

STANDARD ASSESSMENT FORM FOR PG COURSES
SUBJECT –ONCO-PATHOLOGY

<i>INSTRUCTIONS TO DEANS & ASSESSORS</i>

1. Please read the SAF carefully before filling it up. Retrospective changes in Data will not be allowed.
2. **Do not use Annexures. All information should be provided in SAF at appropriate place earmarked. No Annexures will be considered.**
3. Experience details should be supported by experience certificate from competent authority (from the place of work) without which it will not be considered.
4. Don't add, alter or delete any column of SAF.
5. In case of DNB qualification name of the hospital/institution from where DNB training was done and year of passing must be provided. Simply saying National Board of Examination, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
6. Experience of defence service must be supported by certificate from the competent authority of the office of DGAFMS without which it will not be considered.
7. Dean will be responsible for filling all columns and signing at appropriate places.
8. If promotion is after cut-off date (i.e. after 21/07/2013 for Professor & 21/07/2014 for Associate Professor) or benefit of publications is given in promotion before cut-off date, give the list of publications immediately below the name of faculty in this format: Title of Paper, Authors, Citation of Journal, details of Indexing. Photocopies of published articles should also be submitted without which they will not be considered. Give details of **only** original research articles; Case reports, Review articles and Abstracts will not be considered and should not be included.
9. No abbreviations of the name of Medical College in the Faculty List and Declaration Forms are acceptable

INSTRUCTIONS TO ASSESSORS: Please ensure that only original research papers published in indexed print journals are included in the list. Remaining entries, if included, should be struck off.

10. Assessor may give any relevant remarks not shown in the assessment report on the page marked "Remarks of Assessor". No separate confidential letter should be sent.
11. Count only those faculty & Residents who have signed in attendance sheet before 11:00 a.m. and are present for subsequent verification and are found eligible on verification and also those who are on MCI permitted leave and MCI or Court duty. Do not forget to obtain signature of faculty and residents/senior residents in faculty table in appropriate column.

Signature of Dean

Signature of Assessor

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES
DM - ONCO-PATHOLOGY

1. Name of Institution: _____
MCI Reference No.: _____
2. Particulars of the Assessor:- _____ Assessment Date _____

Name	Residential Address (with Pin Code)
Designation.....
Specialty.....
Name & Address of Institute/College	Phone .(Off)(Resi.)
.....	(Fax).....
.....	Mobile No.
.....	E-mail:

3. **Institutional Information**

a). **Particulars of college**

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

b). **Particulars of Affiliated University**

Item	University	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Dean

Signature of Assessor

SUMMARY

Date of Assessment: _____ Name of Assessor: _____

1. Name of Institution (Private / Government)	Director / Dean / Principal (Who so ever is Head of Institution)	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	
	Subject	

2. Department inspected	Head of Department	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree /Subject (Recognized/Non-R)	

3. (a). Number of UG seats	Recognized (Year:)	Permitted (Year:)		First LOP date when MBBS course was first permitted
(b). Date of last inspection for	UG	PG	Superspecialty	
	Purpose:	Purpose:	Purpose:	
	Result:	Result:	Result:	

4. Total Teachers available in the Department:(Count only those who have Super-Speciality degree or 2 years special training in the subject before joining the department)

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Addl./Assoc Professor				
Asstt. Professor				
Senior Resident				

Note: Count only those who are physically present.

5. Number of Units with beds in each unit:

Signature of Dean

Signature of Assessor

6. Specimens received for Histopathological Examination during last three years from:
Note :1. Year means calendar year (1st January to 31st December)
2. IPD means total number of patients admitted (Not total occupancy of the year)

