

# NATIONAL MEDICAL COMMISSION

## STANDARD ASSESSMENT FORM – FOR AY 2021-22

**“A”**

General information pertaining to:

1. College and Teaching Hospital
2. Courses of study leading to

**M.B;B.S.**

**Name of the Institution:** \_\_\_\_\_

**Complete address:** \_\_\_\_\_

\_\_\_\_\_

**Name of the Principal/Dean:** \_\_\_\_\_

**Telephone nos.**      **Off:** \_\_\_\_\_ **Residence:** \_\_\_\_\_

**email address:** \_\_\_\_\_

**Name of Affiliating University:** \_\_\_\_\_

**Date of assessment:** \_\_/\_\_/\_\_\_\_

**Signature of Principal/Dean  
With Office stamp/Seal**

This form shall be filled precisely and handed over by the Dean/Principal to the convener of the Assessing team. The assessors shall duly verify and examine the entries and send it with their observations to the President, Medical Assessment & Rating Board, National Medical Commission, duly signed and dated. As far as possible, unless otherwise instructed, all the required information should be contained in the form and separate enclosures be avoided. The entries should be as required under the MCI regulations and norms read with section 61(2) of NMC Act, 2019.

**GENERAL INFORMATION**

a. Year of grant of Letter of Permission (LOP): .....

b. Year of grant of Permission by NMC/MCI: .....

*[In respect of new medical college/renewal of yearly permission, please attach Letter of Intent, Letter of Permission and yearly approval by NMC/MCI/Central Government]*

c. Management: Government/University/Autonomous body/ Trust/ Society/Company/Consortium.

d. Annual intake: ..... (Students)

e. Year to year increase (if any): .....  
*[Year and number of admissions permitted by NMC/MCI to be specified and copies of the NMC/MCI approval to be attached]*

f. Year of recognition by the NMC/MCI: .....

a. Undergraduate: .....

b. Post graduate: ..... Last assessment with date/s: .....

Sl.No.	Course	Number of Seats		
		Degree/Diploma permitted by NMC/MCI	Degree/Diploma recognized by NMC/MCI	Degree/Diploma not permitted/not recognized by NMC/MCI

**Annual Budget**

(a) Pay and Allowances: .....

*[Please attach separate sheet with pay scales and allowances of all the categories of employees, i.e. teaching staff, technical, administrative and support Staff and so on.]*

(b) Contingency: (i) Recurring

(ii) Non-recurring

**Administrative set up for looking after:****(a) Admissions:**

*[Please attach a copy of the current prospectus of the college/university/Government.]*

**(b) Particulars of Principal/Dean:**

Name of the Principal/Dean: .....

Qualifications (College, University and year) .....

Teaching Experience		Administrative Experience	
Designation	Duration	Designation	Duration
Dean/Principal			
Professor			
Associate Professor			
Assistant Professor			

**(c) Accommodation details:**

Principal/Dean's office size : \_\_\_ m<sup>2</sup>

Staff room size : \_\_\_ m<sup>2</sup>

College Council room size : \_\_\_ m<sup>2</sup>

Office Superintendent room –size : \_\_\_ m<sup>2</sup>

Office Space Size : \_\_\_ m<sup>2</sup>

Record room size : \_\_\_ m<sup>2</sup>

Whether Intercom is available : Yes / No

**WORKING HOURS**

(i) No. of actual working days: College:  
Hospital:

(ii) Daily working hours:

**COLLEGE COUNCIL**

(a) Composition :

(b) Functions:

(c) No. of Sessions per year:

**BUILDING****(A) Layout & floor area**

(i) Year & Cost of construction:

(ii) Cost of Equipment and Furniture:

**(B) Location of Departments:**

- (a) Pre-clinical
- (b) Para-clinical
- (c) Clinical
- (d) Details of Lecture theatres

Details	In the College	In the Hospital
Numbers		
Type (Gallery/Level)		
Seating Capacity of each		
A-V aids in each LT		
Live streaming capability		

- (e) Auditorium (Capacity):
- (f) Enumerate teaching areas other than Lecture Theatres available in the following departments (Demonstration rooms etc.)

- a. Preclinical
- b. Paraclinical
- c. Clinical

- (g) Do all teaching areas including laboratories have live streaming capability? Yes/No

If not, attach a list of areas that do not have live streaming capability?

- (h) Are any of the teaching areas including Museums shared by two or more departments? Yes/No

If yes, provide a list with details:

- (i) Examination Hall (Seating capacity)

- (j) Common rooms:

For Boys: Yes / No If yes, area: \_\_\_ m<sup>2</sup>

For Girls: Yes / No If yes, area: \_\_\_ m<sup>2</sup>

Facilities of attached toilets: Yes /No (If no, reasons thereof)

- (k) Central Laboratories (Provide details in a separate sheet where required):

- (1) Staff :
- (2) Equipment:
- (3) Coordinating department:

**CENTRAL LIBRARY**

- (a) Layout and floor area :
- (b) Reading Rooms (mention seating capacity of each):
- (a) for UG students. :
- (b) for PG students :
- (c) for Staff :
- (c) Working hours :
- (d) No. of shifts :
- (e) Number of books :

1	Text books	
2	Reference books	
3	e-books	

- (f) Number of Journals subscribed annually

	National	Foreign
Hard copy		
e-journal		
Total		

- (g) Number of Journals actually received annually

	National	Foreign
Hard copy		
e-journal		
Total		

- (h) Number of back volumes of Journals

	National	Foreign
Hard copy		
e-journal		
Total		

- (i) Number of books purchased during the last 3 years

Year 1	
Year 2	
Year 3	

(j) Details of Staff with qualifications:

Designation/Category	Name	Qualifications
1. Librarian		
2. Deputy librarian		
3. Library assistants		
4. Other staff		

(k) System of Cataloguing:

(l) Whether Library areas are air-conditioned?: Yes / No

If not, provide details and/or reasons

**MEDICAL EDUCATION UNIT:**

Staff	Numbers
Hon. Director/Coordinator	
Honorary Faculty	
Support staff	
Stenographer	
Computer operator	
Technical staff	
Any other staff	

(a) Equipment available

(b) Teaching & training material available

(c) No. of training courses conducted by Medical Education Unit (Attach Details)

(i) Categories of personnel trained

(ii) Number trained in each category

**HEALTH CENTRES – RURAL and URBAN**

Sl.	Particulars	RHC/PHC	UHC
(a)	Name of center:		
(b)	Location of center:		
(c)	Population covered:		
(d)	Distance from college & Travel time		
(e)	Transport facilities for the following		
	(i) Students + Interns		
	(ii) Staff		
	(iii) Support staff		

- (f) Staff of the Centers:
- (g) Hostel facilities at the Rural Health Centers:
- (h) Whether Messing facilities available: Yes / No
- (i) working arrangement / Administrative control of Health Centers:
- (i) Total (Administrative& Financial) control with the college
- (ii) Partial (Academic) control

**HOSTELS**

- (a) Layout :
- (b) Distance from the college & Hospital :
- (c) Total No. of rooms & occupancy/seats: \*Mention Area of each type of room

Category		No. of Rooms		
		Single	Double	Three or more
Undergraduate	Boys			
	Girls			
	*Area (m <sup>2</sup> )			
Postgraduate	Gents			
	Ladies			
	*Area (m <sup>2</sup> )			

- (d) Number of students on the roll :
- Percentage of Students accommodated :
- (e) Supervisory arrangement :
- (f) Messing & canteen arrangements :
- (Dining hall should have accommodation for 25% of all occupants at a given time).
- (g) Availability of room, reading room TV room and indoor games

**RESIDENTIAL ACCOMMODATION/QUARTERS :**

- (a) Categories :
- (b) Number :
- (c) Percentage of Staff accommodated in each category :

**SPORTS AND RECREATION FACILITIES :**

- (a) Number of playgrounds and games played :
- (b) Gymnasium facilities and arrangements :
- (c) Sports Officer/Physical instructor :

**TEACHING HOSPITAL (MAIN & SUBSIDIARY)**

- (a) Management: Govt./Autonomous/Trust/Society/University/Company/Consortium
- (b) Number of years for which the hospital has been fully functional:
- (c) Administrative set up:
- (i) Particulars of Hospital/Hospitals:
- a) Name of the Hospital:
- b) Total number of teaching beds:
- c) Number of special/paying wards:
- d) Medical Superintendent:

Name & qualifications	Teaching/Non-teaching	Telephone numbers: Off/Res

- e) Medical Superintendent's Office – Size
- f) Hospital office space – size
- g) Nursing superintendent office space – size
- h) Waiting area for visitors – size



- (ii) Particulars of Common services / facilities
  - a) Enquiry/office – Size
  - b) Gender cell (Committee against sexual harassment)
  - c) Grievance redressal Cell for Underprivileged and Minorities
  - d) RTI drop-box (In government institutions only)
  - e) Reception area – Size
  - f) Store rooms – Nos. & Size
  - g) Central Medical Record Section– Size
  - h) Linen rooms – Nos. & Size
  - i) Hospital & Staff Committee Room – Size
- (d) Indoor Facilities (in each ward)
  - a) Nurses duty room available with each ward
  - b) Examination & Treatment Rooms
  - c) Store Room for linen & equipment
  - d) Resident doctor's duty room
  - e) Student's duty room

### **DISTRIBUTION OF BEDS**

	Specialty	Total Number of teaching Beds Units		Average Bed occupancy per day (% of teaching beds)
<b>(a)</b>	<b>Medicine &amp; allied specialties</b>			
(i)	Gen. Medicine			
(ii)	Pediatrics			
(iii)	Respiratory Medicine			
(iv)	Dermatology			
(v)	Psychiatry			
	<b>Total</b>			
<b>(b)</b>	<b>Surgery &amp; allied specialties</b>			
(i)	Gen. Surgery			
(ii)	Orthopedics			
(iii)	Ophthalmology			
(iv)	Oto-rhino-laryngology			
	<b>Total</b>			
<b>(c)</b>	<b>Obstetrics &amp; Gynecology</b>			
<b>(d)</b>	<b>Emergency department</b>			
	<b>Grand Total</b>			

**ANNUAL BUDGET OF THE HOSPITAL****(For the past 3 years)**

	I	II	III
(a) Pay of Staff & establishment :	:	:	:
(b) Medicine & Stores :	:	:	:
(c) Diet :	:	:	:
(d) Non-recurring contingency :	:	:	:

