

MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

“A”

General Information pertaining to :-

1. College and Teaching Hospital
2. Courses of Study leading to :-
M.B.B.S. Examinations

Name of Institution :

Place and Address :

Principal/Dean

Tel. No. Off. **Res.** **Fax**

email :

Name of Affiliating University :

Date :

Signature of Dean/Principal

This form shall be precisely filled in by the Institution and handed over by the Dean/Principal, duly verified and signed to the conveyer of the team of Inspectors, who shall then examine the entries and send it with his observations to the Secretary, Medical Council of India. As far as possible, all information should be contained in the form and separate enclosures avoided. The entries should be as required under the MCI regulations and norms. In case the college does not have the prescribed documents with them the same may be obtained from the MCI office by making necessary payment.

GENERAL INFORMATION

- a) (i) Year of Foundation
- (ii) Year of Permission by MCI
 (In respect of new medical college please attach Letter of Intent,
 Letter of Permission and Yearly approval by Central
 Government/MCI).
- b) Management – (Govt./Semi-Govt./Univ./Local Body/Private
 Trust/Society)
- c) (i) Annual Admission
- (ii) In case of renewal of permission of the medical college permitted
 u/s 10A of the Indian Medical Council Act, please give a list
 containing the names of students, category wise, admitted during
 the preceding academic year.
- d) Year to year increase (if any).....
 (Year and number of students admission permitted by MCI to be
 specified and copies of the MCI approval to be attached)
- e) Year of recognition by MCI :
 - (i) Undergraduate :
 - (ii) Postgraduate : Last inspection with date

Sl. No.	Course	Degree/Diploma Permitted by MCI	Degree/Diploma recognised by MCI	Degree/Diploma not permitted/not recognised by MCI
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(iii) Qualification not yet recognised :

Annual Budget

(a) Pay and Allowances

(Pay scales and allowances of various categories of staff i.e. teaching, technical & administrative Staff) –(Please attach separate sheet).

- (b) Contingency : (i) recurring :
(ii) Non-recurring :

Administrative set up for looking after :

- (a) Admission :-
(Please attach a copy of the current prospectus of the college/university/Govt.)

- b) Particulars of Dean/Principal :

Full Name	Qualifications with college, University and year	Teaching Experience Designation & duration as Dean/ Principal Professor Reader/Assoc. Professor Lecturer/Asst. Professor Tutor/Demons.	Administrative Experience Designation & duration	Part/Full time	Scale of Pay
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- (c) Accommodation : -

- (i) Principal/Dean's office size :
(ii) Staff room size :
(iii) College Council room size :
(iv) Office Superintendent room –size :
(v) Office Space Size :
(vi) Intercom & Public address system in the college : Present/Absent

(vii) Record room size :

COURSES OF STUDY

(a) Pre-requisites for admission :.....

(b) Method of selection :.....

(i) Strictly on the basis of performance at the qualifying public examination.

or

(ii) Competitive entrance examination.

(iii) Minimum percentage of marks for admission to MBBS course.

(i) Open Merit :

(ii) Reserved categories :

(c) (i) No. of actual working days :

College

Hospital

(ii) Daily working hours :

(b) year of introduction of the new curriculum (of 1997)

GROUPING OF SUBJECTS FOR EXAMINATION :

(if it differs from Council recommendations, bring that out clearly)

Number of Subjects	Duration of Study
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First M.B.B.S.

Second M.B.B.S.

Final M.B.B.S.

Part – I

Part - II

Practical **Theory** **Total**

Attendance (Minimum
Attendance percentage for
appearing at the Univ.
examination :-

Percentage of marks for Internal Assessment included in the total marks of
Univ. examination.

COLLEGE COUNCIL

(a) Composition :

(b) Functions :

(c) No. of Sessions per year :

BUILDING

(A) Layout & floor area

(i) Year & Cost of construction :

(ii) Cost of Equipment and Furniture :

(B) Location of Departments :

(a) Pre-clinical

(b) Para-clinical

(c) Clinical

(d) No. of Lecture theatres **College** **Hospital**

Number :

Type :

Gallery :

Level :

Seating Capacity :

(e) Type of Audiovisual aids :
(each lecture theatre)

(f) Auditorium :
(Accommodation)

(g) Examination Hall :
(Sitting Capacity)

(h) Common room for - Size
(a) Boys
(b) Girls

Facilities of attached toilets :-

Present or not

- (i) Central Laboratories :
- (1) Staff :
- (2) Equipment :
- (3) Management of Central & Experimental Laboratories

ANIMAL HOUSE

Accommodation :

No. of rooms with size :

STAFF :

- 1. Veterinary Officer :
- 2. Animal Attendants :
- 1. Technician for Animal Operation Room :
- 4. Sweepers :

SECTIONS :

- 1. No. of animals kept and bred :
- 2. Facilities for experimental work :

