

**STANDARD ASSESSMENT FORM FOR PG COURSES**  
**SUBJECT - MICROBIOLOGY**

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**INSTRUCTIONS FOR DEANS/PRINCIPALS AND ASSESSORS**

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

**INSTRUCTIONS FOR ASSESSORS:**

10. Please follow all instructions carefully. Instructions marked **NOTE:** are repeated in various sections of the SAF to ensure compliance for the sake of consistency and uniformity.
11. Only Faculty members and Resident doctors who sign the attendance sheet by 11:00 A.M., present themselves for subsequent verification and are found eligible must be considered. In addition, all those who are on NMC permitted leave, or on NMC/Court duties are to be considered. Please ensure that signatures of faculty members and resident doctors are obtained in the Faculty table.
12. OPD attendance up to 2:00 P.M. and Bed occupancy till 10:00 A.M. must be considered, without any exceptions. Please adhere to instructions regarding time very strictly.
13. Data for Radiodiagnosis investigations, Central Clinical Laboratories, Blood Bank etc., entered in the SAF must be verified with physical records/registers.
14. Information regarding Births and Deaths to be verified from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths.
15. Assessors may write confidential remarks not shown in the assessment report on the page marked "Remarks of Assessor". Do **NOT** send/attach separate confidential letter/s.

**Signature of Dean**

**Signature of Assessor**

## STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES (MICROBIOLOGY)

**1. Name of Institution:** \_\_\_\_\_  
 NMC Reference No.: \_\_\_\_\_

**2. Particulars of the Assessor:** \_\_\_\_\_ Date of Assessment \_\_/\_\_/\_\_\_\_.

Name .....
Designation.....
Specialty.....
Name & Address of Institute/College
.....
.....
.....

Residential Address (with Pin Code)
.....
.....
Phone No. (Off) .....(Res) .....
(Fax).....
Mobile No. ....
E-mail: .....

**3. Institutional Information:**

**A. Particulars of the Institution/College**

Institution/College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name			
Address			
State			
Pin Code			
Phone Nos. Office Residence Fax			
Mobile No.			
E-mail			

**B. Particulars of Affiliating University**

University	Vice Chancellor	Registrar
Name		
Address		
State		
Pin Code		
Phone Nos. Office Residence Fax		
Mobile No.		
E-mail:		

**Signature of Dean**

**Signature of Assessor**

**SUMMARY**

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

Name of Assessor: \_\_\_\_\_

Name of Institution (Govt./Pvt.)	Director / Dean / Principal (Whosoever is Head of the Institution)	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	
	Discipline/Subject	

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

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

**4. Total Teachers available in the Department:**

Designation	Number	Name	Total teaching experience	Benefit of publications in promotion
Professor				
Addl/Assoc Professor				
Asst Professor				
Senior Resident				

**Note: Only those who are physically present to be considered.**

Signature of Dean

Signature of Assessor

**5. Clinical workload of the Institution:**

Particulars	Entire Hospital	
	On Day of Assessment	Avg of 3 Days Random
OPD attendance up to 2:00 P.M.		
Total number of new admissions		
Total Beds occupied at 10:00 A.M.		
Total no. of Required Beds		
Bed Occupancy at 10:00 A.M. (%)		
No. of Major Operations		
No. of Minor Operations		
No. of Day Care Operations		
Total no. of Deliveries		
Total no. of Caesarean Sections		
Total no. of Deaths		
Casualty attendance		

**Note:**

- i. OPD attendance to be considered only up to 2:00 P.M. and Bed occupancy till 10:00 A.M.
- ii. Verify data from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths.

**6. Investigative Workload of entire hospital.**

Particulars		Entire Hospital	
		On day of assessment	Avg 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	Histopathology		
	Cytopathology		
	Hematology		
	Others		
Biochemistry			
Microbiology			
Units of blood consumed			

**Note:**

- i. Data to be verified with physical records/registers for Radiodiagnosis, Central Clinical Laboratory and Blood Bank.