**CLINICAL MATERIAL (HOSPITAL WISE)** *[attach a separate sheet if necessary]***Outdoor – Average Daily patient Attendance (In figures and words)**

- (a) Old Patients :  
 (b) New Patients :  
 (c) Total :

**Indoor patient details:**

- (a) Number of Annual admissions :  
 (b) Average daily bed occupancy :  
 (% of Teaching beds)

**TEACHING/TRAINING FACILITIES (DEPARTMENT WISE)**

- (a) In O.P.D.  
 (b) In Indoor

**REGISTRATION, MEDICAL RECORDS & STATISTICS DEPARTMENT**

- (a) Central and/or Departments :  
     (i) For in-patients :  
     (ii) For O.P.D. :  
 (b) Staff :  
     Medical Record Officer :  
     Statistician :  
     Other staff :  
     Peons :  
 (c) System of Indexing :  
     Computerized /Manual :

## **EMERGENCY DEPARTMENT / CENTRAL CASUALTY SERVICES**

- a) Whether fully functional/working: Yes / No
- b) Accommodation for staff on duty:
  1. Doctors:
  2. Nurses:
  3. Students:
  4. Other paramedical staff:
- c) No. of emergency beds in emergency department/casualty services
- d) Working arrangement of emergency department/casualty services
  1. Number of emergency department/casualty medical officers
  2. Consultants services\*

\*Nature of services

  1. Facilities for:
    - a. Trauma: Yes / No
    - b. Burns: Yes / No
    - c. Medical: Yes / No
    - d. Surgical: Yes / No
    - e. Obstetrics: Yes / No
    - f. Pediatrics: Yes / No
  2. Average daily attendance of patients
- (e) Resuscitation and triage services facilities:
  1. Oxygen supply – Central Yes /No
  2. Ventilators
  3. Defibrillator
  4. Fully equipped disaster trolleys
- (f) Facilities provided:
  1. X-ray
  2. Operation theatre
  3. Laboratory facilities
- (g) Ambulance service Yes/No If yes, Numbers:
- (h) Whether facilities for medico-legal examination exist or not?  
If yes, whether separate staff is posted or not?

**CLINICAL LABORATORIES****Numbers****Specialty**

- (a) Central
- (b) Departmental
- (c) Total number of investigations: (Provide Daily average)

Area	Biochemistry	Clinical Pathology	Microbiology	Any Others
(i) OPD				
(ii) In patient				

- (d) Bio Safety Laboratory (BSL-II):
- (e) Staff & Supervision in each Laboratory
1. Teaching Staff Number :
  2. Non-teaching Staff Number :

- (f) Equipment in each laboratory:

*[Mention if any of the above laboratory services are outsourced]*

**OPERATION THEATRE UNIT**

- (a) Operation theatres:

1. Number
2. Arrangements and distribution
3. Equipment (including anesthesia equipment – attach list)
4. Facilities available in each OT unit (Yes / No).
  - (i) Waiting room for patients Yes / No
  - (ii) Soiled Linen room Yes / No
  - (iii) Sterilization room Yes / No
  - (iv) Nurses duty room Yes / No
  - (v) Surgeons & Anesthetist rooms:
    - For Males Yes / No
    - For Females Yes / No
  - (vi) Assistants room Yes / No
  - (vii) Store room Yes / No
  - (viii) Washing room for surgeons & Assistants: Yes / No

## (b) Arrangement for anesthesia

1. Pre-anesthetic care:
2. Post-anesthetic care:

## (c) Pre-operative ward (number of beds):

## (d) Post-operative ward (number of beds):

## (e) Resuscitation facilities and special equipment:

## (f) If any super specialty exists (Give details):

Intensive care Area	No. of beds	Specialized equipment in each
ICU		
ICCU		
Burns ICU		
Surgical ICU		
Respiratory ICU		
Pediatric/Neonatal ICU		
Emergency dept ICU		
Any other ICU		

## (g) Labor Rooms

1. Clean with number of beds :
2. Septic with number of beds :

**RADIOLOGICAL FACILITIES****(a) Radio Diagnosis**

No. of rooms &amp; their Size :

**Machine****Strength****Fixed****Mobile****(b) Workload per day****Nos./day****Outsourced (Yes/No) \***

1. X-Rays
2. Special procedures (IVP etc.)
3. Ultrasonography
4. C.T. Scans
5. MRI scans
6. Any other like mammographs etc

*[\*Mention if any of the above radio-diagnosis services are outsourced]*

**(c) Protective Measures -**

- Compliant with AERB regulations: Yes / No
- PNDT compliance – Yes / No

**PHARMACY**

- (a) Supervised by:
- (b) Qualification of pharmacist In-charge:
- (c) No. of other staff
- (d) No. of prescription dispensed a day
  1. Inpatient
  2. Out-patient.

*[Mention if the Pharmacy services are outsourced/Owned and run by college]*

**CENTRAL STERILIZATION SERVICES DEPARTMENT :**

- (a) Central or Central and separate satellite CSSD units:
- (b) Equipment scope and in-service arrangement:
- (c) Volume of work/day:
- (d) Arrangement for sterilization of mattresses & blankets:
- (e) Staff available in CSSD:
  1. CSSD In-charge
  2. Technical Assistants
  3. Technicians
  4. Sanitation staff

**LAUNDRY Facilities:** Provide details

*[Mention if the Laundry services are outsourced/Owned and run by college]*

**KITCHEN:** (Type of Arrangements): Provide details

*[Mention if the Kitchen services are outsourced/Owned and run by college]*

**CANTEEN**

1. For Faculty :
2. For Students :
3. For Staff :
4. For Patients:

*[Mention if the above Canteen services are outsourced/Owned and run by college]*

**BIOMEDICAL WASTE DISPOSAL:** Details of Arrangement*[Mention if the BMWWD services are outsourced/Owned and run by college]***PARA MEDICAL/OTHER SERVICES STAFF IN THE HOSPITAL***[Mention if any of the above services/staff are outsourced]*

Designation	No. of sanctioned posts	Nos. in position
1. Nursing Superintendent		
2. Dy. Nursing Superintendent		
3. Matron		
4. Asst. Nursing Superintendent		
5. Nursing Officers		
6. Lab. Technicians		
7. Lab Assistants		
8. Lab Attendants		
9. Ward boys		
10. Sanitation staff		
11. Any other Category		

**RESIDENTIAL ACCOMODATION**

	Category	Nos. Sanctioned	Nos. provided accommodation
(i)	Residents		
(ii)	Nurses		
(iii)	Other Staff		

*[Mention if accommodation is outsourced/Owned and run by college]***Percentage of staff provided with quarters**

(a) Teaching :

(b) Non-teaching :

**INTERCOM SYSTEM IN THE HOSPITAL CAMPUS**

Intercom - Present/ Absent

**DMMP SYSTEM IN THE HOSPITAL CAMPUS**

DMMP-II – Present/ Absent

**CCTV SYSTEM IN THE HOSPITAL CAMPUS**

CCTV – Present/ Absent

## ACADEMIC INFORMATION OF THE COLLEGE

**Result of MBBS examinations – give number and percentage of passes of proceeding 3 years**

Batch	Year 20__				Year 20__				Year 20__			
I MBBS	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												
II MBBS	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												
Final MBBS – Part I	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												
Final MBBS – Part II	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												

### OTHER INFORMATION:

1. Yearly research publications\* by the teaching staff (past 3 years)

**Ist Year**

**IIInd Year**

**IIIrd Year**

National journals (No.) :

Foreign journals (No.) :

\*Publication as per NMC/MCI requirements

**Ist Year**

**IIIndYear**

**IIIrd Year**

2. Seminars/Conferences/workshops

CME/Others conducted by the

Institution in last 3 years

3. Awards/recognition received

by the college Faculty :

4. Courses other than MBBS and PG courses being run by the college management: Yes/ No.

Are they being run in the same campus/area demarcated for Medical College: Yes/No.

If yes, (provide details)

Name of Course	Full Address of college	No. of Admissions/year



5. Total No. of PG students admitted year-wise (previous 3 years)

Sl. No	Subjects (Diploma/Degree)	No. of PG students admitted		
		1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year

6. Are the College and Hospital areas accessible to persons with disabilities? Yes / No

7. Are Fire Safety facilities in place in all buildings ? Yes / No

**Details of Fee structure for various courses run by the college:**

(Attach separate sheet with details, signed by the college management)

Date of Assessment: \_\_/\_\_/\_\_\_\_

Signature of Dean/Principal  
with official seal/stamp

(SIF B-1)

**NATIONAL MEDICAL COMMISISON  
STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**ANATOMY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution .....**

**Place .....**

**Affiliated to the University of .....**

**Name of the Head of the Department .....**

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last Assessment	To what extent rectified
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A. **Teaching Staff:** In case this space is insufficient, a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### Department of Anatomy

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator/ Tutor													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator/ Tutor									
Any other Category									

**B. List of non-teaching staff:**

**Name(s) of staff members**

- a. Technical Assistant
- b. Technicians
- c. Dissection Hall Attendants
- d. Steno typist
- e. Store Keeper – cum – clerk
- f. Any other category

C. Give the various sub-sections in the Department, if any, like Gross Anatomy, Neuro-Anatomy, Embryology and Histology.

- Is the teaching staff rotated in these sections and if so up to what level

**D. BUILDINGS:**

**(i) Demonstration Room :**

- a) Number
- b) Accommodation (of each demonstration room)
  - i) Size
  - ii) Capacity
- c) Audio-visual equipment available.