CENTRAL LIBRARY

- (a) Layout and floor area :
- (b) Reading Rooms :
- (i) No.:-
- (a) for U.G. :
- (b) for P.G. :
- (c) for Staff :
- (ii) In each accommodation :
- (c) Working hours :
- (d) No. of shifts :
- (e) No. of Books :
- (i) Text :
- (ii) Reference :
- (f) No. of Journals
- Subscribed annually :
- (i) Indian (ii) Foreign
- (g) No. of Journals actually
- received annually :
- (i) Indian (ii) Foreign
- (h) No. of Journals with back Numbers :
- (i) Indian : (ii) Foreign
- (i) No. of books purchased
- during the last 3 years :

Ist Year

IInd Year

IIIrd Year

(J) Staff with qualifications :

<u>Categories</u>	<u>Names</u>	<u>Qualifications</u>
<ul style="list-style-type: none">• Librarian• Dy. Librarian• Documentalist• Cataloguer• Library Assistants• Daftaries• Peons• Any other		

(K) System of Cataloguing

(L) Details of facilities available like Medlar, Internet, T.V., V.C.R., Xerox & Microfilm reading.

Whether these areas are air-conditioned? :

(m) MEDICAL EDUCATION UNIT :

Number

(a) Staff :

- Hon. Director/Coordinator
- Hon. Faculty
- Supportive Staff
- Stenographer
- Computer Operator
- Technicians in Audio-Visuals aids, Photographer & Artist.

(b) Equipment available

(c) Teaching & training material available

(d) No. of training courses conducted by Medical Education Unit

(i) Categories of personnel trained

(ii) Number trained in each category

(n) STATISTICAL UNIT :

Yes No.

Composition :

	<u>DESIGNATION</u>	<u>No</u>
1)	Staff :	
2)	Equipment	
3)	Scope of work	

(o) CENTRAL PHOTOGRAPHIC CUM AUDIO-VISUAL UNIT :

(a) Staff : No.

- Photographer
- Artist
- Modeler
- Dark Room Assistant
- Audio-Visual Technician
- Store Keeper Clerk
- Attenders

(b) Equipment
(in each section)

(c) Type of Control – Central/Department

(p) HEALTH CENTRES - RURAL/URBAN

R.H.C./P.H.C.

**URBAN
HEALTH
CENTRE**

I II III

(a) Name of the center :

(b) Location of each center :

(c) Population covered by each center :

(d) Distance from college :

(e) Transport facilities for :

1. (i) Students + Interns :

(ii) Staff :

(iii) Supportive Staff :

2. (i) Number of Vehicles :

(ii) Capacity of each Vehicle :

3. Control of Vehicles :-

Departmental :

Central :

(f) Staff of the Centers :

(g) Hostel facilities at the Rural Health Centers :

(h) Messing facilities available or not.

(i) Working arrangement/type of control of Health Centres :

(i) Total (Admn. & Financial) control with the college

(ii) Partial (only for training) control

WORKSHOP FOR EQUIPMENT & INSTRUMENT REPAIR

(a) **Staff** **No.**

- Supdt
- Sr. Technician

- Jr. Technician

- Carpenter
- Black smith
- Attendants

(b) Facilities for work

HOSTELS

(a) Layout :

(b) Distance from the college & Hospital :

(c) Total No. of rooms & seats :

		<u>Rooms</u>	<u>Seats</u>
Undergraduate	(i)	Boys	
	(ii)	Girls	
Postgraduate	(i)	Boys	
	(ii)	Girls	
No. of students on the roll			:
Percentage of Students accommodated			:
(d) Supervisory arrangement			:
(e) Messing & canteen arrangement			:
(Dining hall should have accommodation for 25% of the occupants at a given time).			

- (f) Availability of visitors room, reading room TV room and indoor games

RESIDENTIAL QUARTERS :

- (a) Categories :
- (b) Number :
- (c) Percentage of Staff accommodated in each category :

SPORTS AND RECREATION FACILITIES :

- (a) Playgrounds and games played :
- (b) Gymnasium facilities and arrangement :
- (c) Management :

Sports Officer/Physical instructor

N.C.C.

(a) Compulsory/Optional :

(b) Duration of Training :

(c) Training set up :

(d) Type of certificates :

TEACHING HOSPITAL (MAIN & SUBSIDIARY)

(a) Type of Management - Govt./Autonomous/Local body/Private

Trust/Society

- (b) Owner of the Hospital -
- (c) Hospital is in possession of -
- (d) Administrative set up -

(i) Particulars of Hospital/Hospitals :

.....

Name of Hospital	No. of teaching Beds	No. of special wards Beds/paid Beds.	Name & Qualification of Medical Superintendent	Full time/Part time		Tel. No. O. / R.	Fax No.
				Teaching	Non-teaching		

.....

