

**NATIONAL MEDICAL COMMISSION**

**ASSESSMENT FORM FOR ANNUAL INTAKE OF \_\_\_ ADMISSIONS**

**(INCREASE IN INTAKE FROM \_\_\_\_\_ TO \_\_\_\_\_)**

**(For AY 2021-22)**

Part A-II

(to be filled by the Assessors)

All relevant sections of IMC Act,1956 read with sec 61(2) of NMC Act 2019

**1.1 Type of Assessment**

**U/S 10A-regular/compliance:** Letter of Permission ( ), 1<sup>st</sup> renewal ( ), 2<sup>nd</sup> renewal ( ), 3<sup>rd</sup> renewal ( ), 4<sup>th</sup> renewal ( )

U/S 10A- Increase Admission Capacity: Regular/Compliance: Letter of Permission ( ), 1<sup>st</sup> renewal ( ), 2<sup>nd</sup> renewal ( ), 3<sup>rd</sup> renewal ( ), 4<sup>th</sup> renewal ( )

**U/S 11- Recognition - Regular/Compliance**

**Continuation of Recognition -Regular / Compliance**

**Any Other:** \_\_\_\_\_

<b>Name of the Institution</b>	:			
<b>Address</b>	:			
<b>Telephone No.</b>	:			
<b>E-mail</b>	:			
<b>College Website :</b>				
<b>NMC Letter No.&amp; Date</b>	:			
<b>Assessment Date:</b>			<b>Last Assessment Date :</b>	
<b>PG Courses</b>	:	Yes/No		

**Particulars of Assessors**

<b>Name of the Assessors</b>	<b>Correspondence Address</b>	<b>Contact No.</b>	<b>Email</b>

Signatures of the Assessors

Date

Signatures of Dean/Principal

**1.2. The College has following (this is to be filled only during LOP and Recognition)**

The campus plot is.	unitary/ divided into _____ parts if divided, Please give details.
Building Plan approval from the competent authority.	Name----- No.----- Date-----
Building Use/ Occupancy Certificate from the competent authority.	Name----- No.----- Date-----

**1.3 Dean/Principal:** Dr. \_\_\_\_\_, . with \_\_\_\_\_ years of teaching experience - \_\_\_\_\_ yrs of professor & \_\_\_\_\_ yrs of experience of Asso Prof. He is also holding the post of Professor in the Department of \_\_\_\_\_.

Office Space Requirement	Requirement Space (mts)	Available
Dean/Principal Office	36	
Staff Room	54	
College Council Room	80	

**1.4 Medical Education Unit (MEU):**

Available as per Regulations	:	Yes/No
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 People 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 <i>Medical Education Technology</i> at the allocated NMC/MCI Regional Centre	:	
Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated NMC/MCI Regional Centre	:	
Feedback evaluation of workshops and action taken reports on the basis of feedback obtained	:	

Signatures of the Assessors

Date

Signatures of Dean/Principal

**1.5 Continuing Medical Education :**

No and Details of CMEs/workshop organized by the college held in the past 1 year	:	
Details of the credit hours awarded for the past one year	:	

**1.6 (a) College Council :**

Name, designation, contact no. and address of the President & Secretary.	:	
Composition of the Council (HODs as members & Principal / Dean as chairperson)	:	
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)	:	

**1.16 (b) Curriculum Committee (Yes/No)**

**(The Names of the Members to be mentioned)**

**1.7 Pharmacovigilance Committee:** Present/Absent  
 No. of meeting in the previous yrs. \_\_\_\_\_(Minutes to be checked)

**1.8 Examination Hall:**

Requirement	Available
No. - 1/2/3 Area - 250 Sq. mt. Capacity - 250	

**1.9 Lecture Theatres:**

	Medical college		Hospital		Comments
	Req	Available	Req	Available	
<b>Number</b>					
<b>Capacity</b>					
<b>Type (Gallery)</b>	Yes / No		Yes / No		
<b>A.V. Aids</b>	Yes / No		Yes / No		

**1.10 Library**

Air-conditioned - Yes/No

Working Hours:

a. Stack room : \_\_\_\_\_

b. Reading room : \_\_\_\_\_

	<b>Required</b>	<b>Available</b>	<b>Remarks</b>
Area	_____ Sq.m.	_____ Sq.m.	
Student Reading Room (Inside)	_____ Capacity	_____ Capacity	
Student Reading Room (Outside)	_____ Capacity	_____ Capacity	
Staff Reading Room	_____ Persons	_____ Persons	
Room for Resident/PG reading room			
<b>Particulars</b>	<b>Required Nos.</b>	<b>Available Nos.</b>	<b>Remarks</b>
No. of Books			
Journals (Indian)			
Journals (Foreign)			
Internet Nodes			