Nature of Specimens	Year I			Year II			Year III (Last year)		
	OPD	IPD	Outside Hospital	OPD	IPD	Outside Hospital	OPD	IPD	Outside Hospital
Organ/Part of organ/Tissue Removed after Surgery									
Total Number of Biopsies									
Hematology									
Fluid Cytology									
Exfoliative Cytology									
FNAC (Direct)									
FNAC (CT guided)									
FNAC (USG guided)									
Department of Oncopathology									
Total Procedures									
(a) Surgical Pathology									
Frozen Section									
Histopathology									
Immunohistochemistry									
(b) Molecular Pathology									
In situ hybridization (including Fluorescence ISH)									
Polymerase chain reaction (PCR) and variants									
Sequencing									
(c) Cytology									
Fine Needle Aspiration Cytology (FNAC)									
Exfoliative cytology (Non Gynec e.g. Fluid cytology)									
Exfoliative cytology (PAP smears)									
(d) Haematopathology									
Hemogram									
Coagulation Testing									
Bone marrow aspiration									
Flow cytometry									
Molecular Haematopathology (Cytogenetics, PCR, Sequencing etc.)									

Nature of Diseases Reported									
Malignancies									
Benign									
Tuberculosis									
Other infections/ Inflammations									
Others (specify)									

7. Investigative Workload of entire hospital and Department Concerned.

Parameter		Entire Hospital	Department of Pathology	
		On the Day of Assessment	On the Day of Inspection	Average of 3 Random Days
Radio-diagnosis	MRI			
	CT			
	USG			
	Plain X-rays			
	IVP/Barium etc			
	Mammography			
	DSA			
	CT guided FNAC			
	USG guided FNAC			
	Any other			
Pathology	Histopath			
	FNAC			
	Hematology			
	Others			
Bio-Chemistry				
Microbiology				
Blood Units Consumed				

8. Publications from the department during last 3 years:
(Give only full articles published in indexed journals. No case reports or abstracts or review article be given)

Signature of Dean

Signature of Assessor

9	Blood Bank	License valid	Yes / NO(enclose copy)	
		Blood component facility available	Yes / NO(enclose copy)	
		Number of blood units stored on the inspection day		
		Average units consumed daily (entire hospital)	Average	on inspection day

10. Specialized services provided by the department: Adequate / not adequate

11. Specialized equipment available in the department: Adequate / Inadequate

12. Space (Labs, Grossing, Offices, Teaching areas) Adequate / Inadequate

14	Library		Central	Departmental
		Number of Bookspertaining to Pathology		
		Number of Journals		
		Latest journals available upto		

13. Casualty Number of Beds_____Available equipment ____Adequate / Inadequate

14. Common Facilities

- Central supply of Oxygen / Suction:
 - Central Sterilization Department
 - Incinerator: Functional / Non functional
 - Bio-waste disposal
 - Generator facility
 - Medical Record Section:
 - ICD10 classification
- Available / Not available

Adequate / Not adequate

Capacity: Outsourced

Outsourced / any other method

Available / Not available

Computerized / Non computerized

Used / Not used

15. Total number of Pathological Post mortems done during the last one year:

16. Accommodation for staff Available / Not available

17	Hostel Accommodation No.	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Students						
	No. of Rooms						
	Status of Cleanliness						

18	Total number of PG seats in the concerned Department		Recognized seats	Date of recognition	Permitted seats	Date of permission
		Degree				
		Diploma				

Signature of Dean

Signature of Assessor

19. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

20	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

21. Stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution*
Ist Year		
IIInd Year		
IIIrd Year		

* Stipend shall be paid by the institution as per Govt. rate shown above.

22. List of Departmental Faculty joining and leaving after last inspection:

Designations	Number	Names	
		Joining faculty	Leaving faculty
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

23. Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Tutor/ Demonstrator			
Any Other			

* Faculty Attendance Sheet duly signed by concerned faculty must be enclosed.

Signature of Dean

Signature of Assessor

24. REMARKS OF ASSESSOR

1.

Please do not repeat information already provided
2.

Please do not make any recommendation regarding granting permission/recognition
3.

