

STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

FORENSIC MEDICINE AND TOXICOLOGY

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:

| Unit | Number of Beds | Unit | Number of beds |
|----------|----------------|-----------|----------------|
| Unit-I | | Unit-V | |
| Unit-II | | Unit-VI | |
| Unit-III | | Unit-VII | |
| Unit-IV | | Unit-VIII | |

i. Details of PG inspections of the department in last five years:

| 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 (Physical/ Virtual) | 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> |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| | | | | | | |

- j. 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:

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| 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 | | Details |
|---------------------------------------|-------------------------|---------|
| 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 | | Details |
|---------------------------------------------|--------------------------------|---------|
| 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 | |

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| | |
|-------------------------------------------------------------------------|--|
| Total books purchased in the last three years (attach list as Annexure) | |
| Total number of Indian Journals available | |
| Total number of Foreign Journals available | |

Internet Facility: _____ Yes/No
 Central Library Timing: _____
 Central Reading Room Timing: _____

Journal details (relevant to Forensic Medicine & Toxicology available in the department library or Central Library) – separate list may be attached.

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

d. Departmental Research Lab:

Departmental Research Lab.

| | |
|-----------------------------------------------------------|----------------|
| Space | |
| Working Capacity | |
| Water supply with sink | |
| General Electric Appliances and Points with power supply | |
| Storage facility for chemicals | |
| Storage facility for files and equipment | |
| Research Equipment (As per minimum eligibility criteria): | |
| Research projects utilizing Research lab | 1. 2. 3. |

e. Departmental Museum:

| Particulars | Numbers | Added in last 12 months |
|---------------|---------|-------------------------|
| Wet Specimens | | |
| Bones | | |
| Weapons | | |
| Poisons | | |

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FORM-B (FORENSIC MEDICINE AND TOXICOLOGY)/2024

| | | |
|-------------------|--|--|
| Charts/Diagrams | | |
| Models | | |
| Photographs | | |
| X-rays | | |
| Digital models | | |
| Any other exhibit | | |

f. Medical Records Section:

Yes / No

(If yes, mention how records are maintained):

g. Cold storage facility:

Type

Quantity

Adequate/inadequate

h. Equipment:

| Name of the Equipment | Must/ Desirable | Numbers Available | Functional Status | Important Specifications in brief | Adequate (Yes/No) |
|-----------------------------------------------------------------|--------------------|----------------------|----------------------|--------------------------------------|----------------------|
| Autopsy Dissection table with running water facility | | | | | |
| Autopsy Examination Instrument Set | | | | | |
| Bone cutting Oscillating Saw | | | | | |
| Microscope student-type | | | | | |
| Binocular microscope | | | | | |
| Binocular microscope with extension for display and photography | | | | | |
| X-Ray Machines—for Mortuary | | | | | |
| Ultra-sonography | | | | | |
| Dead Body Weighing Machine | | | | | |
| HPLC | | | | | |
| Gas Chromatography (GC) | | | | | |
| Gas Chromatography - Mass Spectroscopy [GC-MS] | | | | | |
| Anthropometric Set | | | | | |
| Refrigerator | | | | | |
| Deep Freezer | | | | | |
| Cold Storage for keeping body | | | | | |
| SLR Camera | | | | | |
| Video Camera | | | | | |
| Television | | | | | |
| Projectors | | | | | |

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|------------------------|--|--|--|--|--|
| Chromatography | | | | | |
| Almira and Bookshelf | | | | | |
| Baby weighing machine | | | | | |
| Organ weighing machine | | | | | |
| Any other equipment | | | | | |

i. Post-mortem facility details

| Particulars | Details as per Minimum Eligibility Criteria | |
|-----------------------------------------------------------|---------------------------------------------|-----------------------|
| | Adequate/Inadequate | Remarks of deficiency |
| Size | | |
| Ventilation | | |
| Adequate Lighting facility for night post-mortem services | | |
| Exhaust | | |
| Running Water supply | | |
| Drainage & waste disposal | | |
| Fly proofing arrangement | | |
| Cooling Chamber | | |
| Cooling Cabinet | | |
| Shadow less OT Light | | |
| Air conditioning | | |