**1.11 Common Room for Boys & Girls**

	<b>Area Required Sq. Mt.</b>	<b>Available Area Sq. Mt.</b>	<b>Toilet - Attached Y/N</b>
<b>Boys</b>			

<b>Girls</b>			
--------------	--	--	--

**1.12 Central Photography Section:** Available Yes/No  
 Staff Yes/No  
 Equipments Yes/No

**1.13 Hostel:** Location – Within campus

Hostel Category	Required Capacity	Available Capacity (No Rooms X capacity of each room = Total capacity)	Furnished (Y/N)	Toilet Facility Adequate/ Inadequate	Mess (Y/N)	Hygiene of Hostel campus Y/N	AC Visitor room, AC Study room with internet & Computer, Recreation room with TV, Music, Indoor Games Y/N	Remarks
UG Students @ (60% Capacity)		Boys						
		Girls						
Interns @ 50% Capacity								
Resident @ 100% Capacity including PG								
Nurses @ 20% Capacity								

**Residential Quarters:**

Category	Required Nos.	Available Nos.	Remarks
Teaching Staff @ 20% Capacity			
Non-Teaching Staff @			



20% Capacity			
--------------	--	--	--

**1:14 Recreational Facilities:**

<b>Outdoor games</b>		Yes/No
Play field/s		
Type of games		
<b>Indoor games facilities</b>		Yes/No
Gymnasium		Available /Not available.

**1.15 Gender Harassment Committee** -: Yes/No (Documents to be attached as annexure)

**1.16 Anti Ragging Committee:** Yes/No (Documents to be attached as annexure)

**1.17 Biometric Devices:**

- (a) No of biometric devices installed in the college.
- (b) Whether all devices are working conditions?
- (c) Is the record of biometric attendance available?.

**TEACHING HOSPITAL****2.1** Name of the Hospital:

Owned by: Government/Trust/Society/Company/Autonomous body/Consortium

**2.2** Name of the Medical Superintendent:, MD/MS (),with years administrative experience.

	Space Requirement	Availability
Medical Supdt's Office	36 sq. mt.	
Administrative Office	150 sq. mt	

**2.3** **Teaching and other facilities :**

OPD Timings	:	_____A.M. to _____P.M.
Separate Registration areas for male/female patients available	:	yes/no
Separate Registration counters for OPD/IPD	:	available/not available
Are the Registration counters computerized	:	yes/no

No. of registration counters	:	
No of Staff for registration center	:	
Adequate waiting areas for above patients available	:	yes/no
No. of rooms for examination of patients available	:	yes/no
Availability of teaching area in each department	:	yes/no
Enquiry Desk	:	yes/no

#### 2.4 Facilities available in OPD

<b>Medicine</b> Injection room - Male - Female	Yes/No Yes/No	E.C.G. Room	Yes/No
<b>Surgery</b> Dressing room - - Male - Female	Yes/No Yes/No	Minor OT (in each surgical speciality)	Yes/No
<b>Orthopaedics</b> Plaster room Dressing room - - Male - Female	Yes/No Yes/No Yes/No	Plaster cutting room	Yes/No
<b>Ophthalmology</b>	Refraction Rooms Dressing Rooms / Minor Procedure Room		Yes / no Yes / no

<b>ENT</b>	Audiometry (Room AC & Sound proof) Speech Therapy	Yes / no Yes / no
<b>Pediatrics</b>	Well Baby Clinic Immunization Clinic Child Rehabilitation Clinic	Yes / no Yes / no Yes / no Yes / no
<b>OBS &amp; GYN</b>	Antenatal Clinic Infertility Clinic Family Welfare Clinic Cancer Detection Clinic	Yes / no Yes / no Yes / no Yes / no

**Comments :**

Signatures of the Assessors

Date

Signatures of Dean/Principal

**2.5 Total Number Of Teaching Beds(Distance between two beds should be 1.5m.)**

Teaching Hospitals in Campus with Total Beds \_\_\_\_\_.

Teaching Hospitals in Outside the Campus (\_\_\_\_\_Kms. from the campus) with Total Beds \_\_\_\_\_.

