

STANDARD ASSESSMENT FORM FOR PG COURSES

SUBJECT - PHARMACOLOGY

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
(PHARMACOLOGY)

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/ 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. 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).

8. 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) | |

9. Specialized services provided by the department: Adequate / not adequate
10. Specialized equipment available in the department: Adequate / Inadequate
11. Space (Offices, Teaching areas) Adequate / Inadequate
12. Library:

| Particulars | Central | Departmental |
|--|---------|--------------|
| Number of Books pertaining to Pharmacology | | |
| Number of Journals | | |
| Latest journals available up to | | |

13. Emergency/Casualty: Number of Beds: _ _ _Available equipment: _ _ _ Adequate / Inadequate
- Signature of DeanSignature of Assessor

14. Common facilities:
1. Central supply of Oxygen / Suction:

2. Central Sterile Supply Department

3. Laundry services:

4. Dietary services

5. Bio-Medical Waste disposal

6. Generator facility

7. Medical Record Section:

8. ICDX classification

Available / Not available

Adequate / Not adequate

Available/Not available

Available/Not available

Outsourced / any other method

Available / Not available

Computerized / Non computerized

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 | | | | |

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 | Numbers and Names of PG Teachers available |
|------|------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

19. Other PG courses run by the Institution

| Course Name | No. of seats | Department/s |
|-------------|--------------|--------------|
| 1. DNB | | |
| 2. M.Sc. | | |
| 3. Others | | |

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

| Year | Stipend in Govt. colleges paid by State Govt. | Stipend paid by Institution* |
|----------------------|---|------------------------------|
| 1 st Year | | |
| 2 nd Year | | |
| 3 rd Year | | |

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

Signature of Dean

Signature of Assessor

21. List of Departmental Faculty 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 | | | |

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 | | Grand Total | | |

2. Central Library

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

| | Total number | Pharmacology |
|---------|--------------|--------------|
| Indian | | |
| Foreign | | |

- e) Year / Month up to which latest Indian Journals available: _____.
f) Year / Month up to which latest Foreign Journals available: _____.
g) Internet / PubMed: 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 Pharmacology 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).

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

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: PHARMACOLOGY
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 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. Departmental General facilities:
Total number of Laboratories in the department:

| Nomenclature | Clinical Pharma | Pharmacy | Expt. Pharma | Research lab | Seminar Room | Demo rooms | Any other lab |
|-----------------|-----------------|----------|--------------|--------------|--------------|------------|---------------|
| Size (Area) | | | | | | | |
| Capacity | | | | | | | |
| Water Supply | | | | | | | |
| Sinks | | | | | | | |
| Electric points | | | | | | | |
| Cupboards* | | | | | | | |
| Equipment List | | | | | | | |

* For storage of Microscopes, slides etc.

10. Pharmacovigilance committee constituted: Yes / No.
If yes, number of meeting held in the past 3 years: _____
Minutes of the meetings verified by the assessor: Yes / No.

Signature of Dean
Signature of Assessor

11. Teaching and Resident Staff:

| No. | Designation | Name with 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. Services provided by the department

- Special diagnostic service being provided by the department.

16. Departmental Library:

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

17. Departmental Research Lab.

| | |
|--|--|
| Space | |
| Equipment | |
| Research projects utilizing Research lab | |

18. Departmental Museum (Wherever applicable).

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

19. Office Space / Accommodation:

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

Signature of Dean

Signature of Assessor

| | |
|---------------------|-----------------------|
| Assistant Professor | Yes / No / Inadequate |
|---------------------|-----------------------|

| | |
|-----------|-----------------------|
| Residents | Yes / No / Inadequate |
|-----------|-----------------------|

20. Seminar room:

21. Demonstration room:

22. 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 | Available / Not Available | Functional status |
|---|---------------------------|-------------------|
| 1. Analgesiometer | | |
| 2. Mammalian Heart perfusion assembly | | |
| 3. Physiograph | | |
| 4. Cook’s pole climbing apparatus/alternative | | |
| 5. Digital pH meter | | |
| 6. Electro convulsometer | | |
| 7. Flame photometer | | |
| 8. Photoactometer | | |
| 9. Rota rod | | |
| 10. Plethysmograph | | |
| 11. Any other equipment | | |

*Equipment needed for UG teaching compulsory

20. Facilities for Practicals/Research.

- Facilities for theory and practical classes for UG students as per NMC recommendations:

Yes / No
- Facilities to carry out additional classes and practical at PG level.

Yes /No
- Laboratories and other facilities for conducting research.

Yes /No

23. Animal House:

- a. CPCSEA Guideline followed:

Yes /No
- b. Animal Ethics Committee constituted:

Yes /No
- c. Technology used to reduce animal experiments:

Yes /No

24. 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 |

Signature of Dean

Signature of Assessor

| | |
|---|--------------------------------------|
| 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) Case presentations / 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 |

25. Any other information.

Signature of Dean

Signature of Assessor

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 1stbatch 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 examinersare not available inthe department.

Signature of Dean

Signature of Assessor