If you have noticed or come across any irregularity during your assessment like fake or dummy faculty, fake or dummy patients, fudging of data of clinical material etc., please mention them here)

Signature of Dean

Signature of Assessor

PART – I
(Institutional Information)

1 Particulars of Director / Dean / Principal:
(Who so ever is Head of Institution)

Name: _____ Age: _____ *(Date of Birth)* _____

PG Degree	Subject	Year	Institution	University
<i>Recognised / Not Recognized</i>				

Teaching Experience

Designation	Institution	From	To	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
Any Other		Grand Total		

2. Central Library

- Total number of Books in library: _____
- Books pertaining to ONCO-PATHOLOGY: _____
- Purchase of latest editions of books in last 3 years: - ONCO-PATHOLOGY Total _____

- Journals:

Journals	Total	Medical Oncology
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: _____
- Year / Month up to which latest Foreign Journals available: _____
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: _____
- Reading facility out of routine library hours: available / not available
(obtain list of books & journals duly signed by Dean)

3. Casualty:/ Emergency Department

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

4. Blood Bank

(i)	Valid License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

Signature of Dean

Signature of Assessor

5. Central Research Lab:

- Whether it exists?
 - Administrative control:
 - Staff:
 - Equipment:
 - Workload:
- Yes No

6. Central Laboratory:

- Controlling Department:
- Working Hours:

Radiotherapy	
Radiotherapy	
Teletherapy	
Brachy therapy	

7 Operation Theatres:

AC / Non AC		Number of OTs functional per day	
Numbers			
Pre-Anaesthetic clinic		Average No. of cases operated daily (Entire hospital)	Major Minor Day Care Caesarians Deliveries Total
Resuscitation arrangements	Adequate /Inadequate	Equipments	

8. Central supply of Oxygen / Suction:

9. Central Sterilization Department

10. Laundry:

11. Kitchen

12. Incinerator: Functional / Non functional

13. Bio-waste disposal

14. Generator facility

15. Medical Record Section:
 - ICD10 classification
- Available / Not available
Adequate / Not adequate
Manual/Mechanical/Outsourced:
Gas / Fire
Capacity: Outsourced
Outsources / any other method
Available / Not available
Computerized / Non computerized
Used / Not used

16. Total number of Pathological post mortems done during the last one year:

17. Recreational facilities:

Available / Not available

Play grounds	Gymnasium
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18	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						
	No. of Students						
	Status of Cleanliness						

Signature of Dean

Signature of Assessor

19.

Residential accommodation for Staff / Paramedical staff

Adequate / Inadequate
20.

Ethical Committee (Constitution):
21.

Medical Education Unit (Constitution)
(Specify number of meetings held annually & minutes thereof)

PART – II
(DEPARTMENTAL INFORMATION)

- 1Department inspected:DEPT OF ONCO - PATHOLOGY
- 2Date on which independent department :
of ONCOPATHOLOGY was created and started functioning
(Attach copy of order from Govt/Competent Authorities)

3 Faculty details (From start of department till date)

Name	Designation	PG/Superspeciality Qualification in concerned subject (year of passing University and College)	Appointment/Promotion Orders (No..../Date... Attach photocopy)	Salary Details Including TDS deducted

4 Particulars of HOD

Name: _____ Age: _____ (Date of Birth)_____

PG Degree and Superspecialtydegree	Year of passing	Institution	University	Recognized/ Not Recognized
MD/Ms				
DM/M.Ch.				
Two years Special Training				

Teaching Experience(Give Experience in OncoPathology)

Designation	Subject	Institution	From	TO	Total experience
Asstt Professor					
Assoc Professor/Reader					
Professor					
Any Other			Grand Total		

- 5.Whether Independent department of Surgical Oncology and Radio therapy exists in the institution
Yes/No: Since When.....