**ii) Departmental Library-cum-Seminar Room:**

- a) Is there a separate departmental library?
- b) Accommodation
  - i) Size :
  - ii) Capacity :
- c) Number of books and e-books in Anatomy and allied subjects :
- d) List of Journals and e-journals :

**(iii) Practical Laboratories :**

**A) Dissection Hall**

- a) Accommodation :
  - i) Size :
  - ii) Capacity :

- b) Number and arrangement of tables
  - i) Big :
  - ii) Small :
- c) Hygiene and Drainage facilities for Disposal of Discarded parts.
- d) Mode of disposal of discarded parts
- e) Washing arrangement :  
No. of wash basins provided :
- f) No. of lockers provided for students :
- g) Lighting and exhaust arrangements :
- h) Special Instruments other than routine Dissection sets  
(such as Electric saw etc.)
- i) Extra Learning Aids provided in the Dissection Hall :  
(Skeleton, Charts, Black Board etc.)
- j) Cadaver Preservation Facilities :
  - i) Embalming room
    - Size
    - Location
  - ii) Storage Tanks
    - Number
    - Size
  - iii) Cold room/cooling cabinets
    - Size
    - Capacity
  - iv) No. of Cadavers available
  - v) No. of students allotted per cadaver

**B) Histology Laboratory**

- (a) Accommodation
  - Size
  - Capacity
- (b) Working arrangement
  - a. Seats available



- b. Cupboard for storage of microscope slides etc.
  - c. Number of Microscopes
  - d. Number of students to each Microscope
- (c) Preparation room
- Size
  - Location
- (d) Whether Laboratory Manuals kept by students? Yes/No
- (e) Close circuit TV/Demonstration Microscope/any other teaching aids :

**(iv) Research Laboratory**

- a) Size
- b) Equipment
- c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy? If so how many per year during the last three years?
  - 1.
  - 2.
  - 3
- d) List of publications by the members of the staff ONLY during the last 3 preceding years as per NMC/MCI requirements?
- e) Current areas of Research
- f) Do undergraduate students participate in Research?
- g) Does the department have an Electron Microscope?

**V) Museum :**

- a) Size :
- b) How many specimens :
- c) No. of catalogues of the specimens available to the students.
- d) Specimens in Embryology, Neuro-Anatomy, Histology, Gross Anatomy
- f) Display of Microscopic sections of normal developing tissues – system wise.

- g) Are the microscopic sections of the specimens available for study to the students.
- h) Number of Microscope & X-ray view Boxes available to students in the Museum.
- i) List of exhibits other than the specimens.
- j) Radiological & specialized imaging exhibits :
  - Number
  - Type
- k) Charts, Skeletons etc.
- l) Seating arrangement for students
  - Number
  - Type
- m) Preparation and storage rooms
- n) Attached rooms

**(VI) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s:
- c) Asst. Professors/s :
- d) Tutors/Demonstrators/Senior Residents :
- e) Non-teaching and clerical staff :

**E) TEACHING PROGRAMME :****1. Competency Based UG Curriculum implementation**

Teaching Methods	No. of sessions
a. Lectures	
b. Small Group Teaching	
c. DOAP sessions	
d. Practical	
e. Bedside teaching	
f. Group activity	
g. Integrated sessions	
h. Any other (specify)	

**2. Any other /innovations (specify) :****8. Assessment Methods used**

- a. Theory: Essay
  - (i) Essay
  - (ii) Short answer
  - (iii) MCQs
- b. OSCE
- c. Skill assessment
- d. Viva
- e. Any other (specify)

(Time table of teaching schedules to be given).

- 9. List of Faculty who have undergone Basic/Revised Basic Medical Education training

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

**NATIONAL MEDICAL COMMISSION  
STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**PHYSIOLOGY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

**Signature of the Dean/Principal  
(with seal)**

**Signature of the Head of the  
Department**

(This form shall first be filled by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessors, who shall examine the information already furnished & gather additional information as may be necessary to fill in the spaces provided for within)

- 1.     Date of Assessment                 :
- 2.     Names of Assessors                :
- 3.     Date of last Assessment           :
- 4.     Names of last Assessors           :

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Deficiencies pointed out in the last Assessment /	To what extent rectified
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- A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Physiology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator Tutor													
Any other Category													

(continued on next page)



Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator/ Tutor									
Any other Category									

**B. List of non-teaching staff:****Name (s) of staff members**

- a. Technical Assistant
- b. Technicians
- c. Store Keeper-cum-Clerk
- d. Laboratory Attendant
- e. Steno-typist
- f. Any other category

**C. Buildings:****(i) Demonstration Room:**

- a) Number
- b) Accommodation of each demonstration room:
  - Size
  - Capacity
- c) Audio-Visual equipment available:

**(ii) Practical Laboratories:**

- |  | <b>Clinical Physiology Lab</b> | <b>Hematology Lab</b> |
|--|--------------------------------|-----------------------|
| a) Accommodation   |                                |                       |
| 1. Size  |                                |                       |
| 2. Capacity  |                                |                       |
| b) Working arrangement   |                                |                       |
| 1. Seats available   | :                              | :                     |
| 2. Water supply  | :                              | :                     |
| 3. Sinks   | :                              | :                     |
| 4. Electrical Points   | :                              | :                     |
| 5. Cupboard for storage of<br>Microscopes, slides etc                    | :                              | :                     |
| c) Main Equipment available  |                                |                       |
| d) Number of Microscopes   |                                |                       |
| e) No. of students to each microscope                                    |                                |                       |
| f) Preparation room :  |                                |                       |
| 1. Size  |                                |                       |
| 2. Location  |                                |                       |
| g) Whether Lab Manuals kept by students:                                 |                                |                       |
| h) Close circuit TV/demonstration<br>Microscope/any other teaching aids. |                                |                       |

**III) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM :**

Is there a separate departmental library?

- a) Accommodation
  - 1. Size
  - 2. Capacity
- b) Number of Books and e-books in Physiology :
- c) List of Journals and e-journals :

**IV) RESEARCH LABORATORY :**

- a) Size
- b) Equipment
- c) Are there any students taken for M.D. or M.Sc. or Ph.D in Physiology? If so how many per year during the last three years?
  - 1.
  - 2.
  - 3.
- d) List of publications by the members of the staff ONLY during the preceding 3 years as per NMC/MCI requirements. Attach separate sheet if required.
- e) Current areas of Research
- f) Do Undergraduate students participate in research?

**V. OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s :
- c) Asst. Professors/s :
- d) Tutors/Demonstrators/Senior Residents :
- e) Non-teaching and clerical staff:

**D. TEACHING PROGRAMME :****1. Competency Based UG Curriculum implementation**

Teaching Methods	No. of sessions
a. Lectures	
b. Small Group Teaching	
c. DOAP sessions	
d. Practical	
e. Bedside teaching	
f. Group activity	
g. Integrated sessions	
h. Any other (specify)	

**2. Any other /innovations (specify) :****3. Assessment Methods used**

- a. Theory:
  - i. Essay
  - ii. Short answer
  - iii. MCQs
- b. OSCE/OSPE
- c. Skills assessment
- d. Viva-voce
- e. Any other (specify)

(Time table of teaching schedules to be given).

- 4. List of Faculty who have undergone Basic/Revised Basic Medical Education training.

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

**NATIONAL MEDICAL COMMISSION  
STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**BIOCHEMISTRY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

---

Deficiencies pointed out in the last assessment/	To what extent rectified
--	--------------------------

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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Biochemistry**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator/ Tutor													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator /Tutor									
Any other Category									

**B. LIST OF NON-TEACHING STAFF: Name (s) of staff members**

- a. Technical Assistant
- b. Technicians
- c. Store Keeper-cum-Clerk
- d. Laboratory Attendance
- e. Any other category

**C. BUILDINGS:**

**(i) Demonstration Room:**

- a) Number
- b) Accommodation
  - 1. Size
  - 2. Capacity
- c) Audio-Visual equipment available:

**II) PRACTICAL CLASS ROOM/LABORATORIES:**

- a) Accommodation
  - 1. Size
  - 2. Capacity
- b) Working arrangement
  - 1. Seats available
  - 2. Water supply
  - 3. Sinks
  - 4. Electric points
  - 5. Cupboard for storage of microscopes
- c) Preparation room
  - 1. Size
  - 2. Capacity
- d) Whether laboratory manual kept by students: Yes / No
- e) Close circuit T.V./Any other teaching aids.

**(III) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM:**

- a) Is there a separate departmental library?
- b) Accommodation
  - 1. Size
  - 2. Capacity
- c) Number of Books in Biochemistry and allied subjects.
- d) List of Journals

**(IV) RESEARCH LABORATORIES**

- a) Size
- b) Equipment
- c) Are there any students taken for M.D. or M.Sc. or Ph.D in Biochemistry? If so how many per year during the last three years?
  - 1.
  - 2.
  - 3.
- d) List of publications by the members of the staff ONLY during the preceding 3 years as per MCI/NMC requirements?
- e) Current areas of Research
- f) Do Undergraduate students participate in research?

**(V) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s :
- c) Asst. Professors/s :
- d) Tutors/Demonstrators/Senior Residents:
- e) Non-teaching and clerical staff :

**D. TEACHING PROGRAMME :**

1. Competency Based UG Curriculum implementation

Teaching Methods	No. of sessions
a. Lectures	
b. Small Group Teaching	
c. DOAP sessions	
d. Practical	
e. Bedside teaching	
f. Group activity	
g. Integrated sessions	
h. Any other (specify)	

2. Any other /innovations (specify) :

3. Assessment Methods used

- a. Theory:
  - (i) Essay
  - (ii) Short answer
  - (iii) MCQs
- b. OSCE
- c. Skill assessment
- d. Viva
- e. Any other (specify)

(Time table of teaching schedules to be given).

4. List of Faculty who have undergone Basic/Revised Basic Medical Education training

**E. SERVICE LABORATORY IN THE TEACHING HOSPITAL/COLLEGE:**

- a) Is there separate biochemistry laboratory in the hospital? Yes/No
- b) If yes, control and supervision
  - i) Whether departmental (college)
  - ii) Under Medical Superintendent (Hospital)
  - iii) If departmental, method of posting and rotation of medical & non-medical staff
- c) Size of the laboratory:
- d) Investigative equipment available (Attach list)
- e) Staff
 

	<u>Names</u>	<u>Qualifications</u>	<u>Designation</u>
1. Medical			
2. Non-Medical			

- f) Report giving details of work done during the last 1 year to be attached:
- g) Are the students (UG/PG) posted in the hospital laboratory? Yes/No

**F. IS THERE ANY EMERGENCY HOSPITAL BIOCHEMISTRY SERVICE**

If so give details of

- a) Staff employed
- b) Average no. of tests done during one month (in emergency laboratory)
- c) Is a record of these test maintained

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

**NATIONAL MEDICAL COMMISSION  
STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**PATHOLOGY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....  
**Place** .....  
**Affiliated to the University of** .....  
**Name of the Head of the Department** .....