Department	Ward Nos.	Beds Required *	Total Beds Available	Remarks					
				Nursing Station Y/N	Exam/Treat Room Y/N	Store Room Y/N	Duty Room Y/N	Demo Room (25 Capacity) Y/N	
Gen. Medicine									
Pediatrics									
Respiratory Medicine									
Psychiatry									
Dermatology									
Gen. Surgery									
Orthopedics									
Ophthalmology									
ENT									
OB & GYN									
Total									

\* If PG courses are running, beds requirement to be increased accordingly.

## 2.6 Clinical material (\*Random verification to be done by the Assessor).

Item	On the Day of assessment		Remarks
	O.P. D	I.P.D	
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			
<b><u>Operative Work</u></b>			
No, of major surgical operations			
No. of minor surgical operations			
No. of normal deliveries			
No. of caesarian sections			
<b><u>Radiological Investigations</u></b> <b>( No. of patients )</b>	<b>O.P. D</b>	<b>I.P.D</b>	
<b>X-ray</b>			
Ultrasonography			
, Contrast X-rays.			
C.T. Scan			

Signatures of the Assessors

Date

Signatures of Dean/Principal

Item	On the Day of assessment		Remarks
	O.P. D	I.P.D	
<b>Laboratory Investigations - No. of Patients/ samples</b>			
Biochemistry			
Microbiology			
Serology			
Hematology			
Clinical pathology			
Histopathology			
Cytopathology			

Signatures of the Assessors

Date

Signatures of Dean/Principal

**2.7 Medical Record Section:**

Manual / Computerized \_\_\_\_\_

ICD X classification of diseases followed for indexing: **yes/no**

**2.8 Central casualty services:**

**No of Beds: Required** \_\_\_\_\_ **Available** \_\_\_\_\_

- Number of CMO posted/Shift : \_\_\_ No. of CMO present during Assessment round \_\_\_\_\_
- Number of nurses posted / Shift: \_\_\_\_\_ Total No. of CMO \_\_\_\_\_
- Separate casualty for OBGY cases: **available, if yes No. of beds** \_\_\_\_\_ / **not available,**

Equipment	Availability Y/N	Number
Central Oxygen & suction facility		
Pulse oximeter		
Ambu bag		
Ultrasonography Machine		
Crash Cart		
Emergency Drug Tray		
Defibrillator		
Ventilator		
X-ray Unit - (Mobile)& X-ray Static		
Minor OT		

Comments:



**2.9 Clinical Laboratories**

**Central Clinical Laboratory:** Under control of department of : \_\_\_\_\_

Separate sections for pathology, microbiology, hematology & biochemistry: **available/not available.**

**2.10 Operation theatres**

Type	Requirement	Available	Remarks
Major			
Minor			

**2.11 Equipment available in O. T. Block (Specify numbers)**

<u>Dept</u>	Theatres Nos.	A/C Y/N	Central Oxy/ Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N	Remarks
Gen Surgery								
ENT								
Ophthal.								
Ortho								
Obst.& Gyne.								
Emergency								
Septic								

No. of Pre-operative Beds available \_\_\_\_\_

No. of Post Operative Beds available \_\_\_\_\_

**2.12 Intensive Care:** Following intensive areas are available –

Type	Beds (Required)	Beds (Available)	Patients on day of assessment	AC Y/N	Central Oxygen/Suction Y/N	Major Equipment (Monitor, Ventilator, ABG, Pulse Oximeter etc.) Y/N	Residents Appointed	Nurses Appointed	Remarks if any
ICCU	5								
ICU	5								
SICU	5								
NICU/PICU	5								

**2.13 Labor Room**

Rooms	Beds	Remarks
Clean Cases		
Septic Cases		
Eclampsia		

**2.14 Radiological Facilities:**

<b>Equipment</b>	<b>Required no.</b>	<b>Available no.</b>	<b>AERB Approval Y/N</b>	<b>Functional Status at the time of assessment Y/N</b>	<b>Remarks if any</b>
Mobile X Ray 60 mA 100 mA					
Static X Ray 300 mA 600mA 800/1000 mA					
CT Spiral Minimum 16 slice					

<b>Equipment</b>	<b>Required no.</b>	<b>Available no.</b>	<b>PNDT Approval Y/N</b>	<b>Functional Status at the time of assessment Y/N</b>	<b>Remarks if any</b>
USG					

Signatures of the Assessors

Date

Signatures of Dean/Principal

**2.15 Blood Bank:**

Available and functional: **Yes/No**

Number of units dispensed in a day \_\_\_\_\_

Number of units stored on day of assessment \_\_\_\_\_

License valid up to: \_\_\_\_\_ (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