6. a) Purpose of Present inspection:
Grant of Permission/ Recognition/ Increase of seats /Renewal of recognition/Compliance Verification
- b) Date of last MCI inspection of the department: _____
(Write Not Applicable for first MCI inspection)
- c) Purpose of Last Inspection: _____
- d) Result of last Inspection: _____
(Copy of MCI letter be attached)

7. Mode of selection (actual/proposed) of PG students.

Signature of Dean

Signature of Assessor

8. If course already started, year wise number of PG students admitted and available PG teachers during the last 5 years:

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

9. Stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution
Ist Year		
IInd Year		
IIIrd Year		
IVth Year		

10 General Departmental facilities:

- Total number of Laboratories in the department of Onco-Pathology

Nomenclature	Morbid Anatomy Grossing area	Histopathology/ Cytopathology	Research Lab.	Demo. room	Seminar Room	Any other lab.
Size (Area)						
Capacity						
Cupboards for Storage						
Microscopes						
List of equipments Available						

Signature of Dean

Signature of Assessor

Unit wise Teaching and Resident Staff:

Unit _____ Bed Strength _____ :

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)	

Note:

1.

Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.

2.

Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

3.

*Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.

4.

Incasse of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.

5.

Experience of Defence services must be supported by certificate from competent authority of the office of DGA FM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unitwise distribution is given the faculty table above.

Signature of Dean

Signature of Assessor

11. Has any of these faculty members including senior residents been considered in PG/UG inspection at any other college or any other subject in this college during present academic year . If yes, give details.

Date of Inspection	Subject	Institution

12. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

13. List of Non-teaching Staff in the department: -

S.No.	Name	Designation

15. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.

16. Departmental Museum

- Space
- No. of specimens
- Charts/ Diagrams

- 17.. Office Accommodation:

- Departmental Office
- Space
- Staff (Steno /Clerk).
- Computer/ Typewriter
- Internet facility

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18. Office Space for Teaching Faculty:

- HOD
- Professor
- Assoc. Prof./ Reader
- Lecturer/ Asstt. Professor
- Residents room

19. Operative Workload

(a) Year-wise available operative workload (during previous three years) for the entire hospital

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of Major Surgeries *			
Total number of Minor Surgeries			
Average daily total operative load for Major & Minor Surgeries*			
Autopsies Adult			
Pediatric			
Total			

*The total operative workload needs to be assessed from the Dept of Anesthesia

(b) Specimens received for histopathological and other examinations during the last three years.

Note : 1. Year means calendar year (1st January to 31st December)

2. IPD means total number of patients admitted (Not total occupancy of the year)

Nature of Specimens	Year I			Year II			Year III (Last year)		
	OPD	IPD	Outside Hospital	OPD	IPD	Outside Hospital	OPD	IPD	Outside Hospital
Organ/Part of organ/Tissue removed after surgery									
Total Number of Biopsies									
Haematology									
Fluid Cytology									
Exfoliative Cytology									
FNAC (Direct)									
FNAC (CT guided)									
FNAC (USG guided)									

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Nature of Diseases Reported									
Malignancies									
Benign									
Tuberculosis									
Other infections/ inflammations									
Normal Tissue									
Others(specify)									

20. Equipments: List of important equipments available and their functional status.

List of important equipment's for Oncopathology Laboratory

Sr. No.	Equipment	Specification	Availability
HISTOPATHOLOGY			
1.	Tissue Processor – Rotary type -2	Double rotor with each basket of 200 cassettes per run	
2.	Embedding unit – 1	Unique 3- modular system for ergonomical working	
3.	Hot air oven – 2 one as back up	Temperature range – 0-100 degree	
4.	Microtome – manual -3 one as back up	Integral debris tray, organizer storage tray	
5.	Water bath – 3, one as back up	Electronic temperature control for exact temperature regulation and indication by digital display	
6.	Semiautomatic H& E stainer – 1	High throughput robotic stainer for multiple staining application	
7.	Cryostat – Basic modele 2 one as back up		
8.	Block filing cabinet- 80	Convenient storage and retrieval of paraffin blocks	
9.	Multi-headed teaching microscope		
Immunohistochemistry Lab			
10.	Automated Immunostainer	Automatic – Baking, deparaffinization, cell conditioning and staining including IHC,ISH, SISH, Immunofluorescence, multiparameter IHC stain and titration	
Grossing Room			
11.	Grossing work station – 1	Table for High grade stainless steel with continuous air flow in working area	
12.	Bone and meat cutting machine for larger hard bones – 1	Cutting table is made of thick stainless steel sheet with special heavy axles for easy and firm movement	
13.	Bone Saw – 1	Smooth surfaces easy to clean without dirt traps	