Signature of the Dean/Principal (with seal)	Signature of the Head of the Department
--	--

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment:
- 4. Names of last Assessors:

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Deficiencies pointed out in the last assessment/	To what extent rectified
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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### Department of Pathology

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator/ Tutor													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator/ Tutor									
Any other Category									

**B. LIST OF NON-TEACHING STAFF:****Name (s) of staff members**

- a. Technical Assistant
- b. Technicians
- c. Laboratory Attendants
- d. Steno-typist
- e. Store Keeper
- f. Any other category

**C. Give the various sub-section in the department like Morbid Anatomy, Histopathology, Cytopathology, Clinical Pathology/Hematology and any other specialized section.**

Is the teaching staff rotated in these sections?

If so, up to what level?

**D. BUILDINGS:****(I) Demonstration Room:**

- a) Number
- b) Accommodation
  - Size
  - Capacity
- c) Audio-Visual equipment available

**(ii) PRACTICAL LABORATORIES:**

<b>Morbid Anatomy/ Histopathology/ Cytopathology</b>	<b>Clinical Pathology /Hematology</b>
--	---

- 
- a) Accommodation
    - 1. Size
    - 2. Capacity
  - b) Working arrangement
    - 1. Seats available
    - 2. Water supply
    - 3. Sinks
    - 4. Electrical Points
    - 5. Cupboard for storage of microscopes etc.

- c) Main Equipment available
- d) Number of Microscopes
- e) No. of students to each microscope :
- f) Preparation room:
  - 1. Size
  - 2. Location
- g) Whether Laboratory Manuals kept by students? Yes / No
- h) Close circuit TV/demonstration Microscope/any other teaching aids.

**iii) Service Laboratory in the teaching hospital/college:**

Particulars	Histopathology	Cytopathology	Hematology	Any others
Are there separate laboratories				
Control and supervision (Dept or MS)*				
Size of laboratory (m <sup>2</sup> )				
Equipment available Yes/No (attach list)				
Staff details (in separate tables below)				

\* If under departmental control, give details of method of posting and rotation of medical and non-medical staff

Histopathology laboratory			
Staff details	Name	Qualification	Designation
Medical			
Non-medical			
Cytopathology laboratory			
Staff details	Name	Qualification	Designation
Medical			
Non-medical			
Hematology laboratory			
Staff details	Name	Qualification	Designation
Medical			
Non-medical			
Other specialized laboratories			
Staff details	Name	Qualification	Designation
Medical			
Non-medical			

- f) Attach details of work done in each service laboratory during the past 1 year separately.

g) Are the students (UG/PG) posted in the hospital laboratories: Yes / No

**(iv) Is there any emergency hospital Pathology service? Yes / No**

If YES, give details of:

- a) Staff employed
- b) Average no. of investigations done during the past one month in emergency hospital pathology laboratory:
- c) Is a record of these investigations maintained?

**V) Is there a separate**

- a) Balance room Yes /No
- b) Store room Yes /No
- c) High speed centrifuge room Yes /No

**VI) MUSEUM :**

- a) Size
- b) How are specimens arranged? Give details
- c) Give number of each:
  - 1. Mounted specimen
  - 2. Unmounted specimen
- d) Are the sections (microscopy slides) of specimens available to the students for academic purposes? Yes / No

If Yes, are they made available in the museum or some other room or laboratory

- e) No. of microscopes available to the students in the museum:
- f) Attach list of charts, photographs, models and other exhibits other than the specimens and their arrangements.
- g) No. of catalogues of the specimens available to the students.
- h) Seating arrangement for students –
  - 1. Type
  - 2. Number

**VII) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM :**

- a) Is there a separate departmental library?
- b) Accommodation
  - 1. Size
  - 2. Capacity
- c) Number of books in Pathology and allied subjects.
- d) List of Journals

**VIII) RESEARCH LABORATORY:**

- a) Size
- b) Equipment
- c) Are there any students taken for Diploma in Pathology, M.D. or Ph.D. in Pathology? If so, how many per year during the last three years.
  - 1.
  - 2.
  - 3.
- d) List of publications by the members of the staff ONLY during the preceding 3years as per MCI/NMC requirements:
- e) Current areas of Research
- f) Do Undergraduate students participate in research?

**X) OFFICE ACCOMMODATION**

- a) Professor & H.O.D.
- b) Associate Professor/
- c) Asst. Professor/s
- d) Tutors/Demonstrators/Senior Residents
- e) Non-teaching and Clerical Staff

**IX) BLOOD BANK**

- a) Is there a blood bank in the hospital? Yes / No
- b) If yes, is it approved and licensed by competent authority? Yes / No  
Please mention the validation period of the license:
- c) Is the blood bank air-conditioned? Yes / No
- d) Does the blood bank have Component segregation facility? Yes / No
- e) Administrative control of Blood Bank is under (Please tick):  
Department of Pathology / Medical Superintendent
- f) If it is under the administrative control of the department, provide details of method of posting and rotation of Medical and non-medical staff.
- g) Average number of units of blood issued per month over the past year:
- h) Average number of blood donors per month over the past year
- i) Blood bank Staff – details of both medical and non-medical staff.
- j) List the number of tests done in the blood bank: Blood grouping, Rh-typing, Cross matching, Hepatitis –B, Hepatitis –C, Syphilis, Malaria, HIV etc. (Report giving details of work done during the last 1 year to be attached).

**E) TEACHING PROGRAMME :**

**I. Teaching Learning Methods**

**Number**

- 1) Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
- 5) Practicals
- 6) Any other teaching/training activities
- 7) Is there any integrated teaching?  
If yes, details thereof.
- 8) Any innovations in teaching (specify)

**II. Methods of Assessment :**



(Provide details)

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

**NATIONAL MEDICAL COMMISSION**  
**STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**MICROBIOLOGY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
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- A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Microbiology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator Tutor													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator /Tutor									
Any other Category									

**B. List of non-teaching staff:****Name(s) of staff members**

- a) Technical staff
- b) Laboratory attendants
- c) Store keeper
- d) Record Clerk
- e) Stenographer
- f) Sanitation staff
- g) Any other

**C. Buildings:****(i) Demonstration Room:**

- a) Number
- b) Accommodation
  - Size
  - Capacity

c) Audio-Visual equipment available:

**ii) Practical laboratories:**

- a) Accommodation
  - Size
  - Capacity
- b) Working arrangement
  - Seats available
  - Water supply
  - Sinks
  - Electric points
  - Cupboard for storage of microscopes

c) Main equipment available Yes / No

d) Number of Microscopes

e) Number of students to each microscopes

- f) Preparation room
  - Size
  - Location

g) Whether laboratory manual kept by students? Yes / No

h) Close circuit T.V./any other teaching aids.

**iv) SERVICE LABORATORY IN THE TEACHING HOSPITAL/COLLEGE:**

	<b>Bacteriology including anerobic</b>	<b>Serology</b>	<b>Virology</b>	<b>Parasitology</b>	<b>Mycology</b>	<b>TB lab</b>	<b>Immunology</b>	<b>Any other</b>
Are there separate Service Labs								
If yes Control & supervision is under Dept./ MS*								
Size of the lab								

\* If departmental control and supervision, attach details of method of Posting and rotation of Medical & non-medical Staff

- Do you have a BSL II Virology laboratory – Yes /No      If Yes, is there RT-PCR machine – Yes / NO
- Is there investigative material available in the service laboratories – Yes / No. If yes, attach list.
- Details of staff in the above laboratories

Staff

**Names**

**Qualifications**

**Designation**

- Medical
- Non-medical Staff



(f) Attach details of work done during the past 1 year.

(g) Are the students (UG/PG) posted in the hospital laboratory. Yes/No

**IV) Is there any emergency hospital Microbiology service.**

If so give details:

a) Staff employed

b) Average number of investigations done during the past 1 month in the hospital emergency Microbiology laboratory

c) Is a record of these investigations maintained Yes / No

V) a) Is there a separate media preparation and storage area? Yes / No

If yes, size of the preparation and storage area

b) Autoclaving room Yes / No

If yes, size of the autoclaving room

c) Washing and drying room: Yes/No

**(VI) Departmental Library-cum-Seminar Room :**

a) Is there a separate departmental Library-cum-Seminar room? Yes / No

b) Accommodation

1. Size

2. Capacity

c) Number of Books in Microbiology and allied subjects.

d) List of Journals

**VI) RESEARCH LABORATORIES:**

a) Size

b) Provide list of Equipment

c) Are there any students taken for M.D. or M.Sc. or Ph.D. in Microbiology?

If yes, how many per year during the last three years.

1.

2.

3.

d) List of publications by the members of the staff ONLY during the preceding 3 years as per MCI/NMC requirements:

e) Current areas of Research

f) Do Undergraduate students participate in research?

**(VII) OFFICE ACCOMMODATION**

- a) Professor and H.O.D.
- b) Associate Professor/
- c) Asst. Professor/s
- d) Tutors/Demonstrators/Senior Residents.
- e) Non-teaching and Clerical staff

**D. TEACHING PROGRAMME.**

**I. Teaching Learning Methods Number**

- 1) Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
- 5) Practicals
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?  
If yes, details thereof.
- 8) Any innovations in teaching (specify)

**II. Methods of Assessment:**

Provide details of assessment methods

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

**NATIONAL MEDICAL COMMISSION**  
**STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**PHARMACOLOGY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Pharmacology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator Tutor													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator /Tutor									
Any other Category									



**B. List of non-teaching staff:****Name (s) of staff members**

- a. Technical Staff
- b. Technicians
- c. Store keeper-cum-clerk
- d. Steno-typist
- e. Laboratory Attendants
- f. Any other category

**C. Buildings:****(i) Demonstration Room:**

- a) Number
- b) Accommodation
  - Size
  - Capacity

**c) Audio-Visual equipment available:****(ii) PRACTICAL LABORATORIES :**

- |  | <b><u>Computer Assisted<br/>Laboratory</u></b> | <b><u>Clinical<br/>Pharmacology</u></b> |
|--|--|---|
| a) Accommodation <ul style="list-style-type: none"> <li>• Size</li> <li>• Capacity</li> </ul>              |  |   |
| b) Working arrangement <ul style="list-style-type: none"> <li>1. Seats available</li> </ul>                |  |   |
| c) Main Equipment available  |  |   |
| d) Ante-room/preparation room <ul style="list-style-type: none"> <li>• Size</li> <li>• Location</li> </ul> |  |   |
| e) Whether Laboratory Manuals maintained by students?  |  | Yes / No                                |
| f) Close circuit TV/any other teaching aids  |  |   |

- (iii) **Museum** :
- a) Size :
  - b) How are the drug sample arranged?
  - c) Number of catalogues of the samples available to the students :
  - d) Total number of drug samples :
  - e) List of charts, photograph and other exhibits and their arrangement
  - f) Is there any section depicting “History of Medicine”?