-
- (ii) Medical Superintendent's Office - Size
 - (iii) Principal/Dean's Office in the Hospital - Size
 - (iv) Hospital Office space - Size
 - (v) Nursing Superintendent's Office - Size
 - (vi) Waiting space for visitors - Size
 - (vii) Enquiry/office - Size
 - (viii) Reception area - Size

 - (ix) Store rooms - No. & Size
 - (x) Central Medical Record Section - Size

- (x) Linen rooms – No. & Size
- (xi) Hospital & Staff Committee Room – Size

(e) **Indoor Facilities (in each ward)**

- Is there
- (i) Nurses duty room available with each ward?
 - (ii) Examination & Treatment Room
 - (iii) Ward Pantry
 - (iv) Store Room for linen & equipment
 - (v) Resident doctor’s duty room
 - (vi) Student’s duty room

DISTRIBUTION OF BEDS

(a)	Medicine & allied Specialties	No. of teaching Beds	No. of units	Average bed occupancy/day (percentage of Teaching beds)
(i)	Gen. Medicine			
(ii)	Paediatrics			
(iii)	Tuberculosis & Respiratory Diseases			
(iv)	Dermatology, Venereology & Leprosy			
(v)	Psychiatry			
	Total			
(b)	Surgery & allied Specialities	No. of teaching Beds	No. of units	Average bed occupancy/day (percentage of Teaching beds)
(i)	Gen. Surgery including Pediatric Surgery			
(ii)	Orthopedics			
(iii)	Ophthalmology			
(iv)	Oto-rhino-laryngology			

REGISTRATION, MEDICAL RECORDS & STATISTICS DEPARTMENT

- (a) Central and/or Departments :

 - (i) For in-patients :
 - (ii) For O.P.D. :

- (b) Staff :

 - Medical Record Officer :
 - Statistician :
 - Coding Clerk :
 - Record Clerk :
 - Daftry :
 - Peons :
 - Stenographer :

- (c) System of Indexing :

 - Computerized :
 - Manual :

- (d) Follow up service :

CENTRAL CASUALTY SERVICES

- (a) Whether working : Yes No
- (b) Accommodation for staff on duty :-
 - (a) Doctors
 - (b) Nurses
 - (c) Students
 - (d) Other paramedical staff
- (c) No. of emergency beds in casualty

- (d) Working arrangement of casualty services
- (i) No. of casualty medical officers
 - (ii) Consultants services
 - (iii) Nature of services
 - (iv) Average daily attendance of patients
- (e) Resuscitation services facilities :-
- (i) Oxygen supply
 - (ii) Ventilation
 - (iii) Defibrillator
 - (v) Fully equipped disaster trolleys
- (f) Facilities provided :-
- (i) X-ray
 - (ii) Operation theatre
 - (iii) Laboratory facilities
- (g) Ambulance service **Yes/No** **Number**
- (h) Whether facilities for medico-legal examination exist or not?
If yes, whether separate staff is posted or not.
- (i) Posting of interns in casualty - Yes or No

If yes, No. of days

CLINICAL LABORATORIES

	<u>No.</u>	<u>Speciality</u>			
(a)	Central				
(b)	Departmental				
(c)	Ward side Laboratory				
(a)	Total no. of investigations (Average daily)	Bio Chemistry	Clinical Pathology	Micro Biology	Any other

(i)	O.P.D.				
(ii)	In-patients				

- (b) Staff & Supervision in each Laboratory
- (i) Teaching Staff Number :
 - (ii) Non-teaching Staff Number :
- (c) Equipment in each laboratory

OPERATION THEATRE UNIT

- (1) Operation theatres -

(c) Post-anesthetic care :

Pre-operative ward (no. of beds) :

Post-operative ward (no. of beds) :

Resuscitation facilities and special equipment :

If any super specialty exists :
Give details

<u>Intensive Care Area</u>	<u>No. of Beds</u>	<u>Specialized equipment's in each</u>
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ICU/ICCU

I.C.U. of Burn Unit

Surgical intensive care area

	<u>No. of Beds</u>	<u>Specialised equipments in each</u>
Paediatrics Intensive Care area		

ICU for others like Respiratory Diseases etc.

Labour Room

Clean with number of beds :

Septic with number of beds :

RADIOLOGICAL FACILITIES

(a) Radio Diagnosis

No. of rooms & their Size :

Machine

Strength

Fixed

Mobile

(b) Workload per day

Nos. per day

- i. Screening
- ii. Radiographics
- iii. Special Radiographs
(for example, Barium and Dye studies)
- iv. Ultrasonographs
- v. C.T. Scans
- vi. Any other like mammographs etc

(c) **Protective Measures**

Adequate per BARC specification

Inadequate

PHARMACY

- Organization set up (a) Supervised by whom
- Staff :
- (b) Qualification of pharmacist Incharge :
- (c) No. of other staff
- (d) No. of prescription dispensed a day
- (i) Wards
- (ii) O.P.D.