Signature of Dean

Signature of Assessor

Cytology		Availability
14.	Cytocentrifuge -	
15.	Autostainer	
	Molecular Pathology	
16.	Thermal cycles	
17.	-80°C deep freezer	
18.	-20 °C deep freezer	
19.	Sequencer	
20.	Fluorescence Microscope	
21.	Biosafety cabinet	
	Hematopathology	
22.	Automated Hematology Analyser	
23.	Automated Coagulation analyser	
24.	Flow cytometer	

21. Facilities for Practical's /Research.

- Details of facilities to carry out theory and practical classes for UG students as per the recommendations of Medical Council of India.
- Details of facilities to carry out additional classes and practical's at PG level.
- Details of laboratories and other facilities to carry out research work.

22. Are there different sections in Pathology:-
Histopathology

Cytology

Hematology

Fluid section

Autopsy

Others

Give size of individual labs and equipment available in each

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23. No. & Type of autopsies per year :

Adult Child Neonate

Medical-legal

24. Specimens received and reported for Histopathological/Hematological examination on inspection day:-

Nature of specimens	OPD	IPD	Outside Hospital
Organ/parts of organ/tissue removed after surgery			
Total Number of Biopsies			
Haematology			
PBF			
Bone marrow			
FNAC Direct			
CT guided FNAC			
USG guided FNAC			
Nature of Diseases Reported			
Malignancies			
Tuberculosis			
Other infections/inflammations			
Normal Tissue			
Others (Specify)			

25. Surgical Pathology.

- No. of specimens per year
- Facilities available for: -
Frozen section Histochemistry.....Immunohistochemistry.....

26. Hematology :

- No. of samples per year
- No. of following investigations :
Complete Blood count E.S.R.
Reticulocyte count Absolute eosinophil count
Bone marrow aspiration B.M. Biopsy
- PT APTT TT
- Facilities available for work up of :Name the investigation done and number/y
-Coagulation disorders
-Leukemia

Signature of Dean**Signature of Assessor**

-Nutritional anaemia

-Hemolytic anaemia

27. Cytology: No. of samples per year of:

- Exfoliative
- Gynecological
- Non-Gynecological
- Fine needle aspiration
- Ultrasound guided
- C.T. guided

28. Fluids: No. of samples per year of :

- Urine - Routine
- Special
- Semen - RoutineSpecial
- CSF
- Sputum
- Other body fluids

29. Blood banking :

- No. of units issued per year
- No. of units collected per year
- Voluntary Replacement
- No. of ABO grouping
- No. of Rh grouping
- No. of cross matching
- No. of samples in which antibodies identified
- No. of samples tested for - HIV
- HB
- HC
- VDRL
- Malaria

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Signature of Assessor

- Facilities available for preparation of blood components.....

30. Any submission of data to national authorities, if applicable

31. Academic outcome based parameters

- | | |
|--|--|
| (a) Theory classes taken in the last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (b) Clinical Seminars in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (c) Journal Clubs held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (d) Case presentations held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (e) Group discussions held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available/available |
| (f) Guest lectures held in last 12 months
(Dates, Subjects, Name & Designation
of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available/available |

32. Any other information

Signature of Dean

Signature of Assessor

PART III

POSTGRADUATE EXAMINATION
(Only at the time of recognition inspection)

1. Minimum prescribed period of training.
(Date of admission of the Regular Batch appearing in examination)
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University (Give details here, No Annexures).
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:
10. Year of 1st batch pass out (mention name of previous/existing University)

Degree Course -----

- Note:
- (i) Please do not appoint retired faculty as External Examiner
 - (ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.
 - (iii) Put NA for columns not applicable

Signature of Dean

Signature of Assessor