Attached Office space for autopsy surgeons & other staff: Yes /No

Space for Seminar /Resident Room: Yes/No

Waiting area for relatives of deceased: Yes /No

j. Space for Sex Crime Case examination:

| Particulars | Adequate / Inadequate | Remarks |
|------------------------------------------|-----------------------|---------|
| SC examination room with attached toilet | | |
| Waiting area | | |
| Child friendly environment | | |
| UV lamp | | |
| X-ray room | | |
| USG room | | |
| Counselling room | | |

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D. CLINICAL MATERIAL AND INVESTIGATIVE WORKLOAD OF THE DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY:

Permission to do Autopsy examinations*: Yes /No (*verify document*)

- Institution is Govt./Pvt.: -----
- Letter of permission issuing authority: -----
- MoU signed with: -----

*** (Strike out whatever is not applicable)**

| Parameter | On the day of assessment | Year 1 | Year 2 | Year 3 (last year) |
|--------------------------------------------|--------------------------|--------|--------|--------------------|
| Medico-legal autopsies | | | | |
| Pathological autopsies | | | | |
| Number of Injury cases examined | | | | |
| Number of Sexual Offence Survivor examined | | | | |
| Number Sexual offence Accused examined | | | | |
| Number of DNA Sampling | | | | |
| Number of cases of age estimation | | | | |
| Number of cases of pregnancy certification | | | | |
| Number of crime scene visit | | | | |

Investigations performed in departmental laboratory:

| Particulars | Numbers | | | |
|-------------------------------|--------------------------|--------|--------|--------------------|
| | On the day of assessment | Year 1 | Year 2 | Year 3 (last year) |
| Histopathological Examination | | | | |
| X-Rays | | | | |
| Toxicological examination | | | | |
| Serological investigations | | | | |
| Vaginal smear examination | | | | |

Whether analytical toxicology Laboratory is available: YES/NO

Whether Clinical Forensic Medicine Department is available, YES/NO

If available, is it under the Department of Forensic Medicine: YES/NO

Visit to other Departments by PG students (Compulsory Rotatory training of Residents): _____

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| Department | Yes/No | No of visits in last year | No of visit in last-to-last year |
|-----------------------------|---------------|----------------------------------|-----------------------------------------|
| Emergency Medicine | Yes/no | | |
| Radiology | Yes/no | | |
| Psychiatry | Yes/no | | |
| Pathology | Yes/no | | |
| Forensic Science Laboratory | Yes/no | | |

Number of students attending one post-mortem: ___ (verify attendance record)

Number of Post-mortem done by a P.G. student during the course: ___ (verify log book)

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* - Year will be previous Calendar Year (from 1st January to 31st December)

** - Those who have joined mid-way should count the percentage of the working days accordingly.

ii. Postmortem staff:

Dissection attendants

Sanitary personnel

Any others

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iii. 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 | | | | |

iv. P.G students presently studying in the Department:

| Name | Joining date | Phone No | E-mail |
|------|--------------|----------|--------|
| | | | |
| | | | |

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

| Name | Joining date | Relieving Date | Phone no | E-mail |
|------|--------------|----------------|----------|--------|
| | | | | |
| | | | | |

F. ACADEMIC ACTIVITIES:

| S. No. | Details | Number in the last Year | Remarks Adequate/ Inadequate |
|--------|----------------------------------|-------------------------|------------------------------|
| 1. | Clinico- Pathological conference | | |
| 2. | Clinical Seminars | | |
| 3. | Journal Clubs | | |
| 4. | Case presentations | | |
| 5. | Group discussions | | |
| 6. | Guest lectures | | |
| 7. | Death Audit Meetings | | |

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|----|---------------------------------------------------------------------|--|--|
| 8. | Physician conference/ Continuing Medical Education (CME) organized. | | |
| 9. | 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:

| |
|--|
| |
|--|

G. 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 |
|------|-------------|
| | |
| | |

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c. List of Students:

| Name | Result (Pass/ Fail) |
|------|------------------------|
| | |
| | |
| | |

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

H. MISCELLANEOUS:

- i. Details of data being submitted to government authorities, if any:**
 (For e.g. data to NHRC for autopsies for Custodial Deaths)

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

- iii. Any Other Information**

I. 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 Assessment

J.**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/come 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.

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