**IV) Departmental Library-cum-Seminar Room :**

- a) Is there a separate departmental library?
- b) Accommodation
  - Size
  - Capacity
- c) Number of Books in Pharmacology?
- d) List of Journals

**V) RESEARCH LABORATORIES:**

- a) Size
- b) Provide list of Equipment
- c) Are there any students taken for M.D. or M.Sc. or Ph.D. in Microbiology? If yes, how many per year during the last three years.
  - 1.
  - 2.
  - 3.
- d) List of publications by the members of the staff ONLY during the preceding 3 years as per MCI/NMC requirements?
- e) Current areas of Research
- f) Do Undergraduate students participate in research?

**(VI) OFFICE ACCOMMODATION**

- a) Professor and H.O.D.
- b) Associate Professor/
- c) Asst. Professor/s
- d) Tutors/Demonstrators/Senior Residents.
- e) Non-teaching and Clerical staff

**E. TEACHING PROGRAMME.**

<b>III.</b>	<b>Teaching Learning Methods</b>	<b><u>Number</u></b>
1)	Lectures	
2)	Demonstrations	
3)	Tutorials	
4)	Seminars conducted during the year.	
5)	Practicals	
6)	Any other teaching/training activities :	
7)	Is there any integrated teaching? If yes, details thereof.	
8)	Any innovations in teaching (specify)	

**VI. Methods of Assessment:**

Provide details of assessment methods

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

**NATIONAL MEDICAL COMMISSION**  
**STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**FORENSIC MEDICINE**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessor :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
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**A. Teaching Staff :** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### Department of Forensic Medicine

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Demonstrator/ Tutor													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator /Tutor									
Any other Category									



- |  |  |
|--|--|
| <p><b>B. List of non-teaching staff:</b></p> <ul style="list-style-type: none"> <li>a. Technical Staff</li> <li>b. Store keeper-cum-clerk</li> <li>c. Steno-typist</li> <li>d. Laboratory Attendants</li> <li>e. Any other category</li> </ul> <p><b>C. Buildings :</b></p> <ul style="list-style-type: none"> <li>(i) <b>Demonstration Room:</b> <ul style="list-style-type: none"> <li>a) Number</li> <li>b) Accommodation                             <ul style="list-style-type: none"> <li>• Size</li> <li>• Capacity</li> </ul> </li> <li>c) Audio-Visual equipment available:</li> </ul> </li> <li>ii) <b>Museum :</b> <ul style="list-style-type: none"> <li>a) Size</li> <li>b) How are specimens arranged ?</li> <li>e) Give number of each :                             <ul style="list-style-type: none"> <li>• Mounted specimen</li> <li>• Unmounted specimen</li> </ul> </li> <li>f) Proto-type fire and other arms.</li> <li>g) Wax Models</li> <li>h) Poisons</li> <li>i) Attach list of charts, photographs, models and other exhibits other than the specimens and their arrangements.</li> <li>j) No. of catalogues of the specimens available to the students.</li> <li>k) Seating arrangement for students:                             <ul style="list-style-type: none"> <li>• Type</li> <li>• Number</li> </ul> </li> </ul> </li> </ul> | <p><b><u>Name (s) of staff members</u></b></p> |
|--|--|

**(iii) Department of Radiology**

- a. Do adequate facilities exist for taking skiagrams of living and dead persons.
- b. Do adequate facilities in the department of Biochemistry, Histopathology, Bacteriology & Serology exist for Undertaking the examination of medico-legal materials?

**(IV) Emergency department / Casualty services Department :**

- a) Accommodation
- b) Are the facilities for reception, Examination, treatment of medico-legal emergencies and cases of poisoning adequate?
- c) The number of cases of medico-legal Trauma, Sexual assault, age and poisoning etc. dealt by the emergency department/casualty services during the last one year may be indicated.

**(V) Mortuary Block**

- a) Distance from the department
- b) Size
- c) Student observation facilities
  - 1. Level type
  - 2. Gallery type
  - 3. capacity
- d) No. of autopsy tables available :
- e) Lighting, ventilation and exhaust arrangements :
- f) Water supply, drainage, washing arrangements & disposal of waste.

g) Fly proofing

h) Cold room/cooling cabinets:

1. Size

2. Capacity

i) Equipment

j) Number of medico-legal postmortem done during the last 3 years :	Year	Year	Year
---	------	------	------

k) No. of postmortems attended by a student

l) Whether record of postmortem Cases kept by students?

**(VI) Laboratory:**

a) Accommodation

- Size
- Capacity

b) Working arrangement

- Seats available
- Water supply
- Sinks

c) Main equipment available

d) Number of Microscopes

e) Any other teaching aids

**(VII) Departmental Library-cum-Seminar Room :**

a) Is there separate departmental library?

b) Accommodation

i) Size :

ii) Capacity :

c) Number of books in Anatomy and allied subjects :

d) List of Journals :

**(VIII) Research Laboratory**

- a) Size
- b) Equipment
- c) Are there any students taken for D.F.M./M.D. or Ph.D. in Forensic Medicine?  
If so how many per year during the last three years?  
1) Diploma  
2) Degree
- d) List of publications by the members of the staff ONLY during the preceding 3 years as per MCI/NMC requirements?
- e) Current areas of Research:
- f) Do Undergraduate students participate in research ?

**IX) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s:
- c) Asst. Professors/s :
- d) Tutors/Demonstrators/Senior Residents :
- e) Non-teaching and clerical staff :

**D) TEACHING PROGRAMME :**

**I. Teaching Learning Methods**

**Number**

- 1) Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
- 5) Practicals
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?  
If yes, details thereof.
- 8) Any innovations in teaching (specify)

**II. Methods of Assessment :**

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability?

Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

Signature of Head of the Department

(SIF B-8)

**NATIONAL MEDICAL COMMISSION**

**STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**COMMUNITY MEDICINE**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment/ :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Community Medicine**

Post	No	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Demonstrator/ Sr Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Demonstrator /Sr Resident									
Any other Category									

- |           |                                     |   |
|-----------|-------------------------------------|---|
| <b>B.</b> | <b>List of non-teaching staff :</b> | <b><u>Name (s) of staff members</u></b> |
| a.        | Medical Social Worker               |   |
| b.        | Technical Assistant                 |   |
| c.        | Technicians                         |   |
| d.        | Stenographer                        |   |
| e.        | Record Clerk                        |   |
| f.        | Storekeeper.                        |   |
| g.        | Any other category                  |   |

**C. STAFF FOR RURAL TRAINING HEALTH CENTRE:**

(including field work and epidemiological studies)

**Name(s) of staff members**

- a. Med. Officer of Health/ Asst. Prof
- b. Lady Medical officer
- c. Medical Social Worker
- d. Public Health Nurse
- e. Health Assessors
- f. Health Educators
- g. Technical Assistant
- h. Technician
- i. Store keeper
- j. Record Clerk
- k. Any other category

**D) STAFF FOR UBRAN TRAINING HEALTH CENTRE**

(Including field work and epidemiological studies.)

**Name(s) of staff members**

- a. Medical Officer of Health/Asst. Professor
- b. Lady Medical officer
- c. Medical Social Worker
- d. Public Health Nurse
- e. Health Assessors
- f. Health Educators

- g. Technical Assistant
- h. Technician
- i. Store keeper
- j. Record clerk
- k.. Any other category

**E. BUILDINGS :**

**(i) Demonstration Room :**

- a) Number
- b) Accommodation (of each demonstration room)
  - i) Size
  - ii) Capacity
- c) Audio-visual equipment available.

**(ii) Laboratory :**

- a) Accommodation
  - Size
  - Capacity
- b) Working arrangement
  - Seats available
  - Water supply
  - Sinks
  - Electric points
  - Cupboard for storage of microscope, slides etc
- c) Number of Microscopes
- d) Whether Laboratory Manuals kept by students? Yes/No
- e) Close circuit TV/any other teaching aids.

(iii) **Museum** :

- a) Size :
- b) How are the specimens arranged? :
- c) Give Number of each :
- d) Coverage of various fields in Community Medicine by charts, Models etc.
- e) No. of catalogues of the specimens available to the students.
- f) List of exhibits, Charts, Photographs & other materials and their arrangement.
- g) Seating arrangement for students
  - Type
  - Number

(IV) **Departmental Library-cum-Seminar Room** :

- a) Is there a separate departmental library?
- b) Accommodation
  - i) Size
  - ii) Capacity
- c) Number of Books in Community Medicine and allied subjects.
- d) List of journals

(V) **Research Laboratory** :

- a) Size
- b) Equipment
- c) Are there any students taken for DPH/M.D./Ph.D. in Community Medicine? If so how many per year during the last three years?
  - 1.
  - 2.
  - 3.
- d) List of publications by the members of the staff ONLY during the preceding 3years as per MCI/NMC requirements?
- e) Current areas of Research
- f) Do Undergraduate students participate in research ?

**(VI) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s:
- c) Asst. Professors/s :
- d) Statistician-cum- :
- e) Epidemiologist-cum-Asst. Prof. :
- f) Tutors/Demonstrators/Senior Residents/Sr. Residents :
- g) Departmental Office-cum-Clerical room :
- h) Non-teaching staff :

**(vii) HEALTH CENTRES – RURAL and URBAN**

Sl.	Particulars	RHC/PHC	UHC
(f)	Name of center:		
(g)	Location of center:		
(h)	Population covered:		
(i)	Distance from college & Travel time		
(j)	Transport facilities for the following		
	1. Students + Interns		
	2. Staff		
	3. Support staff		
	Number of vehicles		
	Capacity of each vehicle		
	Control of vehicles – Dept/Central		

- (f) Staff of the Centers :
- (j) Hostel facilities at the Rural Health Centers:
- (k) Whether Messing facilities available: Yes / No

- (i) working arrangement / Administrative control of Health Centers:
- (i) Total (Administrative & Financial) control with the college
- (ii) Partial (Academic) control

**F) TEACHING PROGRAMME :**

**Teaching Learning Methods** **Number**

- 1) Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
- 5) Practicals
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?  
If yes, details thereof.
- 8) Any innovations in teaching (specify)

**I. Methods of Assessment :**

(Teaching schedule to be given).

