STANDARD ASSESSMENT FORM FOR PG COURSES
SUBJECT – RESPIRATORY MEDICINE

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
RESPIRATORY MEDICINE

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. Number of Units with beds in each unit:

Number of Units	
Number of beds in each Unit	

6. Clinical workload of the Institution:

Particulars	**Entire Hospital**	**Dept. of Respiratory Medicine**	
	On the Day of Assessment	**On the Day of assessment**	**Average of 3 Random days**
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.**
iii. **Data to be verified with physical records/registers for Radiodiagnosis, Central Clinical Laboratory and Blood Bank**

7. Investigative Workload of entire hospital.

Particulars		**Entire Hospital**	**Dept. of Respiratory Medicine**	
		On day of assessment	**On the Day of assessment**	**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	Histopathology			
	Cytopathology			
	Hematology			
	Others			
Biochemistry				
Microbiology				
Units of blood consumed				

8. Year-wise available clinical material of the department of Resp. Med. (past 3 calendar years).

Average daily workload	Year 1	Year 2	Year 3
1. Number of patients in OPD			
2. Number of patients admitted (IPD)			
3. Number of Major procedures			
4. Number of Minor procedures			
5. Number of Day care procedures			

Note: **(Past year)**

i. Calendar year: 1st January to 31st 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).

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 Intensive Care services provided by the department: Adequate / not adequate

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

14. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

Signature of Dean **Signature of Assessor**

15. Library:

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

16. Emergency/Casualty: Number of Beds: _ _ _Available equipment: _ _ _ Adequate / Inadequate

17. 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

16. Number of OPD, IPD cases & Deaths in the Institution & department of Resp. Medicine (past year).

In the entire hospital		In the department of Respiratory Medicine.	
OPD		OPD	
IPD (Admissions)		IPD (Admissions)	
Deaths		Deaths	

17. Accommodation for staff: Available / Not available

18. Hostel accommodation:

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

19. Total number of PG seats

	Recognized seats	Date of recognition	Permitted seats	Date of permission
Degree				

20. 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

Signature of Dean **Signature of Assessor**

21. Other PG courses run by the Institution

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

22. Is there a separate independent department of Pulmonary Medicine running a DM course in the Institution: Yes / No
(If yes give details)

Name of the Specialty	Number of Beds / Units	Date of LOP for DM Seats	Number of DM Seats	Available Faculty Members (Name and Designation)

I have physically verified the faculty, beds, patients and equipment of the Super Specialty departments listed above and I certify that the same have not been counted in the department of Respiratory Medicine.

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

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

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

24. 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			

25. 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**

26. 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		**Grand Total**		

2. Central Library

a) Total number of Books in library: ____
b) Books pertaining to Respiratory Medicine: ____
c) Purchase of latest editions of books in last 3 years: Total: _ _ _ Resp. Medicine books: _ _ _ .
d) Journals:

	Total number	Respiratory Medicine.
Indian		
Foreign		

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 Respiratory Medicine duly signed by Dean)

3. Casualty/ Emergency Department

Particulars	Numbers / relevant details
Number of Beds	
No. of cases (Average daily OPD & 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	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 (if any):

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

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. Number of OPD, IPD cases & Deaths in the Institution and department of Respiratory Medicine. (past year).

In the entire hospital		In the department of Respiratory Medicine.	
OPD		OPD	
IPD (Admissions)		IPD (Admissions)	
Deaths*		Deaths*	

13. Number of Births* in the Hospital during the last one year: _ _ _ _ _

(*Note: Verify data from Birth/Death registration forms sent by hospital to the Registrar of Births/Deaths)

Signature of Dean **Signature of Assessor**

14. Recreational facilities: Available / Not available

15. Hostel accommodation:

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

16. Residential accommodation for Staff / Paramedical staff: Adequate / Inadequate

17. Ethics Committee (Constitution):

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

Signature of Dean **Signature of Assessor**

PART – II
(DEPARTMENTAL INFORMATION)

1. **Department inspected**: **RESPIRATORY MEDICINE**

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		**Grand Total**		

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	

Signature of Dean **Signature of Assessor**

9. Unit wise Teaching and Resident Staff: UNIT:_ _ _ _ _ _ BED STRENGTH_ _ _ _ _ _ _ _ _

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. ***Unit wise Teaching/Resident staff should be shown separately for each unit in the proforma.***
ii. ***FILL ALL COLOUMNS. Do NOT modify any part of the above table. Tampering with the format of the table will render your submission invalid.***
iii. ***If BENEFIT OF PUBLICATIONHAS BEEN GIVEN***, list only original articles in indexed Journals published during the period of assessment for promotion here. Annexure will NOT be considered.
iv. 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.
v. 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**