Blood Separation Facility - Available/Not available

**2.16 Pharmacy :** Pharmacist/Staff available: List to be included

- No. of sub-stores located in different parts of hospital: \_\_\_\_\_
- 

**2.17 Central sterilization Department :**

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

**2.18 Intercom:** Available : **yes/no**

No. of incoming lines \_\_\_\_\_ No. of extension lines: \_\_\_\_\_

**2.19 Central laundry/Alternative Arrangements:**

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

Type of Laundry: Mechanized / Manual

## 2.20 Kitchen/ Alternative Arrangements

- In-House/Outsourced {if outsourced, then MOU copy to be annexed} :
- Food free of charge: yes/no                      Number of patients \_\_\_\_
- Provision of special diet: yes/no
- Services of a nutritionist/dietician: available/not available

2.21(a) Total no. of Canteens:\_\_\_\_\_. For staff\_\_\_\_\_ For students \_\_\_\_\_For Patients/Relatives:\_\_\_\_\_

(b)Total no. of Mess in campus : \_\_\_\_\_

## 2.22 Arrangements for Biomedical Waste Management.

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

## 2.23 Central Research Lab:

- Available – Yes/No
- Facilities – Adequate/Not Adequate
- Research Projects:
  - Completed Nos \_\_\_\_\_
  - Ongoing Nos \_\_\_\_\_

**2.24 Nursing and Paramedical staff :**

<b>Nursing staff:</b>	<b>No of Beds _____</b>	
Category	Required Nos.	Available Nos.
Staff Nurses		
Sister Incharge		
ANS		
DNS		
Nursing Suptd		
Total		

<b>Paramedical And Non teaching staff</b>	Required Nos.	Available Nos.

## MEDICAL COLLEGE

### 3.1 College Website:

Sr. No.	Details of information	Yes/No
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.	Citizen Charter	
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 programmes, conferences and/or any academic activities conducted by the institution.	
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	
16.	unit /dept .wise beds distribution	

3.1 (a) College timings \_\_\_\_\_ To \_\_\_\_\_

3.2 Teaching Programme:

Didactic teaching	Yes/no
Demonstration	Yes/no
Integrated teaching (Horizontal/Vertical teaching)	Yes/no
Clinical posting	Yes/no
Clinical Pathological Conference	Yes/no
Grand Rounds	Yes/no
Statistical Meeting	Yes/no
Seminars	Yes/no

Teaching Facilities:

3.3 Anatomy

Required	Available	Required	Available
Demonstration Room/s • No ____ • Capacity - 75 to 100 students		AV Aids:	
• Histology practical laboratory - • Number of Lab seats ____ • Number of microscopes ____ • Dissection Microscopes ____		Museum: ____ seating capacity • Mounted specimens • Models - Wet & Dry	



Required	Available	Required	Available
• Dissection Hall		• Bone Sets – Articulated-__ & Disarticulated- __ • MRI & CT	
Number of dissection tables - _____		Number of cadavers - ____	
Cold store / cooling chambers -Capacity of _____ Bodies		Storage tank - __	
Embalming room -		Band saw	
Lockers - _____		Departmental Library- (80-100 Books.)	

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

### 3.4 Physiology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____		AV Aids:	
Departmental Library – 80-100 Books		Haematology laboratory	
		Clinical Physiology Lab.	

### 3.5 Biochemistry

Required	Available	Required	Available
Demonstration Room/s • No _____ • Capacity - _____		AV Aids:	
Number of practical laboratory/ies -		Library / Seminar rooms- 80-100 Books	
Number of Lab seats - _____			

### 3.6 Pathology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____		AV Aids:	
Practical labs - • Morbid Anatomy/Histopath./ Cytology - _____ Microscopes _____ • Clinical Pathology/Hematology - _____ Microscopes _____		Museum: _____ Seating Capacity- _____ students Specimens: • Mounted • Unmounted • Catalogues	
Departmental library - 80-100 Books			

Service Lab - Histopathology/Cytopathology/Hematology/Any specialized work			
--	--	--	--

### 3.7 Microbiology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - ____ students		AV Aids:	
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		Museum: Specimen, Charts, Models & Catalogue seating capacity- _____	
Departmental library - 80-100 Books,			

### 3.8 Pharmacology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
		Museum: _____ seating capacity • Specimens	
Clinical pharmacology Lab			

Departmental Library - 80-100 Books		<ul style="list-style-type: none"> <li>• Charts</li> <li>• Models</li> <li>• History of Medicine</li> <li>• Catalogues</li> </ul>	
Computer Assisted Learning Lab		Mannequins	