**II. a. Rural Practice Field:**

Subject	Time Spent	Year of the student in Medical College	Type of instruction		
			Observation	Demonstration	Participation

**b. Urban Practice Field :**

Subject	Time Spent	Year of the student in Medical College	Type of instruction		
			Observation	Demonstration	Participation

c) What field visits and of what duration are organized by the department for the following subject and how far the following subjects and how far have the students participated in the program?

1. Vital statistics
2. Environmental sanitation
3. Communicable/non-communicable Diseases.
4. Public Health Laboratory Service
5. Maternal & Child Health & Family Welfare planning
6. School Health Service
7. Others (Specify)

d) Clinical Social Case reviews – How many are reviewed by a student during his/her career in the Medical College – How are the records kept?

e) Study of Family & Community Health Survey

f) Family case studies

### III. TEACHING HOSPITAL



1. Average no. of students posted at a time:  
To which year do they belong?  
(a list of posting for clerkship in preventive and social medicine/community medicine may be furnished)
2. Clinical Teaching
  - a. bedside clinics
  - b. by whom given
  - c. How often during a week?
  - d. Do students write case histories in a prescribed book?
  - e. Are they corrected, if so by whom?
  - f. Do students conduct clinical social case reviews by actual visit to the family?  
If so, how many and how they are supervised?
  - g. Are these reviews assessed by the staff of the department?
  - h. Are there facilities for teaching and demonstration for preventive health services in any infectious diseases?
  - i. If so what type of cases are available for teaching and demonstration and how much time is allotted for this during the course of study?
3. Record and filing system at the rural and urban field practice areas.  
  
Are family folders introduced or in the maintenance of records?
4. Outpatient Department
  - a. Arrangement for case study for students
  - b. Clinical outpatient teaching
  - c. No. of demonstrations given by the Community Medicine department in collaboration with other clinical departments in the outpatient department and on what subjects.
  - d. Is the department running immunization clinic? Yes/No  
If yes, frequency per week.  
  
Are Undergraduate students posted in the clinic?

**(V) INTERNSHIP TRAINING**

1. Period of posting in the department
2. Pattern of posting Period
  - a. Rural Health Centre/Primary Health Centre
  - b. Urban Health Centre
  - c. Other postings like
    - National Health Programmes
    - Clinics
    - Immunization
    - School Health
    - Family Welfare Planning
    - Any other postings
3. Method of Assessment for Internship  
(Please attach a copy of logbook/assessment sheet).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

**Signature of Head of the Department**

**NATIONAL MEDICAL COMMISSION  
STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**GENERAL MEDICINE**

**INCLUDING RESPIRATORY MEDICINE, DERMATOLOGY & PSYCHIATRY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution .....**

**Place .....**

**Affiliated to the University of .....**

**Name of the Head of the Department .....**

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
--	--------------------------

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**Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### A1: Department of General Medicine

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Registrar/Sr Resident													
Junior Resident													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### A2: Department of Respiratory Medicine

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Registrar/Sr Resident													
Junior Resident													
Any other Category													

(continued on next page)



Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A3: Department of Dermatology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Registrar/Sr Resident													
Junior Resident													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A4: Department of Psychiatry**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Registrar/Sr Resident													
Junior Resident													
Any other Category													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**B. List of non-teaching staff :**

<b>Nomenclature</b>	<b>Name(s) of staff members</b>			
	<b>General Medicine</b>	<b>Respiratory Medicine</b>	<b>Dermatology</b>	<b>Psychiatry</b>
a. E.C.G. Technician				
b. Technical Staff				
c. Lab. Attendants				
e. Steno-typist				
f. Clinical Psychologist				
g. Psychiatric Social Workers				
h. Any other category				

**C. BUILDINGS :****General  
Medicine****Respiratory  
Medicine****Dermatology****Psychiatry****(i) Clinical Demonstration Room**

a) Number

b) Accommodation (of each)

i) Size

ii) Capacity

c) Audio-visual equipment  
available.**(ii) Departmental Library-cum  
Seminar Room:**

a) Is there a separate Departmental library?

b) Accommodation

i) Size

ii) Capacity

c) Number of Books in

1. General Medicine.

2. Respiratory Med.

3. Dermatology.

4. Psychiatry &amp; allied subjects

d) List of Journals

**(iii) Research Laboratory**

a) Size

b) Equipment

c) Are there any students  
taken for Diploma/M.D.  
Ph.D. in Gen. Med./  
TB & RD/DVD/Psy?

If so how many per year

During the last three years

i) Diploma

ii) Degree

d) List of publications by  
ONLY the members of the staff  
during the preceding 3 years.

**General  
Medicine****Respiratory  
Medicine****Dermatology****Psychiatry**

- e) Current areas of Research? (a statement may be furnished)
- f) Do Undergraduate students participate in research work?

**(iv) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s :
- c) Asst. Professors/s :
- d) Registrars/Sr. Residents :
- e) Junior Residents
- f) Non-teaching & Clerical staff.

**D. TEACHING HOSPITAL****1. INPATIENT DEPARTMENT**

<b>Inpatient Departments</b>	<b>General Medicine</b>	<b>Respiratory Medicine</b>	<b>Dermatology</b>	<b>Psychiatry</b>
a. Total number of beds				
b. Number of Teaching Beds				
c. Number of Units				
d. Unit-wise staff composition with Names, Qualifications and designation	Attach separate sheet	Attach separate sheet	Attach separate sheet	Attach separate sheet
e. Annual indoor admissions				
f. Average bed occupancy per day (% of teaching beds)				



	<b><u>2) INTENSIVE CARE</u></b>	<b><u>No. of beds</u></b>	<b><u>Equipment's available</u></b>
a)	Intensive Care Unit (I.C.U.)		
b)	Intensive Coronary Care Unit (I.C.C.U.)		
c)	Respiratory ICU		
d)	Other intensive Care Areas, if any.		
<b>3)</b>	<b><u>Major Equipment Available in the Department:</u></b>		<b><u>Names of equipment</u></b>
a)	General Medicine		
b)	Respiratory Medicine		
c)	Dermatology		
d)	Psychiatry		

#### 4) **OUT-PATIENT DEPARTMENT:**

- a) Building – General layout
- b) Is outpatient service Department wise
- c) Arrangement for clinical Instructions to student in Gen Medicine & Allied specialties

d) Average Daily OPD Attendance	General Medicine	Respiratory Medicine	Dermatology	Psychiatry
1. Old Patients				
2. New Patients				
3. Total				

#### **Teaching and training facilities**

##### **A. In O.P.D.**

- a) Clinical demonstration room:
- b) Number of rooms for examining patients by faculty & residents

##### **B. In-door**

- a) Bedside teaching
- b) Clinical demonstration room/  
seminar room

**TEACHING PROGRAMME :****I. Teaching Learning Methods**

	Numbers held in past 1 year			
	Gen. Medicine	Resp. Medicine	Dermatology	Psychiatry
1. Total Clinical postings				
2. Lectures				
3. Tutorials				
4. Demonstrations				
5. Seminars conducted				
6. Bed side teaching				
7. Practical				
8. Hours spent by students daily in wards for clerkship.				
9. Average number of students posted at a time for indoor/OPD Postings.				
10. Do students write case histories in a prescribed book				
11. Is clinical work done in the wards by Students assessed Periodically?				
12. If yes to #11, how often and by whom?				
13. Total period of attendance in OPD by a student throughout clinical training.				
14. Is it done concurrently with the inpatients ward postings?				
15. Who gives them training to attend to emergencies?				
16. How is the outpatients teaching organized?				
17. Do students attend Clinico-pathological Conferences?				
18. If Yes, how many (average) times in a year				
19. Any other activities? (specify)				

20. Any innovations in teaching/learning methods? If Yes, specify

**II. Methods of Assessment :**

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

**III. Internship Training Programme**

- a) Period of posting in the department
- b) Method of assessment of Internship (please attach a Copy of log book/assessment Sheet)

**Signature of Heads of the Department**

**Signature of Dean/Principal**

General Medicine :

Respiratory Medicine :

Dermatology :

Psychiatry :

**NATIONAL MEDICAL COMMISSION**  
**STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**PAEDIATRICS**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

Signature of the Dean/Principal  
(with seal)

Signature of the  
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
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- A. **Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### Department of Pediatrics

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Assoc. Prof													
Asst. Prof.													
Registrar/Sr Resident													
Junior Resident													
Any other Category													

(continued on next page)



Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**B. List of non-teaching staff:**

**Name (s) of staff members**

- a. Child Psychologist
- b. Technical Assistant
- c. Technician
- d. Store Keeper
- e. Steno-typist
- f. Any other category

**C. Buildings :**

**(i) Clinical Demonstration Room:**

- a) Number
- b) Accommodation (of each demonstration room)
  - i) Size
  - ii) Capacity
- c) Audio-Visual equipment available.

**(ii) Departmental Library – cum- Seminar Room:**

- a) Is there a separate departmental library?
- b) Accommodation
  - i) Size :
  - ii) Capacity :
- c) Number of books in Pediatrics including Neonatology
- d) List of Journals :

**iii) Research Laboratory**

- a) Size
- b) Equipment

c) Are there any students taken for Diploma/M.D. in Pediatrics? If so how many per year during the last three years?

1. Diploma
2. Degree

d) List of publications by the members of the staff ONLY during the preceding 3years?

e) Current Research areas (a statement may be furnished)

f) Do Undergraduate students in any way participate in Research?