CENTRAL STERILISATION SERVICES DEPARTMENT :

- (a) Exclusive or with substerilisation centres also :
- (b) Equipment scope and inservice arrangement :
- (c) volume of work/day :
- (d) Arrangement for sterilisation of mattresses & blankets :

- (d) Staff available in CSSD :

- Matron

- Staff Nurses
- Technical Assistants
- Technicians
- Ward boys
- Sweepers

CENTRAL LAUNDRY :

- (a) Equipment :
- (i) Mechanised - Bulk washing machine, Hydroextractor, Flat & Rolley Steam Press.
- (ii) Manual
- (b) Volume of work/day :
- (c) Staff available :
- Supervisor :
- Dhobi/Washermen/Women :
- Packers :

KITCHEN

- (a) Type : (i) Electrical :
- (ii) L.P.G.
- (iii) Coal/Wood
- (b) Nature of food supplied :
- (c) Daily No. of meals :

- (d) Percentage of patients provided with free diet :
- (e) Per capita expenses/day :

CANTEEN

- (a) Type of catering :
- (b) Whether subsidised ?
- (c) For staff only or for others also :

INCINERATOR

- (a) No. :
- (b) Capacity :
- (c) Type :

PARA MEDICAL/OTHER SERVICES STAFF IN THE WHOLE HOSPITAL

	<u>No. of posts sanctioned</u>	<u>No. in position</u>
• Nursing Superintendent		
• Dy. Nursing Supdt.		
• Matron		
• Asstt. Nursing Supdt.		
• Nursing sisters		
• Staff Nurses		
• Lab. Technicians		
• Lab Assistants		
• Lab Attendants		
• Ward boys		

- Ward Attendant
- Safaiwala/Sweepers
- Any other Category

QUARTERS

Categories	(a)	Residents : Sanctioned No.	No. provided with quarters
	(b)	House Staff : Sanctioned No.	No. provided with quarters

Nursing Staff	(i)	Sisters : Sanctioned No.	No. provided with quarters
	(ii)	Staff Nurses : Sanctioned No.	No. provided with quarters
	(iii)	Pupil Nurses : Sanctioned No.	No. of provided with quarters

Other Categories Staff

Percentage of staff provided with quarters

.....	Teaching
.....	Non-teaching

INTERCOM AND PUBLIC ADDRESS SYSTEM IN THE HOSPITAL CAMPUS

Present/ Absent

Result of examination – given number and percentage of passes during proceeding years

YEAR				YEAR				YEAR			
REGULAR		SUPPLEMENTARY		REGULAR		SUPPLEMENTARY		REGULAR		SUPPLEMENTARY	
NO.	%AGE	NO.	%AGE	NO.	%AGE	NO.	%AGE	NO.	%AGE	NO.	%AGE

- (a) First Professional :
- (b) Second Professional :
- (c) Final Professional :
- (a) Part I
- (b) Part II

PARTICULARS OF PRE-REGISTRATION INTERNSHIP :

- (a) Period in each Department/discipline :
- (b) Period of posting in a Rural Health Centre/Primary Health Centre/Urban Health Centre
- (c) Method of assessment (Please attach a copy of the log book/assessment sheet)
- (d) Whether MBBS degree is conferred only after successful completion of 12 months compulsory rotating internship.

OTHER INFORMATION :

1. Yearly research publications by the teaching staff :

Ist Year IInd Year IIIrd Year

National journals (No.) _____
 International journals (No.) _____
 (during the last 3 years)

Ist Year IInd Year IIIrd Year

2. National Seminars/Conferences conducted by the Institution in the last 3 years
3. National Awards/recognition received by the college Faculty :
4. Any associated Institutions/Training courses : Yes No.

5. If yes, No. of Admissions/Yrs.
- (i) Dental
 - (ii) Nursing
 - (iii) Pharmacy
 - (iv) Physiotherapy
 - (v) Lab Technician
 - (vi) Any other

For the medical colleges which are running other courses as mentioned above besides the undergraduate courses leading to MBBS, they will be required to have extra staff, space, laboratories and equipments as per the norms laid down by the bodies governing such courses.