10. 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

11. 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			

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

Sl. No.	Name	Designation

13. Available Clinical Material of the department of Respiratory Medicine.

Parameter	Day of Assessment	Avg. of 3 random days
1. Number of units available in service		
2. Daily OPD		
3. Daily admissions in the department		
4. Daily admissions through Emergency Med.		
5. Bed occupancy (%)		
6. Number of In-patients admitted		

14. Clinical workload / material of the department (past 3 years):

Particulars	Year 1	Year 2	Year 3
1. Number of patients in the OPD			
2. Number of patients admitted (IPD)			
3. Number of Major procedures			
4. Number of Minor procedures			
5. Number of Day care procedures			

(Past year)

Signature of Dean **Signature of Assessor**

15. Intensive care facilities if any with department of Respiratory Medicine:

A. Respiratory Intensive Care Unit (RICU):		
1. Number of Beds		
2. Beds occupied on assessment day		
3. Average bed occupancy		
4. Available equipment		
5. Number of ventilators	BIPAP:	Invasive:

B. Any other intensive care service provided:
(List in the space provided below)

16. Specialty clinics run by the department of Respiratory Medicine with number of patients in each:

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
1) Resp. Rehabilitation				
2) Asthma				
3) Bronchoscopy				
4) Any other				

17. Services provided by the department:

i. Bronchoscopy
ii. Physiotherapy Section.
iii. PFT test and DLCO.
iv. Blood Gas analysis
v. RICU services
vi. Aerosol Tharapy
vii. Treatment for MDR Tuberculosis
viii. FNAC from Pleura and Lung
ix. Any other

18. Departmental Research Lab.

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

17. Departmental Library:

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

18. Departmental Museum (Wherever applicable).

Space	
Number of specimens	
Number of charts / diagrams	

19. Space

Space / Area	OPD	IPD
1. Number of rooms		
2. Patient examination arrangements		
3. Equipment		
4. Teaching areas		
5. Waiting area for patients		

20. Office Space / Accommodation:

Department Office		Office Space for Teaching Faculty*	
Space (Adequate)	Yes/No	Head of the Department	Yes / No / Inadequate
Staff (Steno /Clerk)	Yes/No	Professors	Yes / No / Inadequate
Computer/ typewriter	Yes/No	Associate Professors	Yes / No / Inadequate
Storage space for files	Yes/No	Assistant Professor	Yes / No / Inadequate
Telephone / Intercom	Yes/No	Residents	Yes / No / Inadequate

*** Strike out whichever are not applicable**

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

23. Death review meetings: Yes / No
(If yes, provide numbers with dates)

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

Signature of Dean **Signature of Assessor**

25. 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. Multipara Monitors	
2. Pulse Oxymeters	
3. ECG	
4. Resuscitation kit	
5. MDR treatment facilities	
6. Nebulizers	
7. Ventilators	
8. Computerized PFT equipment	
9. Crash cart	
10. DLCO	
11. Syringe pump	
12. Bronchoscope	
13. Other routine use equipment	
14. Defibrillator	
15. Syringe pump	
16. Any other equipment	

22. Periodic Evaluation methods:
(List in the space below)

23. Academic activities (outcome based):

a) Theory classes taken in the past 12 months	
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) Clinical seminars in the past 12 months	
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
c) Journal clubs conducted in the past 12 months	
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

d) Tutorials held in the past 12 months	
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
e) Group discussions held in the past 12 months	
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
f) Guest lectures organized in the past 12 months	
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

24. Any other information.

PART III
(POSTGRADUATE EXAMINATION)
(Only at the time of recognition Assessment)

1. Minimum prescribed period of training:
   Date of admission of the Regular Batch appearing in examination: _ _ /_ _ /_ _ _ _

2. Minimum prescribed essential attendance:

3. Whether periodic performance appraisal is carried out:

4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations2000:

5. Whether the thesis submitted by the candidates appearing in the examination been accepted:

6. Whether the candidates appearing in the examination have:
   a) presented one poster Yes / No
   b) presented a research paper at a National/State conference Yes / No
   c) published / received acceptance for a paper during their PG study period Yes / No
   d) communicated a paper for publication. Yes / No

7. Provide details of examiners appointed by Examining University below (No Annexures):

8. Whether appointment, eligibility of examiners and conduct of examination is as per prescribed NMC/MCI norms: Yes / No

   If not, provide details:

9. Standard of Theory papers and that of Clinical / Practical Examination:

10. Year of passing out of the 1st batch of PG students (mention name of previous/existing University)

    Degree Course ----------

Note:

i. Retired/Superannuated/re-employed faculty members should not be appointed as External Examiner.
ii. There should be two internal and two external examiners.
iii. Three external examiners should be appointed if two internal examiners are not available in the department.

Signature of Dean **Signature of Assessor**