#### **(IV) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s:
- c) Asst. Professors/s :
- d) Registrars/Sr. Residents :
- e) Jr. Residents
- f) Non-teaching and Clerical Staff :

#### **D. TEACHING HOSPITAL**

##### **2. INPATIENT DEPARTMENT**

<b>Inpatient Departments</b>	<b>Pediatrics</b>
a. Total beds	
b. Number of Teaching Beds	
c. Number of Units	
d. Unit-wise staff composition with their Names, Qualifications and designation	Attach separate sheet
e. Annual indoor admissions	
f. Average bed occupancy per day (% of teaching beds)	

3.	<b><u>INTENSIVE CARE</u></b>	<b><u>No. of beds</u></b>	<b><u>Equipment available</u></b>
a)	Pediatric Intensive Care Unit		

b) Neonatal Intensive Care Unit

4. **MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:**

5. **OUT-PATIENT DEPARTMENT:**

- a) Building – General layout
- b) Is outpatient service Department wise
- c) Arrangement for clinical instructions to students in Pediatrics
- d) Average Daily OPD Attendance
  - 1. Old Patients
  - 2. New Patients
  - 3. Total

**6. CLINICS:****Weekly frequency****Are UG students posted  
in these clinics**

1. Well Baby Clinic
2. Immunization Clinic
3. Child Guidance Clinic
4. Child Rehabilitation Clinic including facilities for speech & occupational therapy
5. Any other clinic

**6. NEW BORN NURSERY:**

- i) No. of beds :
- ii) Does it have facilities for temperature and humidity control?
- iii) Staff posted
  - a) Medical :
  - b) Staff Nurses :
- iv) Equipment available
- (v) Are the undergraduate students posted in delivery room?  
If yes, who supervises their training for neonatal resuscitation?
  - a) Faculty of Obstetrics & Gynecology
  - b) Faculty of Pediatrics
  - c) Any other

**7. TEACHING AND TRAINING FACILITIES :****A. In OPD**

- a) Clinical demonstration room:
- b) Number of rooms in the OPD for examining Patients by faculty members and Residents :

**B. In-door**

- a) Bedside teaching
- b) Clinical demonstration room/seminar room

**C. Teaching Programme:****II. Teaching Learning Methods**

	<b>No. held in past 1 year</b>
1. Total Clinical posting	
2. Lectures	
3. Tutorials	
4. Demonstrations	
5. Seminars conducted	
6. Bed side teaching	
7. Practical	
8. Hours spent by a Student daily in the wards for clerkship.	
9. Average Number of students posted at a time for indoor/ OPD Postings.	
10. Do students write case histories in a prescribed book	
11. Is the clinical work done in the wards by the Students assessed Periodically?	
12. If yes to #11, how often and by whom?	
13. Total period of attendance in OPD by a student throughout clinical training.	
14. Is it done concurrently with the inpatients ward postings?	
15. Who gives them training to attend to emergencies?	
16. How is the outpatients teaching organized?	
17. Do students attend Clinico-pathological Conferences?	
18. If Yes, how many (average in a year)	
19. Any other activities? (specify)	

20. Any innovations in teaching/learning methods? If Yes, specify

### III. Methods of Assessment :

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

### IV. Internship Training Programme

- a) Period of posting in the department
- b) Method of assessment of Internship (please attach a Copy of log book/assessment Sheet)

Signature of Head of the Department

Signature of Dean/Principal

**NATIONAL MEDICAL COMMISSION  
STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**SURGERY  
(INCLUDING GENERAL SURGERY, ORTHOPAEDICS, OTO-RHINO-LARYNGOLOGY,  
OPHTHALMOLOGY, RADIO-DIAGNOSIS, RADIOTHERAPY, ANAESTHESIOLOGY,  
PHYSICAL MEDICINE & REHABILITATION AND DENTISTRY)**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution .....**

**Place .....**

**Affiliated to the University of .....**

**Name of the Head of the Department .....**

**Signature of the Dean/Principal  
(with seal)**

**Signature of the  
Head of the Department**

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill-in the spaces provided for within)



- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

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Deficiencies pointed out in the last assessment/	To what extent rectified
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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A1: Department of General Surgery**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A2: Department of Orthopedics**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A3: Department of Ophthalmology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									



**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A4: Department of Oto-Rhino-Laryngology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A5: Department of Radio-diagnosis**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A6: Department of Radio-therapy**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A7: Department of Anesthesiology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									



**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A8 : Department of Physical Medicine & Rehabilitation**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A9: Department of Dentistry**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**B. LIST OF NON-TEACHING STAFF :**

Nomenclature	Names of staff members			
	General Surgery	Orthopedics	Oto-Rhino-Laryngology	Ophthalmology
Technical Assistant				
Technician				
Lab Attendant				
Steno-typist				
Record Clerk				
Audiometry Technician				
Speech therapist				
Refractionist				
Any other category				

Nomenclature	Names of staff members				
	Radio-Diagnosis	Radio-Therapy	Anesthesiology.	Phy. Med. & Rehab.	Dentistry
<b>Radiographic Technician</b>					
<b>Stenographer</b>					
<b>Steno-typist</b>					
<b>Storekeeper</b>					
<b>Record Clerk</b>					
<b>Radiotherapy Technician</b>					
<b>Physio-therapist</b>					
<b>Occupational therapist</b>					
<b>Speech Therapist</b>					
<b>Prosthetic and orthodox Technician</b>					

Nomenclature	Names of staff members				
	Radio-Diagnosis	Radio-Therapy	Anaesthesiology	Phy. Med. & Rehab.	Dentistry
Clinical Psychologist					
Medio-Social worker					
Public Health Nurse/Rehabilitation Nurse					
Vocational Counsellor					
Multi-rehabilitation worker (MRW)/Technician/thera pist					
Dental Technicians					
Tech. Asst.					
Technicians					
Any other category					

<b>C. BUILDINGS:</b>	<b>Gen Surgery</b>	<b>Ortho</b>	<b>Oto-Rhino Laryngology</b>	<b>Ophthal</b>	<b>Radiodiagnosis</b>
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(i) Clinical Demo Room

- a) Number
- b) Accommodation (of each demo room)
  - i)Size
  - ii)Capacity
- c)A-V equipment available

(ii)Departmental Library-cum-Seminar Room:

- a) Is there a separate departmental library?
- b) Accommodation
  - Size
  - Capacity
- c) Number of Books :
- d) List of Journals :

(iii) Research Laboratory

- a) Size
- b) Equipment

c) Are there any students taken for M.D/M.S.?

If so how many per year during the last three years?

- 1. Diploma
- 2. Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current Research areas

f) Do Undergraduate students in any way participate in them?



**(IV) OFFICE ACCOMMODATION**
**Gen  
Surgery**
**Ortho**
**Oto-Rhino  
Laryngology**
**Ophthal**
**Radiodiagnosis**

a) Professor and HOD :

b) Associate Professors/s :

c) Asst. Professors/s :

d) Registrars/Sr. Residents :

e) Junior Residents :

e) Non-teaching &amp; clerical staff:

**D. TEACHING HOSPITAL**
**1. INPATIENT DEPARTMENT**

<b>Inpatient Departments</b>	<b>General Surgery</b>	<b>Orthopedics</b>	<b>Otorhinolaryngology</b>	<b>Ophthalmology</b>
a. Total beds				
b. Number of Teaching Beds				
c. No. of Units				
d. Unit-wise staff composition with Names, Qualifications& designation	Attach separate sheet	Attach separate sheet	Attach separate sheet	Attach separate sheet
e. Annual indoor admissions				
f. Average bed occupancy per day (% of teaching beds)				

**2. INTENSIVE CARE**

Is there any Intensive Care Unit For surgery and allied specialties:

If yes, please indicate a number of Beds and equipment available for each specialty.

**Name of specialty**

**No.of beds**

**Equipment's available**

**3. MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:**

**Names of equipment**

- a) General Surgery
- b) Orthopedics
- c) Oto-Rhino-Laryngology
- d) Ophthalmology
- e) Radio-diagnosis
- f) Radio-therapy
- g) Anesthesiology
- h) Physical Medicine & Rehabilitation
- i) Dentistry

4. **Outpatient Department :**

- a) Building – General layout
- b) Is out patient service department wise
- c) Arrangement for clinical Instructions to student in General Surgery & Allied specialties

d) Average Daily OPD Attendance	<b>General Surgery</b>	<b>Ortho.</b>	<b>Oto-Rhino Laryngology</b>	<b>Ophth</b>
1. Old Patients				
2. New Patients				
3. Total				

5. **Teaching and training facilities:**

**A. In O.P.D.**

- a) Clinical demonstration room:
- b) Number of rooms in the OPD for examining patients by faculty members and residents.

**B. In-door**

- a) Bedside teaching
- b) Clinical demonstration room/  
seminar room

**c) FACILITIES AVAILABLE IN OUT-PATIENT DEPARTMENT:**

**1. In Surgery and allied specialty**

- |    |  |          |
|----|--|----------|
| a) | Dressing room for men                      | Yes / No |
| b) | Dressing room for women                    | Yes / No |
| c) | Operation theatres for out patient surgery | Yes / No |

**2. In Orthopedics**

- |    |                             |          |
|----|-----------------------------|----------|
| a) | Plaster room                | Yes / No |
| b) | Plaster cutting room        | Yes / No |
| c) | Outpatient X-ray facilities | Yes / No |

**3. In Oto-Rhino-Laryngology**

- |    |   |          |
|----|---|----------|
| a) | Sound proof air-conditioned audiometry room | Yes / No |
| b) | ENG Laboratory                              | Yes / No |
| c) | Speech therapy facilities                   | Yes / No |

**4. In Ophthalmology**

- |    |                 |          |
|----|-----------------|----------|
| a) | Refraction room | Yes / No |
| b) | Dressing room   | Yes / No |

## 8. OPERATION THEATRE UNIT:

### (1) Operation theatres

- (a) Number :
- (b) Arrangement & Distribution :
- (c) Equipment (including Anesthesia equipment)
- (d) Facilities available in each O.T. unit
  - (i) Waiting room for patients Yes / No
  - (ii) Soiled Linen room Yes / No
  - (iii) Sterilization room Yes / No
  - (iv) Nurses duty room Yes / No
  - (v) Surgeons & Anesthetists room -
    - For Males Yes / No
    - For Females Yes / No
  - (vi) Assistants room Yes / No
  - (vii) Observation gallery for students Yes / No
  - (viii) Store room Yes / No
  - (ix) Washing room for surgeons and assistants Yes / No
  - (x) Students washing and dressing room Yes / No

### (2) Arrangement of Anesthesia

- (a) Pre-anesthetic care Yes / No
- (b) Post-anesthetic care Yes / No

- (3) Pre-operative ward (no. of beds) :
- (4) Post-operative ward (no. of beds) :
- (5) Resuscitation facilities and special equipment :
- (6) If any super specialty exist;  
Give details
- (7) Number of surgeries performed during the last one year.