### 3.9 Forensic Medicine

Required	Available	Required	Available
Demonstration Room/s <ul style="list-style-type: none"> <li>• No - _____</li> <li>• Capacity - _____ students</li> </ul>		AV Aids:	
Forensic Medicine Practical Lab		Museum : <ul style="list-style-type: none"> <li>• Medico-Legal Specimens _____</li> <li>• Charts _____</li> <li>• Prototype fire arms _____</li> <li>• Slides _____</li> <li>• Poisons _____</li> <li>• Photographs _____</li> <li>Catalogues _____</li> </ul>	
Autopsy Block. Location - In/Near hospital in a separate structure.			
Cold storage -_ Capacity of _____ Bodies			
Departmental library - 80-100 Books			

### 3.10 Community Medicine

Required	Available	Required	Available
Demonstration Room/s <ul style="list-style-type: none"> <li>• No - _____</li> <li>• Capacity - _____ students</li> </ul>		AV Aids:	
Museum: <ul style="list-style-type: none"> <li>• Charts</li> <li>• Models</li> <li>• Specimens</li> </ul>		Practical lab - 1	

• Catalogues			
Departmental Library - 80-100 Books			

**3.11 Health Centers (Department of Community Medicine)**

RHTC: \_\_\_\_\_(place) \_\_\_\_\_ (Distance from the college)

Population covered by the RHTC	
It is affiliated to College Yes/No	
No. of Students_____Visit per batch throughout the year No. of Interns_____Posted per batch throughout the year	
Separate blocks for accommodating boys in _____rooms having _____beds. Girls _____ rooms having _____ beds.(For Interns)	
Facilities for cooking & dining - Yes/No	
Daily OPD	
Specialist visits if any	
Cold chain equipment available	
Survey/MCH/Immunization/FP registers	

Activities under the National Health Programmes	
---	--

**3.12 Details of U.H.T.C.:** \_\_\_\_\_ Place \_\_\_\_\_ Distance from college

Population covered by the UHC	
It is affiliated to College 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	

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

Signatures of the Assessors

Date

Signatures of Dean/Principal

- 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? \_\_\_\_\_

**3.14 Medical College-Staff Strength:**

**Name of College:**

**Number of students**

**PG Courses (Yes/No):**

**If yes, specify**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_

16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_ 20. \_\_\_\_\_

Calculation Sheet (Date: \_\_\_\_\_)

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Physiology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Biochemistry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Pharmacology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					

Signatures of the Assessors

Date

Signatures of Dean/Principal



Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Pathology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Microbiology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Forensic Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Community Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Epidemio-Logist-Cum-Asstt.Prof.					
	Statistician-Cum-Tutor					
	Tutor					
General Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Paediatrics	Professor					
	Assoc. Prof.					
	Asstt.Prof.					

Signatures of the Assessors

Date

Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Sr. Resident					
	Jr. Resident					
Respiratory Medicine	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					
	Jr. Resident					
General Surgery	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Orthopaedics	Professor					
	Assoc. Prof.					
	Asstt.Prof.					

Signatures of the Assessors

Date

Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	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					
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.					

Signatures of the Assessors

Date

Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Sr. Resident					
Dentistry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	JR					

<b>Notes:</b>
<b>For purpose of working out the deficiency:</b>
(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.
<b>(A) For Teaching Faculty:</b>
(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together.
(b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
(c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.
(d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.
<b>(B) For Resident Doctors:</b>

(a) Excess of SR can be compensated to the deficiency of JR of the same department only.
(b) Excess SR/JR of any department cannot compensate the deficiency of 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 SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.
(2) 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.
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations – 2000.

**3.15 Details of Faculty/Residents not counted/accepted.**

**(Only faculty/residents who signed attendance sheet before 11:00 am on the first day of assessment should be verified. (In case of Junior Residents/Senior Residents on night duty, 12:00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11:00 am of the first day of assessment)**

Sr. No	Name	Designation	Department	Remarks/Reasons for Not Considering

**3.16 1) Deficiency of Teaching Faculty:\_\_\_\_\_%**

**2) Deficiency of Resident doctors:\_\_\_\_\_%**

**3.17 Status of discharge notice/notices issued in respect of irregular admissions (UG/PG) if any.**

### 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. Deficiency of teaching staff if any:  
Shortage of teaching faculty is \_\_\_\_%
6. Deficiency of resident doctors if any:

Shortage of resident doctors is \_\_\_\_%

7. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise;
8. Deficiency of clinical material If any: Pl mention category wise;
9. Any other Remarks