

**STANDARD ASSESSMENT FORM FOR PG COURSES**  
**SUBJECT – PALLIATIVE MEDICINE**

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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  
PALLIATIVE MEDICINE

1. Name of Institution: \_\_\_\_\_

NMC Reference No.: \_\_\_\_\_
2. Particulars of the Assessor: \_\_\_\_\_

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

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

3. Institutional Information:
- A. Particulars of the Institution/College

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

B. Particulars of Affiliating University

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

Signature of Dean

Signature of Assessor

SUMMARY

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

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

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

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

4. Total Teachers available in the Department:

| Designation          | Number | Name | Total teaching<br>experience | Benefit of publications<br>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 and Department of Palliative Medicine:

| Particulars                       | Entire Hospital      | Department of Palliative Medicine |                      |
|-----------------------------------|----------------------|-----------------------------------|----------------------|
|                                   | On Day of Assessment | 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.
  - iii. Data to be verified with physical records/registers for Radiodiagnosis, Central Clinical Laboratory and Blood Bank

7. Investigative Workload of entire hospital and Department of Palliative Medicine.

| Particulars     |              | Entire Hospital      | Department of Palliative Medicine |                      |
|-----------------|--------------|----------------------|-----------------------------------|----------------------|
|                 |              | On day of assessment | On day of assessment              | Avg of 3 random days |
| Radio-diagnosis | MRI          |                      |                                   |                      |
|                 | CT           |                      |                                   |                      |
|                 | USG          |                      |                                   |                      |
|                 | Plain X-rays |                      |                                   |                      |
|                 | Any other    |                      |                                   |                      |
| Pathology       | Hematology   |                      |                                   |                      |
|                 | Others       |                      |                                   |                      |
| Biochemistry    |              |                      |                                   |                      |

Signature of Dean

Signature of Assessor

8. Year-wise available clinical material of the department of Palliative Medicine (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. Total number of patients for consultation-liaison in wards                            |        |        |        |
| 4. Total number of patients assessed in Emergency Department                             |        |        |        |
| 5. Home care visits  |        |        |        |
| 6. Number of patients in specialized clinics (Paediatric Palliative Care, others if any) |        |        |        |
| 7. Referrals to hospice  |        |        |        |
| 8. Number of nursing interventions and procedures  |        |        |        |

**Note:** (Past year)  
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 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

15. Library:

| Particulars                            | Central | Departmental |
|--|---------|--------------|
| Number of Books pertaining to 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                 |

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

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

19. Accommodation for staff: Available / Not available

20. Hostel accommodation:

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

Signature of Dean

Signature of Assessor

21. Total number of PG seats

|        | Recognized seats | Date of recognition | Permitted seats | Date of permission |
|--------|------------------|---------------------|-----------------|--------------------|
| Degree |                  |                     |                 |                    |

22. 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 |
|------|------------------------|---|
|      |                        |   |
|      |                        |   |
|      |                        |   |
|      |                        |   |
|      |                        |   |

23. Other PG courses run by the Institution

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

24. Are there Medical Super Specialty departments 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 General Medicine.

25. 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.

Signature of Dean

Signature of Assessor

26. 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           |        |                          |          |

27. 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



28. 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)<br>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 Palliative Medicine: \_\_\_\_\_  
c) Purchase of latest editions of books in last 3 years: Total: \_\_\_ Palliative Medicine books: \_\_\_ .  
d) Journals:

|         | Total number | Palliative 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 Palliative 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                            |                            |

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 (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 Medicine. (past year).

| In the entire hospital |  | In the department of Palliative 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)

14. Recreational facilities: Available / Not available

Signature of Dean

Signature of Assessor

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: PALLIATIVE MEDICINE
2. Particulars of HOD

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

| PG Degree                         | Subject | Year | Institution | University |
|-----------------------------------|---------|------|-------------|------------|
| Recognized (or)<br>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 |   |
|      |                             |         |   |
|      |                             |         |   |
|      |                             |         |   |
|      |                             |         |   |
|      |                             |         |   |

