

# STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

## COMMUNITY MEDICINE

1. Kindly read the instructions mentioned in the **Form 'A'**.  
 2. Write **N/A** where it is **Not Applicable**. Write **'Not Available'**, if the facility is **Not Available**.

**A. GENERAL:**

- a. Date of LoP when PG course was first permitted: \_\_\_\_\_
- b. Number of years since start of PG course: \_\_\_\_\_
- c. Name of the Head of Department: \_\_\_\_\_
- d. Number of PG Admissions (Seats): \_\_\_\_\_
- e. Number of Increase of Admissions (Seats) applied for: \_\_\_\_\_
- f. Total number of Units: \_\_\_\_\_
- g. Number of beds in the Department: \_\_\_\_\_
- h. Number of Units with beds in each unit:

Date of Inspection	Purpose of Inspection <i>(LoP for starting a course/permission for increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise /Random Inspection/ Compliance Verification inspection/other)</i>	Type of Inspection <b>(Physical/ Virtual)</b>	Outcome <i>(LoP received/denied. Permission for increase of seats received/denied. Recognition of course done/denied. Recognition of increased seats done/denied /Renewal of Recognition done/denied /other)</i>	No of seats Increased	No of seats Decreased	Order issued based on inspection <i>(Attach copy of all the order issued by NMC/ MCI as Annexure)</i>

- i. Any other Course/observer ship (PDCC, PDF, DNB, M.Sc., PhD, FNB, etc.) permitted/ not permitted by MCI/NMC is being run by the department. If so, the details thereof:

**Signature of Dean**

**Signature of Assessor**

Name of Qualification (course)	Permitted by MCI/NMC	Number of Admissions per year
	Yes/No	
	Yes/No	

## B. INFRASTRUCTURE OF THE DEPARTMENT:

### a. Department office details:

Department Office	
Department office	Available/not available
Staff (Steno /Clerk)	Available/not available
Computer and related office equipment	Available/not available
Storage space for files	Available/not available

Office Space for Teaching Faculty/residents	
Faculty	Available/not available
Head of the Department	Available/not available
Professors	Available/not available
Associate Professors	Available/not available
Assistant Professor	Available/not available
Senior residents room	Available/not available
PG room	Available/not available

### b. Seminar Room:

Space and facility: Adequate/ Not Adequate

Internet facility: Available/Not Available

Audiovisual equipment details:

### c. Library facility pertaining to the Department/Speciality (Combined Departmental and Central Library data):

Particulars	Details
Number of Books	
Total books purchased in the last three years (attach list as Annexure)	
Total Indian Journals available	

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Total Foreign Journals available	
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Internet Facility: Yes/No  
 Central Library Timing: \_\_\_\_\_  
 Central Reading Room Timing: \_\_\_\_\_

**Journal details**

Name of Journal	Indian/foreign	Online/offline	Available up to

**d. Departmental Research Lab:**

Space	
Equipment	
Research Projects Done in past 3 years	
List the Research projects in progress in research lab	

**e. Departmental Museum:**

Space	
Total number of Specimens	
Total number of Chart/ Diagrams	

**f. Departmental General facilities and infrastructure:**

**i. Total number of Laboratories in the department:**

Particulars	Museum	Research lab	Seminar room	Demo rooms	Any other lab.
Size (Area)					
Capacity					
Water Supply					
Sinks					
Electric points					

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Cupboards*					
Equipment List					

\* For storage of Microscopes, slides etc.

**ii. Para-medical sections:** Provide brief information on staff and activities of the following:

- Social Worker
- Sanitary Inspector
- Health Educator

**iii. Medico-Social Work Section:** Attach PDF of staff containing Name, qualifications, Appointment- Regular/Contractual, work experience

**iv. Family Care Study Section:** Attach PDF containing name of village/urban block name, adopted since (years) – population, distance from college, families adopted, number of yearly visits of students.

**v.** No of health education session conducted in last 3 years, with IEC materials.

**vi. Epidemiological unit and Bio-statistics Section** –No of Books ( ) – Exercise material available (Yes/No)

Advanced statistical software: available / not available

**vii.** Others

**g. Transport availability:** Yes / No

- i. If yes,
  - Type of transport:
  - Numbers:
  - Transport facility is adequate for the undergraduate and postgraduate training: Yes / No

**h. Details of staff of Field Training Units:**

**(a) Urban Health Centre**

	details
M.O	
L.M.O	
Para-Medics	
Class IV	
Population covered	

Signature of Dean

Signature of Assessor

Map of the area catered by UHC	
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**(b) Rural Health Centre**

	details
M.O	
L.M.O	
Para-Medics	
Class IV	
Population covered	
Map of the area catered by RHC	

**(c) Urban Health Centre: Owned and controlled by the Institution: Yes / No (Verify ownership)**

Parameters	Details				
Name of the Centre					
Population covered					
Since when started					
Schedule of P.G. posting					
Number of Field Staff posted there	MO	LMO	Para-Medics		
			MSW	Staff Nurse	Other
Distance from Medical College					
Residential/Non-residential					
Specialty activities undertaken					
OPD					
Immunization					
Ante-natal					
Deliveries					
Family visits					
No of families adopted by PG students					

