

**STANDARD ASSESSMENT FORM**  
**COMPLIANCE VERIFICATION OF POST-GRADUATE COURSES**  
(Report of Compliance Verification will be accepted only in this SAF)

*Note:*

1. Please read the Standard Assessment Form (SAF) carefully before filling. You will **NOT** be allowed to make any changes in the Data after it has been submitted.
2. Do **NOT** leave any section of the SAF or part thereof unanswered. Incompletely filled up forms shall be summarily rejected without any intimation to the college/institution.
3. Do **NOT** edit or modify any part of the SAF. Tampering with the format of these forms will render your submission invalid.
4. Do **NOT** attach Annexures or enclosures. All the information furnished should be in the appropriate sections of the SAF. Annexures and Enclosures will **NOT** be considered.
5. Do **NOT** attach experience certificates with SAF. It is mandatory to submit Experience certificate/s issued by the competent authority from place/s of work (from the office of the DGAFMS in case of personnel of the Indian armed forces) along with the Faculty declaration forms, failing which information about work experience will not be considered.
6. In case of faculty/residents with DNB qualification, full Name of the hospital/institution where DNB training was obtained and year of passing should clearly be mentioned failing which they shall **NOT** be considered. Merely mentioning National Board of Examinations, New Delhi, shall not suffice.
7. The Dean/Principal is responsible for filling up the entire form and signing at appropriate places.
8. If promotions are after the cut-off dates (21/07/2013 for Professors; 21/07/2014 for Associate Professors) and benefit of publications has been given in promotion before the cut-off dates, list the publications immediately below the name of faculty in the format: Title of Paper, Authors, Citation of Journal, details of Indexing in the faculty table. Photocopies of published articles should be attached with the Faculty declaration forms failing which they will not be considered. Please provide details of full/original articles ONLY. Case reports, review articles and abstracts shall **NOT** be considered.
9. Do **NOT** use abbreviations for names of Medical Colleges in the SAF and Declaration Forms.

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1. Name of the Institution	
2. Discipline / Subject	
3. Purpose of Assessment	
4. Date of Assessment	
5. Name of assessors with contact details	

**COMPLIANCE VERIFICATION REPORT**

**Details of deficiencies pointed out in earlier assessment by PG Committee**

Deficiencies pointed out	Reply of College Authority	Observation of Assessor on reply

**Details of Faculty and Clinical Material on date of Assessment:**

Available Faculty	Available Clinical Material
	<b>1. Total OPD Attendance:</b>
	<b>2. Total IPD:</b>
	<b>3. Bed Occupancy:</b>
	<b>4. Details of Surgeries:</b>
	a. Major operations:
	b. Minor operations:
	c. Day Care operations:
	d. Histopath specimen sent:
	e. Deliveries:
	f. Caesarian sections:
	<b>5. Faculty in department as per table:</b>

- (1) I have verified the Eligibility of all faculty members for the post they are holding (Based on experience Certificates issued by competent authority). Their experience Details in Different Designations and unit wise Distribution **attached in the faculty table enclosed.**
- (2) Any other specific observation which the Assessor want to mention.

Signature of the Dean

Signature of the Assessor

Unit Wise Teaching and Residential Staff:

Unit : \_\_\_\_\_

Bed Strength : \_\_\_\_\_

S. No.	Designation	Name and Date of Birth	Full time / part time / Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Total Period	* Whether benefit of publications given Yes/No – List papers	

Note:

- 1. Unit wise Teaching/Resident staff should be shown separately for each unit in the proforma.
- 2. FILL ALL COLOUMNS. Do NOT modify any part of the above table. Tampering with the format of the table will render your submission invalid.
- 3. If BENEFIT OF PUBLICATION HAS BEEN GIVEN, list only original articles in indexed Journals published during the period of assessment for promotion here. No Annexures.
- 4. In case of persons with DNB qualifications, the name of the hospital/institution where DNB training was obtained and the year of passing should clearly be mentioned failing which she/he shall NOT be considered. Merely mentioning National Board of Examinations, New Delhi shall not suffice.
- 5. Experience of Defense services personnel must be supported by certificate/s from the competent authorities of the office of the DGAFMS, to be attached with the Faculty declaration forms failing which it shall not be considered.

I have verified the eligibility of all faculty members for the posts they are holding based on experience certificates issued by competent authorities of their place of working. The details of their working and teaching experience while holding different Designations is furnished in the table above.

Institutional TAN No:

Signature of Assessor

Signature of Dean