9. Departmental General facilities:

|                          |                  |           |
|--------------------------|------------------|-----------|
| Total number of Beds:    |                  |           |
| Total number of Units:   |                  |           |
| Unit wise staff details: | Teaching faculty | Residents |
|                          |                  |           |
|                          |                  |           |
|                          |                  |           |
|                          |                  |           |
|                          |                  |           |
|                          |                  |           |

10. Unit wise Teaching and Resident Staff: UNIT:\_\_\_\_\_ Bed Strength: \_\_\_\_\_

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

11. 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 |
|--------------------|---------|-------------|
|                    |         |             |
|                    |         |             |
|                    |         |             |
|                    |         |             |
|                    |         |             |
|                    |         |             |
|                    |         |             |

12. 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           |        |                          |          |

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

| Sl. No. | Name | Designation |
|---------|------|-------------|
|         |      |             |
|         |      |             |
|         |      |             |
|         |      |             |
|         |      |             |
|         |      |             |
|         |      |             |

Available Clinical Material of the department of Palliative Medicine. –

| Parameter                                     | Day of Assessment | Avg. of 3 random days |
|---|-------------------|-----------------------|
| Daily OPD attendance                          |                   |                       |
| Daily admissions through OPD                  |                   |                       |
| Daily admissions through Emergency / casualty |                   |                       |
| Total daily admissions                        |                   |                       |
| Bed occupancy in the Department               |                   |                       |
| Number of Deaths                              |                   |                       |

Signature of Dean

Signature of Assessor

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

| Particulars   | Year 1 | Year 2 | Year 3 |
|---|--------|--------|--------|
| Number of patients in OPD   |        |        |        |
| Number of patients admitted (IPD)   |        |        |        |
| Total number of patients for consultation-liaison in wards                            |        |        |        |
| Total number of patients assessed in Emergency Department                             |        |        |        |
| Home care visits  |        |        |        |
| Number of patients in specialized clinics (Paediatric Palliative Care, others if any) |        |        |        |
| Referrals to hospice  |        |        |        |
| Number of nursing interventions and procedures  |        |        |        |

(Past year)

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

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

| Name of the Clinic           | Weekday/s | Timings | Number of cases (Avg) | Name of Clinic In-charge |
|------------------------------|-----------|---------|-----------------------|--------------------------|
| 1) Pediatric Palliative care |           |         |                       |                          |
| 2) Any other clinic          |           |         |                       |                          |

19. Services provided by the department of Palliative Medicine:

| Service / facility                           | Yes / No – Remarks if any Not applicable in Palliative Medicine |
|--|---|
| Emergency department consultations           |   |
| Respite palliative care facility             |   |
| Home based care                              |   |
| Telephone helplines (outside hospital hours) |   |
| Telemedicine services                        |   |
| Support group interventions                  |   |
| Other special facilities                     |   |

(NOTE: These facilities are an integral part of Medicine Department and should be available in the department even if independent Super Specialty departments exist in the institution)

20. Departmental Library:

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

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21. Departmental Research Lab.

|  |                |
|--|----------------|
| Space                                    |                |
| Equipment                                |                |
| Research projects utilizing Research lab | 1.<br>2.<br>3. |

22. Departmental Museum (Wherever applicable).

|                             |  |
|-----------------------------|--|
| Space                       |  |
| Number of specimens         |  |
| Number of charts / diagrams |  |

23. Space

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

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

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25. Details of data being submitted to Govt. / National authorities, if any:
26. 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. Oxygen concentrator/oxygen source |  |
| 2. CADD pump                         |  |
| 3. Syringe pumps                     |  |
| 4. Ophthalmoscope                    |  |
| 5. Otoscope                          |  |
| 6. Air beds                          |  |
| 7. Water beds                        |  |
| 8. Nebulizers                        |  |
| 9. Crash cart                        |  |
| 10. Other routine use equipment      |  |

27. Periodic Evaluation methods:  
(List in the space below)
28. 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 |

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

29. Any other information.

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**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 1<sup>st</sup>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.

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**Signature of Assessor**