- | | | | | | | | | | | | | | |
|---|--|--------------------------|--|--|-------|--|--|---------|----------|-----------|-------------|-------------|-------------|
| 6. Total No. of PG students
Admitted yearwise (in previous
3 years) (please attach separate
statement) | <table border="0"> <tr> <td colspan="3" style="text-align: right;">No. of students admitted</td> </tr> <tr> <td colspan="3" style="text-align: center;">-----</td> </tr> <tr> <td style="text-align: center;">Ist Yr.</td> <td style="text-align: center;">IInd Yr.</td> <td style="text-align: center;">IIIrd Yr.</td> </tr> <tr> <td style="text-align: center;">Dip./Degree</td> <td style="text-align: center;">Dip./Degree</td> <td style="text-align: center;">Dip./Degree</td> </tr> </table> | No. of students admitted | | | ----- | | | Ist Yr. | IInd Yr. | IIIrd Yr. | Dip./Degree | Dip./Degree | Dip./Degree |
| No. of students admitted | | | | | | | | | | | | | |
| ----- | | | | | | | | | | | | | |
| Ist Yr. | IInd Yr. | IIIrd Yr. | | | | | | | | | | | |
| Dip./Degree | Dip./Degree | Dip./Degree | | | | | | | | | | | |

Subjects

- (i)
- (ii)
- (iii)
- (iv)

Date of Inspection

Signature of
Dean/Principal

OBSERVATIONS OF THE INSPECTORS/VISITORS

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

ANATOMY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /To what extent remedied
Visitation

Observations of the assessors are to be made in assessment report only.

A. **Teaching Staff** : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Anatomy

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate/ Professor/ Reader													
Asst. Prof. /Lecturer													
Demonstrator /Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
Professor	Institution	From	To	Total	Institution	From	To	Total		
Associate/Professor/Reader										
Asst. Prof./Lecturer										
Demonstrator/Tutor										
Any other Category										

B. List of non-teaching staff :

Name(s) of staff members

- a. Technical Assistant
- b. Technicians
- c. Modellers
- d. Dissection Hall Attendants
- e. Steno typist
- f. Store Keeper – cum – clerk
- g. Sweepers
- h. Any other category

C. Give the various sub-section in the Department, if any, like Gross Anatomy, Neuro-Anatomy, Embrology and Histology.

- Is the teaching staff rotated in these sections and if so up to what level

D. BUILDINGS :

(j) Demonstration Room :

- a) Number
- b) Accommodation (of each demonstration room)
 - i) Size
 - ii) Capacity
- c) Audio-visual equipment available.

ii) Departmental Library-cum-Seminar Room :

- a) Is there a separate departmental library?

- b) Accommodation
 - i) Size :
 - ii) Capacity :
- c) Number of books in Anatomy and allied subjects :
- d) List of Journals :

(iii) Practical Laboratories :

A) Dissection Hall :

a) Accommodation :

i) Size :

ii) Capacity :

B) Number and arrangement of tables

i) Big :

ii) Small :

C) Hygiene and Drainage facilities for Disposal of Discarded parts. Is there a burial ground ?

- a) Washing arrangement :
- b) No. of wash basins provided :
- c) No. of lockers provided for students :
- d) Light and exhaust arrangements :
- e) Special Instruments other than routine Dissection sets, such as Electric saw etc. :
- f) Extra Learning Aids provided in the Dissection Hall :
(Skeleton, Charts, Black Board etc.)
- g) Cadaver Preservation Facilities :
 - i) Embalming room
 - Size
 - Location
 - ii) Storage Tanks
 - Number
 - Size
 - iii) Cold room/cooling cabinets
 - Size
 - Capacity
 - iv) No. of Cadavers available
 - v) No. of students allotted per cadaver

B) Histology Laboratory

- a) Accommodation
 - Size
 - Capacity

C) Working arrangement

- Seats available
- Cupboard for storage of microscope slides etc.
- Number of Microscopes with 1/3, 1/6, & 1/12 objectives

D) Number of students to each Microscope

E) Preparation room

- Size
- Location

F) Whether Laboratory Manuals kept by students?

- Yes
- No

G) Close circuit TV/Demonstration Microscope/any other teaching aids :

IV) Research Laboratory

- a) Size
- b) Equipment
- c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy?

If so how many per year during the last three years?

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom?

(a statement may be furnished)

f) Do Undergraduate students in any way participate in them ?

V) **Museum** :

a) Size :

b) How are the specimens arranged? :

c) Give Number of each :

(d) Coverage of various fields in Anatomy by Specimens

e) No. of catalogues of the specimens available to the students.

- f) Specimens in Embryology, Neuro-Anatomy, Histology, Gross Anatomy :
- g) Display of Microscopic sections of normal developing tissues – system wise.
- h) Are the microscopic sections of the specimens available for study to the students.
- i) Number of Microscope & X-ray view Boxes available to students in the Museum.
- j) List of exhibits other than the specimens and their arrangement.
- k) Radiological & specialized imaging exhibits:
- Number
 - Type
- l) Charts, Skeletons etc.

m) Seating arrangement for students

- Number
- Type

n) Preparation and storage rooms

o) Attached rooms

(VI) OFFICE ACCOMMODATION

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Tutors/Demonstrators :

e) Non-teaching and clerical staff:

E) **TEACHING PROGRAMME** :

