstation/ (Lab seats)		AV Aids:		

Signature of Dean/ Principal

Signatures of Assessors with Date

Practical labs – Morbid Anatomy/Histopath./ Cytology – _____ Microscopes _____ Clinical Pathology/Hematology – _____ Microscopes _____		Museum: Seating Capacity-_____ students Specimens: • Mounted • Unmounted • Catalogues		
Departmental library – (Mention No. of Books. And attach list)				
Service Lab – Histopathology/Cytopathology/ Hematology/Any specialized work				

Rooms for Faculty - Available/not available

Rooms for non-teaching staff – Available/Not available

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

2.33 Microbiology

Required	Available Yes/ No	Required	Available	Remarks (* To be filled by the Assessor)
Service Lab for • Bacteriology including anaerobic bacteria. • Serology • Virology • Parasitology • Mycology • Tuberculosis • Immunology		AV Aids:		

Signature of Dean/ Principal

Signatures of Assessors with Date

Practical laboratory Number of Lab seats - _____ Number of microscopes/laboratory - _____		Media preparation facility Autoclaving, Washing, and drawing room		
Number of service laboratories -7- 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

Rooms for non-teaching staff - Available/Not available

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

2.34 Pharmacology

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
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

Rooms for non-teaching staff - Available/Not available

Signature of Dean/ Principal

Signatures of Assessors with Date

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

2.35 Forensic Medicine and Toxicology

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
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

Rooms for non-teaching staff – Available/Not available

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

2.36 Community Medicine

Required	Available	Required	Available	Remarks (* To be filled by the Assessor)
Demonstration Room/s No - _____ Capacity - _____ students		AV Aids:		

Signature of Dean/ Principal

Signatures of Assessors with Date

Museum: • Charts • Models • Specimens • Catalogues		Departmental Library - (Mention No. of Books. And attach list)		
--	--	--	--	--

Rooms for Faculty - Available/not available

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

Manpower	RHTC for population of 30,000 and UHTC for population of 50,000					Actual Availability	Deficiency
Students	50	100	150	200	250		
Assistant Professor in-charge (in rotation) & MO (one male, one female) (at least one must be a Lady Medical Officer)	2	2	2	2	2		
PHN/trained staff nurse with community field experience	1	2	2	2	2		
ANM	2	2	4	5	5		
Medical Social Worker	1	2	3	4	5		
Technician/ Technical Assistant	1	1	1	1	1		
Pharmacist	1	1	1	1	1		
Sanitary inspector/ health Inspector	1	1	2	2	2		
Health educator	1	1	1	1	1		
Storekeeper/ record keeper	1	1	1	1	1		

RHTC: _____ (place) _____ (Distance from the college)

Population covered by the RHTC		Remarks (* To be filled by the Assessor)
--------------------------------	--	--

Signature of Dean/ Principal

Signatures of Assessors with Date

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		
Flexibility of distribution of interns in various OPDs: Yes/No (In addition to current CRMI postings)		
Daily OPD		
Specialist visits if any		
Cold chain equipment available		
Survey/MCH/Immunization/FP registers		

Signature of Dean/ Principal

Signatures of Assessors with Date

Activities under the National Health Programmes		
---	--	--

2.37 (b) U.H.T.C.: _____ Place _____ Distance from college

Population covered by the UHC		Remarks (* To be filled by the Assessor)
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		
Deficiency if any		

2.38 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:

Signature of Dean/ Principal

Signatures of Assessors with Date

- 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? _____

**❖ THE FOLLOWING TABLES TO BE FILLED BY THE ASSESSORS
ON THE DAY OF ASSESSMENT**

Assessment date:			
Name of the Assessors	Correspondence Address	Contact No.	Email