**(d) Rural Health Centre: Owned and controlled by the Institution: Yes / No (Verify ownership)**

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<b>Parameters</b>	<b>Details</b>				
Name of the Centre					
Population covered					
Since when started					
Schedule of P.G. posting					
Field Staff posted there	MO	LMO	Para-Medics		
			MSW	Staff Nurse	Other
Distance from Medical College					
Residential/Non-residential					
Specialty activities undertaken					
OPD					
Immunization					
Ante-natal					
Deliveries					
Family visits					
No of families adopted by PG students					

**i. Equipment:**

<b>Name of the Equipment</b>	<b>Must/Desirable</b>	<b>Numbers available</b>	<b>Functional Status</b>	<b>Important Specifications in brief</b>	<b>Adequate (Yes/No)</b>
Spirometry					
Ophthalmoscope					
Otoscope					
Glucometer					
Height Machine/Stadiometer					
Adult Weighing Machine					
Infant weighing machine					
Infantometer					
Calipers					

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non-stretchable tapes, MUAC/ Shakir’s tape,					
Chloroscope					
Horrock’s apparatus					
Haemoglobinometer – Sahali’s/Digital					
Compound Microscope					
BP Apparatus					

**j. Miscellaneous:**

**Postings of PGs in other departments/elsewhere:**

a) Departments	
b) Other institutions	
c) District/State/Health Organization. (including District Residency Program)	

- PG students are posted outside the department at least for the minimum period as specified in latest curriculum: Yes / No
- Involvement of PG students in UG teaching – Yes/No
- Are you sharing details of Immunization, IDSP/VPD data to Govt. / National authorities? If yes, give details.
- Health day celebrations - Yes/No
- Initiatives in improving public health system – With details (Includes the extension activities, consultancy, outbreak investigation, collaborative activities)
- Any other information.

**Signature of Dean**

**Signature of Assessor**

**C. STAFF:**

**i. Unit-wise Faculty and Senior Residents details:**

**Unit No.:** \_\_\_\_\_

Sr. No.	Designation	Name	Joining date	Relieved/ Retired/work ing	Relieving Date/ Retirement Date	Attendance in days for the year/part of the year * with percentage of total working days** [days ( %)]	Phone No.	E-mail	Signature

\* - Year will be previous Calendar Year (from 1<sup>st</sup> January to 31<sup>st</sup> December)  
 \*\* - Those who have joined mid-way should count the percentage of the working days accordingly.

Signature of Dean

Signature of Assessor



- ii. Total eligible faculties and Senior Residents (fulfilling the TEQ requirement, attendance requirement and other requirements prescribed by NMC from time-to-time) available in the department:

Designation	Number	Name	Total number of Admission (Seats)	Adequate / Not Adequate for number of Admission
Professor				
Associate Professor				
Assistant Professor				
Senior Resident				

- iii. P.G students presently studying in the Department:

Name	Joining date	Phone No	E-mail

- iv. PG students who completed their course in the last year:

Name	Joining date	Relieving Date	Phone no	E-mail

#### D. ACADEMIC ACTIVITIES:

S. No.	Details	Number in the last Year	Remarks Adequate/ Inadequate
2.	Seminars		
3.	Journal Clubs		
4.	Case presentations		
5.	Group discussions		
6.	Guest lectures		

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7.	Physician conference/ Continuing Medical Education (CME) organized.		
8.	Symposium		

*Note: For Seminars, Journal Clubs, Case presentations, Guest Lectures the details of dates, subjects, name & designations of teachers and attendance sheets to be maintained by the institution and to be produced on request by the Assessors/PGMEB.*

**Publications from the department during the past 3 years:**

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**E. EXAMINATION:**

**i. Periodic Evaluation methods (FORMATIVE ASSESSMENT):**  
(Details in the space below)

**ii. Detail of the Last Summative Examination:**

**a. List of External Examiners:**

Name	Designation	College/ Institute

**b. List of Internal Examiners:**

Name	Designation

Signature of Dean

Signature of Assessor


**c. List of Students:**

<b>Name</b>	<b>Result (Pass/ Fail)</b>

**d. Details of the Examination:** \_\_\_\_\_  
Insert video clip (5 minutes) and photographs (ten).

Signature of Dean

Signature of Assessor

**F. MISCELLANEOUS:**

**i. Details of data being submitted to government authorities, if any:**

**ii. Participation in National Programs.  
(If yes, provide details)**

**iii. Any Other Information**

Signature of Dean

Signature of Assessor

**G. Please enumerate the deficiencies and write measures which are being taken to rectify those deficiencies:**

**Date:**

**Signature of Dean with Seal**

**Signature of HoD with Seal**

Signature of Dean

Signature of Assessor

**H.****REMARKS OF THE ASSESSOR**

1. Please **DO NOT** repeat information already provided elsewhere in this form.
2. Please **DO NOT** make any recommendation regarding grant of permission/recognition.
3. Please **PROVIDE DETAILS** of deficiencies and irregularities like fake/ dummy faculty, fake/dummy patients, fabrication/falsification of data of clinical material, etc. if any that you have noticed/came across, during the assessment. Please attach the table of list of the patients (IP no., diagnosis and comments) available on the day of the assessment/inspection.
4. Please comment on the infrastructure, variety of clinical material for the all-round training of the students.

Signature of Dean

Signature of Assessor