Signature of Dean

Signature of Assessor

## 7. Year-wise available clinical material of the department of Microbiology (past 3 calendar years).

Average daily workload	Year 1	Year 2	Year 3
1. Bacteriology			
2. Serology			
3. Mycology			
4. Parasitology			
5. Virology			
6. Immunology			
7. Molecular			
8. Others			

(Past year)

## 8. Investigative work load on the day of Assessment (Entire hospital).

Average daily workload	OPD	IPD
1. Microbiology		
2. Microscopy		
3. Culture & Sensitivity		
4. Serology / Immunology		
5. Molecular biology tests		
6. Others		

**Note:**

- i. Calendar year: 1st January to 31<sup>st</sup> December of the year considered.
- ii. IPD means total number of patients admitted (Not total occupancy of the year)

## 9. Publications from the department during the past 3 years:

(Only original articles published in indexed journals are to be accepted. Case reports, abstracts and review articles are not to be included).

Signature of Dean

Signature of Assessor

**10. Blood bank**

License valid	Yes / No
Blood component facility available	Yes / No
Number of units stored on the day of Assessment	
Average number of units consumed daily (entire hospital)	

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

**12. Specialized equipment available in the department:** Adequate / Inadequate

**13. Space (Offices, Teaching areas)** Adequate / Inadequate

**14. Library:**

Particulars	Central	Departmental
Number of Books pertaining to Microbiology		
Number of Journals		
Latest journals available up to		

**13. Emergency/Casualty:** Number of Beds: \_\_ \_\_ Available equipment: \_\_ \_\_ Adequate / Inadequate

**14. Common facilities:**

1. Central supply of Oxygen / Suction: Available / Not available
2. Central Sterile Supply Department Adequate / Not adequate
3. Laundry services: Available/Not available
4. Dietary services Available/Not available
5. Bio-Medical Waste disposal Outsourced / any other method
6. Generator facility Available / Not available
7. Medical Record Section: Computerized / Non computerized
8. ICDX classification Used / Not used

**15. Accommodation for staff:** Available / Not available

**16. Hostel accommodation:**

Detail	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
Number of Students						
Number of Rooms						
Status of Hygiene/Cleanliness						

**17. Total number of PG seats**

	Recognized seats	Date of recognition	Permitted seats	Date of permission
Degree				

Signature of Dean

Signature of Assessor

**18. Year wise PG students admitted (in the department inspected) during the preceding 5 years and available number of PG teachers**

Year	Number of PGs admitted	Number and Names of PG Teachers available

**19. Other PG courses run by the Institution**

Course Name	No. of seats	Department/s
DNB		
M.Sc.		
Others		

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

Year	Stipend in Govt. Colleges paid by State Govt.	Stipend paid by the Institution*
1 <sup>st</sup> Year		
2 <sup>nd</sup> Year		
3 <sup>rd</sup> Year		

\* Stipend shall be paid by the institution as per Government rates shown above.

**21. List of Departmental Faculty appointed / relieved after the last Assessment:**

Designation	Number	Names of faculty members	
		Appointed	Relieved
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

**22. Faculty deficiency, if any**

Designation	Numbers available	Numbers required	Deficiency, if any
Professors			
Associate Professors			
Assistant Professors			
Senior Residents			
Junior Residents			
Tutors/Demonstrators			
Any Others			

\* Faculty Attendance Sheet duly signed by concerned faculty must be handed over to the Assessors.

Signature of Dean

Signature of Assessor

**23. REMARKS OF 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 irregularities that you have noticed/ come across, during the assessment, like fake/dummy faculty, fake/ dummy patients, fabrication/ falsification of data of clinical material etc. if any.

Signature of Dean

Signature of Assessor

**PART – I**  
(INSTITUTIONAL INFORMATION)

**1. Particulars of Director / Dean / Principal:***(Whosoever is the Head of the Institution)*

Name: \_\_\_\_\_

Age: \_\_\_ (Date of Birth) \_\_/\_\_/\_\_\_\_\_.

PG Degree	Subject	Year	Institution	University
Recognized (or) Not Recognized				

## Teaching Experience

Designation	Institution	From	To	Total experience
Assistant Professor				
Assoc Professor/Reader				
Professor				
Any Other		<b>Grand Total</b>		

**2. Central Library**

- a) Total number of Books in library: \_\_\_\_\_
- b) Books pertaining to Microbiology: \_\_\_\_\_
- c) Purchase of latest editions of books in last 3 years: Total: \_\_\_ Microbiology books: \_\_\_ .
- d) Journals:

	Total number	Microbiology
<b>Indian</b>		
<b>Foreign</b>		

- e) Year / Month up to which latest Indian Journals available: \_\_\_\_\_.
- f) Year / Month up to which latest Foreign Journals available: \_\_\_\_\_.
- g) Internet: Available / Not available
- h) Library opening times: \_\_\_\_\_.
- i) Reading facility out of routine library hours: Available / Not available  
*(Obtain a list of books & journals related to Microbiology duly signed by Dean)*

**3. Casualty/ Emergency Department**

Particulars	Numbers / relevant details
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	

Signature of Dean

Signature of Assessor

**4. Blood Bank**

(i)	Valid License	Yes / No	Verified / Not verified
(ii)	Blood component facility available	Yes / No	Verified / Not verified
(iii)	All Units tested for Hepatitis C, B, HIV	Yes / No	Verified / Not verified
(iv)	Nature of Storage facilities (as per specifications)	Yes / No	Verified / Not verified
(v)	Number of Units available on Assessment day		Verified / Not verified

(vii) Average number of units utilized daily and on the day of the assessment in the entire hospital (various specialty wise distribution)

Average daily utilization	Utilization on the day of assessment	Verified / Not verified

**5. Central Research Lab:** Yes/No

- a) Administrative control:
- b) Staff:
- c) Equipment:
- d) Workload:

**6. Central Laboratory:**

- Controlling Department:
- Working Hours:
- Investigative workload: (Approximate number of investigations done daily in entire hospital).

Microbiology	On Assessment day	Average (monthly)
a. Bacteriology		
b. Serology		
c. Mycology		
d. Parasitology		
e. Virology		
f. Immunology		
g. Molecular		
h. Others		

**7. Central supply of Oxygen/Suction:**

Available / Not available

**8. Central Sterile Supply Department**

Adequate / Not adequate

**9. Bio-Medical Waste Disposal**

Outsources / any other method

**10. Generator facility:**

Available / Not available

**11. Medical Record Section:**

Computerized / Non computerized

- ICDX classification

Used / Not used

**12. Recreational facilities:**

Available / Not available

Signature of Dean

Signature of Assessor

**13. Hostel accommodation:**

Detail	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
Number of Students						
Number of Rooms						
Status of Hygiene/Cleanliness						

**14. Residential accommodation for Staff / Paramedical staff:** Adequate / Inadequate

**15. Ethics Committee (Constitution):**

**16. Medical Education Unit (Constitution)**  
(Specify number of meetings held annually)

Signature of Dean

Signature of Assessor

**PART – II**  
(DEPARTMENTAL INFORMATION)

1. Department inspected: MICROBIOLOGY

2. Particulars of HOD

Name: \_\_\_\_\_

Age: \_\_\_ (Date of Birth) \_\_/\_\_/\_\_\_\_\_.

PG Degree	Subject	Year	Institution	University
Recognized (or) Not Recognized				

Teaching Experience

Designation	Institution	From	To	Total experience
Assistant Professor				
Assoc Professor/Reader				
Professor				
Any Other		<b>Grand Total</b>		

3. Purpose of Present Assessment: Grant of Permission/ Recognition/ Increase of seats /  
Renewal of recognition/Compliance Verification

4. Date of last MCI/NMC Assessment of the department: \_\_\_\_\_

(Write Not Applicable for first NMC Assessment)

5. Purpose of Last Assessment: \_\_\_\_\_

6. Result of last Assessment: \_\_\_\_\_

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

8. If course has already started, year-wise number of PG students admitted, and number with names of available PG teachers in the department during the last 5 years:

Year	No. of PG students admitted		Number and Names of PG Teachers available
	Degree	Diploma	

9. Departmental General facilities:

Total number of Laboratories in the department:

Particulars	Bacteriology	Serology/ Immunology	Virology	Mycology	Parasitology	Research lab.	Any other lab.
Size (Area)							
Capacity							
Water Supply							
Sinks							
Electric points							
Cupboards*							
Equipment List							

\* For storage of Microscopes, slides etc.