Signature of Dean/ Principal

Signatures of Assessors with Date

2.39 CLINICAL MATERIAL (*Random verification to be done by the Assessor)

Item	On the Day of Assessment		Data of past three days(to be checked from hospital register or MRD record)			Remarks
O.P.D. attendance (at 2.00 PM On first day)						
Casualty attendance (24 hrs. data)						
No. of admissions						
No. of discharges						
Bed occupancy% (at 10.00AM On first day)						
No. of Medico-legal cases						
No. of Births						
No. of Deaths						
<u>Operative Work</u>						
No. of major surgical operations						
No. of minor/ day-care surgical procedures						
No. of normal deliveries						
No. of caesarian sections						
<u>Radiological Investigations</u> (No. of cases)	O.P. D	I.P.D				
X-ray						
Ultrasonography						
Contrast X-rays						
C.T. Scans						
MRI						
Angiography						

Signature of Dean/ Principal

Signatures of Assessors with Date

<u>Laboratory Investigations</u> (No. of cases)	On the Day of assessment		Data of past three days (to be checked from hospital register or MRD record)			Remarks
	O.P. D	I. P. D				
Biochemistry						
Microbiology						
Serology						
Virology						
Hematology						
Clinical pathology/ Lab medicine						
Histopathology						
Immunohistochemistry						
Cytopathology						

Signature of Dean/ Principal

Signatures of Assessors with Date

Teaching Faculty

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance (for UG)	Deficiency (for UG)	Additional faculty required for running PG courses. (If any)	Available number as per AEBAS registration & attendance (For PG)	Deficiency (for PG)
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						

Signature of Dean/ Principal

Signatures of Assessors with Date

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance (for UG)	Deficiency (for UG)	Additional faculty required for running PG courses. (If any)	Available number as per AEBAS registration & attendance (For PG)	Deficiency (for PG)
	Tutor/Demonstrator						
Pharmacology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Tutor/Demonstrator						
Pathology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Tutor/Demonstrator						
Microbiology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Tutor/Demonstrator						

Signature of Dean/ Principal

Signatures of Assessors with Date

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance (for UG)	Deficiency (for UG)	Additional faculty required for running PG courses. (If any)	Available number as per AEBAS registration & attendance (For PG)	Deficiency (for PG)
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						
General Medicine	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						

Signature of Dean/ Principal

Signatures of Assessors with Date

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance (for UG)	Deficiency (for UG)	Additional faculty required for running PG courses. (If any)	Available number as per AEBAS registration & attendance (For PG)	Deficiency (for PG)
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						
	Jr. Resident						
General Surgery	Professor						
	Assoc. Prof.						

Signature of Dean/ Principal

Signatures of Assessors with Date

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance (for UG)	Deficiency (for UG)	Additional faculty required for running PG courses. (If any)	Available number as per AEBAS registration & attendance (For PG)	Deficiency (for PG)
	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						
	Jr. Resident						
	Professor						

Signature of Dean/ Principal

Signatures of Assessors with Date

Department	Designation	Requirement as per MSR (UG)	Available number as per AEBAS registration & attendance (for UG)	Deficiency (for UG)	Additional faculty required for running PG courses. (If any)	Available number as per AEBAS registration & attendance (For PG)	Deficiency (for PG)
Obstetrics & Gynaecology	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						

Signature of Dean/ Principal

Signatures of Assessors with Date

Department wise list of Faculty Members: to be attached as per point no 30, of annexure III of newUG MSR 2023

1) Deficiency of Teaching Faculty for UG seats:_____ %

Deficiency of Teaching Faculty for additional PG seats (Department wise):

2) Deficiency of Tutors/Residents for UG seats: _____ %

Deficiency of Tutors/Residents for additional PG seats (Department wise):

NOTE: For purpose of working out the deficiency, please refer New MSR 2023.

(A) For Teaching Faculty:
a) The teaching staff of all departments of medical college, shall be full-time, faculty shall not indulge in private practice during college functioning hours. b) These regulations cover the minimum requirements of undergraduate medical education as per the annual MBBS student intake and the minimum patient load indicated in these regulations. However, the medical colleges/institutions and teaching hospital(s) need to make provision for additional staff as indicated below. • Additional staff shall be provided proportionate to the workload. • Non-teaching staff shall also be required in OPD, Indoors, Operation theatres and Intensive Care areas, emergency care area, labor room, clinical laboratories, or for outreach work where workload is heavy or is of specialized nature. • Additional teaching staff shall be required when starting postgraduate courses in accordance with "Postgraduate Medical Education Regulations" as prescribed from time to time. c) In department of Anatomy, Physiology, Biochemistry, non-medical teachers may be appointed to the extent of 15% of the total number of posts in the department subject to non-availability of medical teachers. The above mentioned non-medical teachers and the Statistician in the department of Community Medicine should possess qualification in that particular subject from a recognized University as per requirements in Teacher Eligibility Qualification Regulations.