**Names of the department**

**Major**

**Minor**

- a) General Surgery
- b) Orthopedics
- c) Oto-Rhino-Laryngology
- d) Ophthalmology

**TEACHING PROGRAMME:****I. Teaching Learning Methods**

Activity	No. Held in past 1 year						
	General Surgery	Orthopedics	Oto-rhino-laryngology	Ophthalmology	Radiology	Anesthesia	Dentistry
1. Total Clinical posting							
2. Lectures							
3. Tutorials							
4. Demonstrations							
5. Seminars conducted							
6. Bed side teaching							
7. Practical							
8. Hours spent by a Student daily in the wards for clerkship.							
9. Average Number of students posted at a time for indoor/ OPD Postings.							
10. Do students write case histories in a prescribed book							
11. Is the clinical work done in the wards by the Students assessed Periodically?							
12. If yes to #11, how often and by whom?							
13. Total period of attendance in OPD by a student throughout clinical training.							



Activity	No. Held in past 1 year						
	General Surgery	Orthopedics	Oto-rhino-laryngology	Ophthalmology	Radiology	Anesthesia	Dentistry
14. Is it done concurrently with the inpatients ward postings?							
15. Who gives them training to attend to emergencies?							
16. How is the outpatients teaching organized?							
17. Do students attend Clinico-pathological Conferences?							
18. If Yes, how many (average in a year)							
19. Any other activities? (specify)							

20. Any innovations in teaching/learning methods? If Yes, specify

## II. Assessment Methods (Please provide details)

(Teaching schedule to be attached)

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

**Gen.  
Surgery**

**Ortho.**

**Oto-  
rhino**

**Opth.**

### III. Internship training programme

a. Period of posting in the department

b. Method of Assessment

(Please attach a copy of logbook/assessment sheet).

**Signature of Heads of the Department**

**Signature of Dean/Principal**

General Surgery

Oto-Rhino-Laryngology

Ophthalmology

Radio-Diagnosis.

Radio-therapy

Anesthesiology

Physical Medicine & Rehabilitation

Dentistry

**NATIONAL MEDICAL COMMISSION**  
**STANDARD ASSESSMENT FORM**

**FORM – B**

On the  
Facilities for teaching in the subject of

**OBSTETRICS AND GYNAECOLOGY**

For the Course of study leading up to  
M.B.B.S.

**Name of Institution** .....

**Place** .....

**Affiliated to the University of** .....

**Name of the Head of the Department** .....

**Signature of the Dean/Principal**

**Signature of the (with seal)  
Head of the department**

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Assessor, who shall examine the information already furnished & gather such additional information as may be necessary to fill-in the spaces provided for within)

- 1. Date of Assessment :
- 2. Names of Assessors :
- 3. Date of last Assessment :
- 4. Names of last Assessors :

---

Deficiencies pointed out in the last assessment/	To what extent rectified
--	--------------------------

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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Obstetrics and Gynecology**

Post	No.	Name and Medical Regn. No	Qualification with dates & where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor			
			Date	College	University	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Professor</b>													
<b>Assoc. Prof</b>													
<b>Asst. Prof.</b>													
<b>Registrar/Sr Resident</b>													
<b>Junior Resident</b>													
<b>Any other Category</b>													

(continued on next page)

Post	Experience								Total Teaching Experience and Remarks if any
	As Assoc. Professor/				As Professor				
	Institution	From	To	Total	Institution	From	To	Total	
	15	16	17	18	19	20	21	22	23
Professor									
Assoc. Prof.									
Asst. Prof.									
Registrar/Sr Resident									
Junior Resident									
Any other Category									

**B. LIST OF NON-TEACHING STAFF:**

<b>Sl.No</b>	<b>Nomenclature</b>	<b>Name(s) of staff members</b>
1	Antenatal Medical Officer-cum-Assistant Professor	
2	Maternity and Child Welfare Officer-cum-Asst. Professor	
3	Social Worker	
4	Technical Assistant	
5	Technician	
6	Lab Attendants	
7	Stenographer	
8	Record Clerk	
9	Store Keeper	
10	Any other Category	



## **C. BUILDINGS:**

### **(i) Clinical Demonstration Room:**

- a) Number
- b) Accommodation (of each demonstration room)
  - i) Size:
  - iii) Capacity:
- c) Audio-Visual equipment available.

### **(ii) Departmental Library – cum- Seminar Room:**

- a) Is there a separate departmental library?
- b) Accommodation
  - i) Size :
  - ii) Capacity:
- c) Number of books in Obstetrics & Gynecology and allied subjects
- d) List of Journals:

### **(iii) Research Laboratory**

- a. Size
- b. Equipment
- c) Are there any students taken for M.S/Dip in OB-GYN? If so how many per year during the last three years?
  - 1) Diploma
  - 2) Degree
- d) List of publications by the members of the staff in the preceding 3 years:
- e) Current Research areas (statement may be furnished)
- f) Do Undergraduate students in any way participate in them?

**(iv) OFFICE ACCOMMODATION**

- a) Professor and HOD :
- b) Associate Professors/s :
- c) Asst. Professors/s :
- d) Registrars/Sr. Residents :
- e) Jr. Residents :
- f) Non-teaching & Clerical staff:

**D. TEACHING HOSPITAL****1. INPATIENT DEPARTMENT**

<b>Inpatient Departments</b>	<b>Obstetrics</b>	<b>Gynecology</b>	<b>Postpartum</b>
a. Total beds			
b. Number of Teaching Beds			
c. Number of Units			
d. Unit-wise staff composition with their Names, Qualifications and designation	Attach separate sheet	Attach separate sheet	Attach separate sheet
e. Annual indoor admissions			
f. Average bed occupancy per day (% of teaching beds)			

**2. INTENSIVE CARE**

- a. Is there an Intensive Care Unit for Obstetrics & Gynecology: Yes / No
- b. If yes, please indicate number of beds and equipment available:

**No. of beds****Equipment available**

(Attach separate sheet if required)

**3. NEONATAL UNIT**

- a. Number of cots/beds:
- b. Facilities for temperature and humidity control: Yes / No.
- c. Staff posted
  - i. Medical
  - ii. Non-medical
- d. Equipment available

**4. MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:**

List names of equipment

**5. OUTPATIENT DEPARTMENT:**

- a) Building – General layout
- b) Is out patient service department wise
- c) Arrangement for clinical Instructions to student in Obstetrics & Gynecology:
- d) Average Daily OPD Attendance
  - 1. Old Patients :
  - 2. New Patients :
  - 3. Total :

**6) TEACHING AND TRAINING FACILITIES:**

**A. In O.P.D.**

- a) Clinical demonstration room :
- b) Number of rooms in the OPD  
for examining patients by the  
faculty members and residents. :

**B. In-door**

- a) Bedside teaching
- b) Clinical demonstration room/seminar room

**7. FACILITIES AVAILABLE IN OUT-PATIENT DEPARTMENT:**

- a) Antenatal Clinic Frequency and run by whom
- b) Family Welfare Clinic Frequency and run by whom
- c) Postnatal Clinic frequency and run by whom
- d) Sterility clinic frequency and run by whom
- e) Cancer detection clinic and run by whom
- f) Are medical students posted in these clinics?

**9. OPERATION THEATRE (WITH OBST&GYNAE. DEPT.)**

- |  |                      |
|--|----------------------|
| (a) Number:                                    | .....                |
| (b) Size                                       | ..... m <sup>2</sup> |
| (c) Equipment                                  | Yes / No             |
| (d) Lighting arrangement                       | Yes / No             |
| (e) Air conditioning                           | Yes / No             |
| (f) Arrangements for students to watch         | Yes / No             |
| (g) Anesthetic room                            | Yes / No             |
| (h) Preparation room                           | Yes / No             |
| (i) Recovery room                              | Yes / No             |
| (j) Post-operative wards                       | Yes / No             |
| (k) Resuscitation & blood transfusion services | Yes / No             |
| (l) Any other                                  |                      |

**10. LABOURROOM:**

- |   |          |
|---|----------|
| a) Clean  | Yes / No |
| b) Septic                                       | Yes / No |
| c) Number of beds in each                       |          |
| d) Arrangement of lights                        | Yes / No |
| e) Arrangement for Sterilization                | Yes / No |
| f) Preparation room                             | Yes / No |
| g) Waiting wards                                | Yes / No |
| h) Anesthesia staff & facilities for anesthesia | Yes / No |
| i) Newborn Baby room                            | Yes / No |

**11. POSTPARTUM UNIT**

- a) Is there a post partum unit attached to the department?
- b) If yes, staff under the postpartum unit.

	<b>Name and Designation</b>	<b>Qualifications.</b>
1. Medical		
2. Non-Medical		
c) Number of beds		

**12. OPERATIONS & DELIVERIES IN THE PAST ONE YEAR:**

- a) Gynecological Operations
  - Major :
  - Minor :
- b) Total number of normal Deliveries :
- c) Total number of Caesarian sections :
- d) Antenatal cases seen in OPD :
- e) Total number of sterilization's
  - 1) Tubectomies :
  - 2) Medical Termination of Pregnancies (MTP) :

**E. TEACHING PROGRAMME :****I. Teaching Learning Methods**

<b>Activity</b>	<b>No. held in past 1 year</b>
1. Total Clinical posting	
2. Lectures	
3. Tutorials	
4. Demonstrations	
5. Seminars conducted	
6. Bed side teaching	
7. Practical	
8. Hours spent by a Student daily in wards for clerkship.	
9. Average Number of students posted in indoor/ OPD Postings.	
10. Do students write case histories in a prescribed book	
11. Is the clinical work done in the wards assessed Periodically?	
12. If yes to #11, how often and by whom?	
13. Total period of OPD attendance throughout clinical training.	
14. Is it done concurrently with inpatients ward postings?	
15. Who gives them training to attend to emergencies?	
16. How is the outpatients teaching organized?	
17. Do students attend Clinico-pathological Conferences?	
18. If Yes, how many (average in a year)	
19. Any other activities? (specify)	

20. Any innovations in teaching/learning methods? If Yes, specify

**II. Methods of Assessment :**

(Provide details)

(Teaching schedule to be given).

Do all teaching areas including laboratories in your department have live streaming capability? Yes/No

If not, which areas do not have live streaming capability? List the areas.

Are any of the teaching areas including Museums of your department shared with any other department/s? Yes/No

If yes, provide details:

**III. Internship Training Programme**

- a. Period of posting in the department
- b. Method of assessment of Internship (Attach copy of log book book/assessment Sheet)

**Signature of Head of the Department**

**Signature of Dean/Principal**