Signature of Dean

Signature of Assessor

**10. Teaching and Resident Staff:**

11. No.	Designation	Name & Date of Birth	Full time/ part time/ Honorary	PAN No./ TDS deducted	PG Qualification			Experience Date wise teaching experience with designation & Institution						Signatures (Faculty)
					Subject/ Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period	* Whether benefit of publications given Yes/No – List papers	

**Note:**

- i. **FILL ALL COLOUMNS. Do NOT modify any part of the above table. Tampering with the format of the table will render your submission invalid.**
- ii. **If BENEFIT OF PUBLICATION HAS BEEN GIVEN**, list only original articles in indexed Journals published during the period of assessment for promotion here. Annexure will NOT be considered.
- iii. In case of persons with DNB qualifications, the name of the hospital/institution where DNB training was obtained and the year of passing should clearly be mentioned failing which she/he shall NOT be considered. Merely mentioning National Board of Examinations, New Delhi shall not suffice.
- iv. Experience of Defense services personnel must be supported by certificate/s from the competent authorities of the office of the DGAFMS, to be attached with the Faculty declaration forms failing which it shall not be considered.

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

**Institutional TAN No:**

**Signature of Dean**

**Signature of Assessor**

12. Have any of these faculty members been considered in PG/UG Assessment at any other colleges or for any other subject in this college or other colleges in the last 2 years? If yes, give details.

Date of assessment	Subject	Institution

13. List of Departmental Faculty members appointed / relieved after the last Assessment:

Designation	Number	Names of faculty members	
		Appointed	Relieved
1. Professor			
2. Associate Prof.			
3. Assistant Prof.			
4. SR/Tutor/Demons.			
5. Others			

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

Sl.No.	Name	Designation

15. Teaching Facilities/areas available:

Area	Number	Size	Seating capacity
Seminar Rooms			
Demonstration Rooms			
Others			

16. Investigative clinical workload of the department:

Year-wise workload (past 3 years) for the entire hospital

Particulars	Year 1	Year 2	Year 3
Bacteriology			
Serology / Immunology			
Mycology			
Parasitology			
Virology			
Molecular tests			
Any others			

(Past year)

Signature of Dean

Signature of Assessor

**17. Departmental Library:**

Total No. of Books	
Purchase of latest editions in past 3 years	
Number of Journals	

**18. Departmental Research Lab.**

Space	
Equipment	
Research projects utilizing Research lab	1. 2. 3.

**19. Departmental Museum (Wherever applicable).**

Space	
Number of specimens	
Number of charts / diagrams	

**20. Office Space / Accommodation:**

<b>Department Office</b>	
Space (Adequate)	Yes/No
Staff (Steno /Clerk)	Yes/No
Computer/ typewriter	Yes/No
Storage space for files	Yes/No
Telephone / Intercom	Yes/No

<b>Office Space for Teaching Faculty*</b>	
Head of the Department	Yes/No / Inadequate
Professors	Yes / No / Inadequate
Associate Professors	Yes / No / Inadequate
Assistant Professor	Yes / No / Inadequate
Residents	Yes / No / Inadequate

\* Strike out whichever are not applicable

**21. Clinico-Pathological Conferences (CPCs) participation:** Yes / No  
(If yes, provide numbers with dates)

**22. Details of data being submitted to Govt. / National authorities, if any:**

Signature of Dean

Signature of Assessor

**23. Equipment: List of important equipment\* available and their functional status.**  
(Please fill out the details of the list here below. NO annexure to be attached)

Equipment	Numbers / functional status / comments
1) Binocular Microscopes	
2) Number of special Microscopes	
3) BOD Incubator	
4) Bacterial incubator	
5) Autoclave	
6) Centrifuge	
7) VDRL shaker	
8) Eliza Washer	
9) Eliza Reader	
10) LCD screens	
11) 20° C Deep Freezer	
12) 80° C Deep Freezer	
13) Laminar flow Horizontal	
14) Laminar flow Vertical	
15) Biosafety cabinet	
16) Digital water bath	
17) Automated blood culture (Bactec)	
18) PCR	
19) Any other equipment	

\*Equipment needed for UG teaching compulsory

**24. Any other special facility or service provided by the department:**

**25. Academic activities (outcome based):**

<b>a) Theory classes taken in the past 12 months</b>	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
<b>b) Clinical seminars in the past 12 months</b>	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
<b>c) Journal clubs conducted in the past 12 months</b>	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available

Signature of Dean

Signature of Assessor

<b>d) Tutorials held in the past 12 months</b>	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
<b>e) Group discussions held in the past 12 months</b>	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available
<b>f) Guest lectures organized in the past 12 months</b>	
a) Numbers	
b) Dates and subject	Available & Verified / Not available
c) Name and Designation of the Teacher	Available & Verified / Not available
d) Attendance sheet	Available & Verified / Not available

**26. Any other information.**

**Signature of Dean**

**Signature of Assessor**