Signature of Dean/ Principal

Signatures of Assessors with Date

d) Post of junior cadre faculties up to Assistant Professors can be filled by senior cadre faculties, for example Assistant Professor, by Associate Professor or Professor. Similarly Associate Professor by Professor, Tutors/demonstrators, and S. Rs together shall meet the total number of required persons.

e) Senior Resident Doctors (SRs) shall be postgraduate candidates of the corresponding specialty or department. Tutors shall be MBBS.

candidates. Demonstrators shall be postgraduates with PhD in the subject to be appointed, and not having qualifications of MBBS.

f) Teachers appointed as faculty in super-specialty departments shall not be counted against the complement of teachers required for undergraduatemedical education in broad specialtydepartments. However. teachers appointed in a broad specialty department who may also have super-specialty qualifications shall be counted against the complement of teachers required for undergraduatemedical education in the concerned broad specialty department.

g) Visiting faculty. With a view to enhance the comprehensiveness and quality of teaching of undergraduate students, "Visiting Faculty" may be appointed as prescribed in "Minimum Qualifications for Teachers in Medical Institutions" regulations over and above the minimum faculty prescribed herewith. The Visiting Faculty, however, shall not be considered as faculty as per minimum requirements prescribed herewith.

(B) For Tutors/ Demonstrator/ Resident Doctors:

(a) Excess of Tutors/ Demonstrator/ SR can be compensated to the deficiency of JR of the same department only.

(b) Excess Tutors/ Demonstrator/ SR/JR of any department cannot compensate the deficiency of Tutors/ Demonstrator/ SR/JR in any other department.

(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.

(d) Any excess/ extra Teaching Faculty of same or any other department cannot compensate the deficiency of Tutors/ Demonstrator/ SR/JR.

e.g. excess of Assistant Professor cannot compensate the deficiency of Tutors/ Demonstrator/ SR / JR.

- A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city and run by the same management.

- Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations – 2000.

Signature of Dean/ Principal

Signatures of Assessors with Date

LIST OF EQUIPMENT (for various departments in the College and Hospitals). (Attach document as per Schedule III of new MSR 2023)**Summary of Assessment**

1. _____ (College Name),
is run by Government/ Trust/ Society/ Company
2. The college has got Permission from GOI/MCI with intake of _____ seats for the last academic year.
3. Type of assessment: _____ No. of seats: _____
4. PG courses : Yes/ No
5. Salient points of assessment-

S No.	Major categories		Deficient/ Adequate
1	Manpower	Deficiency of Teaching Faculty (% deficient)	
		Deficiency of Tutor/ Residents/Demonstrators (% deficient)	
2	College Infrastructure		
3	Availability of Equipment in each Department		
4	Hostel facility		
4	Committees		
5	Skill Lab		
6	Quality medical education and evaluation process		

Signature of Dean/ Principal

Signatures of Assessors with Date

	(MEU, Curriculum,T- L Methods, Feedback, Assessment methodology etc.)	
7	Faculty (Professor, Associate Professor, Asst. Professor & Sr Resident)	
8	Teaching facility	
9	Research Lab	
10	AEBAS (Aadhar Enabled Biometric Attendance System)	
11	Hospital Infrastructure	
12	Clinical Material	
	Investigations (numbers adequate or not) Equipment available as per schedule III of UG MSR 2023	
13	Variety of Surgical Procedures	
14	Any other Remarks	

NOTE: No recommendations, only observations to be recorded

Signature of Dean/ Principal

Signatures of Assessors with Date