NATIONAL MEDICAL COMMISSION

ASSESSMENT FORM FOR ANNUAL INTAKE OF ___ ADMISSIONS

(INCREASE IN INTAKE FROM_____TO_____)

(For AY _____)

Part A-III

(To be filled by the Assessors)

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

1.1 1. 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: _____

2.

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

Signature of Assessors Date: Signature of Dean/Principal

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)	Subject	Number of Seats

Signature of Assessors Date: Signature of Dean/Principal

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	

3. Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email

Signature of Assessors Date: Signature of Dean/Principal

4. Verification of compliance submitted by institute:

S.No	Shortcomings / Deficiencies reported from NMC	Compliance by College sent to NMC	Proof of Compliance with annexure number submitted by College: Yes/No	Remarks of the Assessors after the assessment
1				
2				
3				
4				
5				
6				
7	:			

5. Clinical material:

Item	On Day of assessment	Remarks
O.P.D. attendance at 2.PM on first day		
Casualty attendance (24 hrs. data)		
No of admissions		
No. of discharges		
Bed occupancy% at 10.00 AM on first day		
Operative Work		
No, of major surgical operations		
No. of minor surgical operations		
No. of normal deliveries		

Signature of Assessors Date: Signature of Dean/Principal

Item	On Day of assessment		Remarks
No. of caesarian sections			
Radiological Investigations (No. of patients)	**O.P. D**	**I.P.D**	
X-ray			
Ultrasonography			
Barium, IVP etc.			
C.T. Scan			
MRI			

Item	Day of assessment		Remarks
Laboratory Investigations – No. of samples	**O.P. D**	**I.P.D**	
Biochemistry			
Microbiology			
Serology			
Hematology			
Clinical Pathology			
Histopathology			
Cytopathology			
Computer Assisted Learning (CAL) in Pharmacology			

Signature of Assessors Date: Signature of Dean/Principal

Signature of Assessors Date: Signature of Dean/Principal

6. Medical College-Staff Strength:

Name of College:

Number of students

PG Courses (Yes/No):1._____ 2._____ 3._____ 4. _____ 5._____

6. _____ 7._____ 8. _____9. _____ 10._____

11. _____ 12._____ 13. _____14. _____ 15._____

16. _____ 17._____ 18. _____19. _____ 20._____

1. Calculation Sheet (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)
Anatomy	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						

Signature of Assessors Date: Signature of Dean/Principal

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						
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						
Pathology	Professor						
	Assoc. Prof.						

Signature of Assessors Date: Signature of Dean/Principal

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						
	Tutor/Demonstrator						
Microbiology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Tutor/Demonstrator						
Forensic Medicine	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Tutor/Demonstrator						
Community Medicine	Professor						
	Assoc. Prof.						
	Asstt. Prof.						
	Sr. Resident						

Signature of Assessors Date: Signature of Dean/Principal

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)
	Statistician (minimum AP level)						
	Tutor/Demonstrator						
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.						

Signature of Assessors Date: Signature of Dean/Principal

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						
	Clinical Psychologist						
	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						

Signature of Assessors Date: Signature of Dean/Principal

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)
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	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.						

Signature of Assessors Date: Signature of Dean/Principal

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)
	Sr. Resident						

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

1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.

8.(i) Deficiency of Teaching Faculty:_____%

(ii) Deficiency of Resident doctors:_____%

9. Any other deficiency/remarks:

NOTE: No recommendations, only observations to be recorded

Signature of Assessors Date: Signature of Dean/Principal