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors).
Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Didaetic Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year
Number of students attending each
- 5) Practical
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?
If yes, details thereof :
- 8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

PHYSIOLOGY INCLUDING BIO-PHYSICS

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the Head of the
Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection / Visitation	To what extent remedied
--	-------------------------

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Physiology including Bio-physics

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate/Professor/Reader													
Asst. Prof./Lecturer													
Demonstrator/Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
Professor	Institution	From	To	Total	Institution	From	To	Total		
Associate/Professor/Reader										
Asst.Prof./Lecturer										
Demonstrator/Tutor										
Any other Category										

B. List of non-teaching staff :

Name (s) of staff members

- a. Technical Assistant
- b. Technicians
- c. Store Keeper-cum-Clerk
- d. Laboratory Attendance
- e. Steno-typist
- f. Sweepers
- g. Any other category

C. Buildings :

- (i) **Demonstration Room :**
 - a. Number

b) Accommodation of each demonstration room :

Size

Capacity

c) Audio-Visual equipment available :

(ii) **Practical Laboratories :**

**Amphibian
Laboratory**

**Mammalian
Laboratory**

**Hematology
Laboratory**

**Clinical
Physiology
Laboratory**

- a) Accommodation
- Size
 - Capacity
- b) Working arrangement
- Seats available
 - Water supply
 - Sinks
 - Electrical Points
 - Cupboard for storage of microscopes slides etc
- c) Main Equipment available
- d) Number of Microscopes

e) No. of students to each microscope

f) Preparation room :

- Size
- Location

g) Whether Laboratory Manuals kept by students?

- Yes
- No

(h) Close circuit TV/demonstration Microscope/any other teaching aids.

III) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM :

- a. Is there a separate departmental library?
- b) Accommodation
 - Size
 - Capacity
- c) Number of Books in Physiology including Biophysics :
- d) List of Journals :

IV) RESEARCH LABORATORY :

- a) Size
- b) Equipment
- c) Are there any students taken for M.D. or Ph.D. in Physiology Including Bio-physics?

If so, how many per year during the last three years.

- 1) Diploma
- 2) Degree

- d) List of publications by the members of the staff during the last 3 years ?

- e) Current problems on which research work is going on and by whom?
(a statement may be furnished)

- f) Do Undergraduate students in any way participate in them?

V) OFFICE ACCOMMODATION

- a) Professor and HOD :

- b) Associate Professors/Readers :

- c) Asst. Professors/Lecturers :

- d) Tutors/Demonstrators :

- e) Non-teaching and clerical staff:

D. TEACHING PROGRAMME :

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

E. METHODOLOGY

(for duration of the entire course)

Number

- 1) Didaetic Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
(Number of students attending each)
- 5) Practicals
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?
If yes,
- 8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

BIOCHEMISTRY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Biochemistry

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate/Professor/Reader													
Asst. prof./Lecturer													
Demonstrator/Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
Professor	Institution	From	To	Total	Institution	From	To	Total		
Associate/Professor/Reader										
Asst. prof./Lecturer										
Demonstrator/Tutor										
Any other Category										

B. LIST OF NON-TEACHING STAFF :

Name (s) of staff members

- a. Technical Assistant
- b. Technicians
- c. Store Keeper-cum-Clerk
- d. Laboratory Attendance
- e. Sweepers
- f. Any other category

C. BUILDINGS :

(i) **Demonstration Room :**

- a) Number
- b) Accommodation
 - Size
 - Capacity

c) Audio-Visual equipment available :

II) PRACTICAL CLASS ROOM/LABORATORIES :

a) Accommodation

- Size
- Capacity

b) Working arrangement

- Seats available
- Water supply
- Sinks
- Electric points
- Cupboard for storage of microscopes

c) Preparation room

- Size
- Capacity

d) Whether laboratory manual kept by students?

- Yes
- No

e) Close circuit T.V./Any other teaching aids.

III) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM :

a) Is there a separate departmental library?

b) Accommodation

- Size
- Capacity

c) Number of Books in Biochemistry and allied subjects.

d) List of Journals

(IV) RESEARCH LABORATORIES

a) Size

b) Equipment

c) Are there any students taken for M.D. or M.Sc. or Ph.D. in Biochemistry?

If so how many per year during the last three years.

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years.

e) Current problems in which research work is going on and by whom? (a statement may be furnished)

- f) Do Undergraduate students in any way participate in them?

(V) OFFICE ACCOMMODATION

- a) Professor and HOD :
- b) Associate Professors/Readers :
- c) Asst. Professors/Lecturers :
- d) Tutors/Demonstrators :
- e) Non-teaching and clerical staff:

D. TEACHING PROGRAMME :

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors).
Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. METHODOLOGY

(for duration of the entire course)

Number

- 1) Didactic Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
(Number of students attending each)

- 5) Practical
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?
If yes,
- 8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

E. SERVICE LABORATORY IN THE TEACHING HOSPITAL/COLLEGE :

- a) Is there separate biochemistry laboratory in the hospital?
 - Yes
 - No
- b) If yes, control and supervision
 - i) Whether departmental (college)
 - ii) Under Medical Superintendent (Hospital)
 - iii) If departmental, method of posting and rotation of medical & non-medical staff
- c) Size of the laboratory :
- d) Investigative equipment available (Attach list)
- e) Staff

	<u>Names</u>	<u>Qualifications</u>	<u>Designation</u>
1.	Medical		

Names

Qualifications

Designation

2. Non-Medical

f) Report giving details of work done during the last 1 year to be attached :

g) Are the students (UG/PG) posted in the hospital laboratory?

- Yes
- No

F. IS THERE ANY EMERGENCY HOSPITAL BIOCHEMISTRY SERVICE

If so give details of

- a) Staff employed
- b) Average no. of tests done during one month (in emergency laboratory)
- c) Is a record of these test maintained

Signature of Head of the Department

G. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

PATHOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Pathology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor/Sr. Res./Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instt.	From	To	Total	Instt	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident/Demonstrator/Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
	Institution	From	To	Total	Institution	From	To	Total		
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident/Demonstrator/Tutor										
Any other Category										

B. LIST OF NON-TEACHING STAFF :

Name (s) of staff members

- a. Artist
- b. Technical Assistant
- c. Technicians
- d. Laboratory Attendants
- e. Steno-typist
- f. Clerk
- g. Store Keeper
- h. Record Clerk
- i. Sweepers
- j. Any other category

- C.** Give the various sub-section in the department like Morbid Anatomy, Histopathology, Cytopathology, Clinical Pathology/Haematology and any other specialized section.

Is the teaching staff rotated in these sections?

If so, upto what level?

D. BUILDINGS :

(I) Demonstration Room :

- a) Number
- b) Accommodation
 - Size
 - Capacity
- c) Audio-Visual equipment available

(ii) PRACTICAL LABORATORIES :

**Morbid/
Anatomy**

**Histo-/
Pathology**

**Cyto-/
Pathology**

**Clinical/
Pathology**

Haematology

a) Accommodation

- Size
- Capacity

b) Working arrangement

- Seats available
- Water supply
- Sinks
- Electrical Points
- Cupboard for storage of microscopes slides etc

c) Main Equipment available

d) Number of Microscopes

e) No. of students to each microscope :

f) Preparation room :

- Size
- Location

g) Whether Laboratory Manuals kept by students?

- Yes
- No

h) Close circuit TV/demonstration Microscope/any other teaching aids.

iii) **Service Laboratory in the teaching hospital/college :**

Histopathology

Cytopathology

Haematology

**Any other
Specialized
Section like
immunology**

a) Are there separate service laboratories?

- Yes
- No

b) If yes, control and supervision :

i) Whether departmental (college)

- ii) Under Medical Superintendent (Hospital)
- iii) If departmental, method of posting and rotation of medical & non-medical staff :
- c) Size of laboratory
- d) Investigate equipment available (Attach list)

e) Staff	<u>Name(s)</u>	<u>Qualifications</u>	<u>Designation</u>
1. Medical			

Name(s)

Qualifications

Designation

2. Non medical

f) Report giving details of work done in each service laboratory separately during the last 1 year (to be attached).

g) Are the students (UG/PG) posted in the hospital laboratory.

- Yes
- No

(iv) Is there any emergency hospital Pathology service?

If so give details of –

- a) Staff employed
- b) Average no. of tests done during one month in emergency hospital pathology laboratory.
- c) Is a record of these tests maintained.

V) Is there a separate

- a) Balance room
 - Yes
 - No
- b) Store room
 - Yes
 - No
- c) High speed centrifuge room
 - Yes
 - No

VI) MUSEUM :

- a) Size
- b) How are specimens arranged ?
- c) Give number of each :
 - Mounted
 - Unmounted

- d) Are the microscopic section of Specimens available for study to the students?

If so, in the museum or in some other room

- e) No. of microscope available to the students in the museum.

- f) List of charts, photographs, models and other exhibits other than the specimens and their arrangements.

- g) No. of catalogues of the specimens available to the students.

- h) seating arrangement for students –

- Type
- Number

- i) Ante-room

- Yes
- No

VII) AUTOPSY BLOCK

- a) distance from the department
- b) size

- c) student observation facilities
 - 1. level type
 - 2. gallery type
 - 3. capacity

- d) No. of autopsy tables available :

- e) Light, ventilation and exhaust arrangements:

- f) Water supply, drainage, washing arrangements & disposal of waste.

- g) Fly proofing

- h) cold room/cooling cabinets :
 - 1. size
 - 2. Capacity

- i) Equipment's

- j) No. of pathological autopsies
1st year 2nd Year 3rd Year
Per year for the last 3 years :

- k) Is there an emergency autopsy service?

- l) How are the autopsy reports maintained in the department?

- m) Do undergraduate students in any way participate in the conduction of autopsies?

- n) Ante-room
 - Yes
 - No
- o) Waiting hall and office

VIII) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM :

- a) Is there a separate departmental library?
- b) Accommodation
 - Size
 - Capacity
- c) Number of books in Pathology and allied subjects.
- d) List of Journals

IX) RESEARCH LABORATORY :

- a) Size
- b) Equipment
- c) Are there any students taken for Diploma in Pathology, M.D. or Ph.D. in Pathology?

If so, how many per year during the last three years.
 - 1) Diploma
 - 2) Degree

- d) List of publications by the members of the staff during the last 3 years
- e) Current problems on which research work is going on and by whom?
(a statement may be furnished)
- f) Do Undergraduate students in any way participate in them?

X) OFFICE ACCOMMODATION

- a) Professor & H.O.D.
- b) Associate Professor/Reader
- c) Asst. Professor/Lecturers
- d) Tutors/Demonstrators
- e) Non-teaching and Clerical Staff

X) BLOOD BANK

- a) Is there any blood bank in the hospital?
 - Yes
 - No
- b) If yes, is it approved and licensed by competent authority?

Please mention the validation period of the license :

- c) Is it air-conditioned
 - No
 - Partly
 - Completely

- d) Control of Blood Bank
 - i) Is it under the department of pathology?
 - ii) Is it under the Medical Superintendent?

- e) If departmental – method of posting and rotation of Medical and non-medical staff.

- f) Number of issued units of blood per month :

- g) Number of donors blood per month

- h) Staff – details of both medical and non-medical.

- i) List the number of tests done in the blood bank Hepatitis –B, Hepatitis – C, Syphilis, Malaria, Rh-testing, HIV, blood grouping etc. (Report giving details of work done during the last 1 year to be attached).

E) TEACHING PROGRAMME :

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Didaetic Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
(Number of students attending each)
- 5) Practicals
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?
If yes, details thereof.
- 8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

MICROBIOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Microbiology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Demonstrator/Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
	Institution	From	To	Total	Institution	From	To	Total		
Professor										
Associate Professor/Reader										
Asst. prof./Lecturer										
Demonstrator/Tutor										
Any other Category										

B. List of non-teaching staff :

Name (s) of staff members

- a. Technical Assistant
- b. Technicians
- c. Laboratory Attendance
- d. Store keeper
- e. Record clerk
- f. Steno-typist
- g. Sweepers
- h. Any other category

C. Buildings :

(i) Demonstration Room :

- a) Number
- b) Accommodation
 - Size
 - Capacity

- c) Audio-Visual equipment available :
- ii) **Practical laboratories:**
- a) Accommodation
- Size
 - Capacity
- b) Working arrangement
- Seats available
 - Water supply
 - Sinks
 - Electric points
 - Cupboard for storage of microscopes
- c) Main equipment's available
- d) Number of Microscopes
- e) Number of students to each microscopes
- f) preparation room
- Size
 - Location
- g) Whether laboratory manual kept by students?
- Yes
 - No
- h) Close circuit T.V./any other teaching aids.

iii) SERVICE LABORATORY IN THE TEACHING HOSPITAL/COLLEGE :

Bacteriology Including Anaerobic	Serology	Virology	Para-Serology	Mycology	Tuber- culosis	Immuno logy	Any other
---	-----------------	-----------------	----------------------	-----------------	---------------------------	------------------------	----------------------

a) Are there separate
Service Laboratories

- Yes
- No

b) If yes, control and
supervision :

i) Whether departmental
(college)

ii) Under Medial
Superintendent (Hospital)

iii) If departmental, method of
Posting and rotation of
Medical & non-medical
Staff

e) Size of the laboratory

c) Investigative equipment available
(Attach list)

e) Staff

Names

Qualifications

Designation

1. Medical

Non-Medical

Name(s)

Qualifications

Designation

- f) Report giving details of work done during the last 1 year to be attached.
- g) Are the students (UG/PG) posted in the hospital laboratory.
- Yes
 - No

IV) Is there any emergency hospital microbiology service.

If so give details of –

- a) Staff employed
- b) Average no. of tests done during one Month in the emergency hospital Microbiology laboratory.
- c) Is a record of these test maintained

V) a. Is there a separate media preparation and storage area?

Yes Size

No

- b. Autoclaving room

Yes Size

No

- c. Washing and drying room

Yes

(VI) Departmental Library-cum-Seminar Room :

- a) Is there a separate departmental Library-cum-Seminar room?
- b) Accommodation
 - Size
 - Capacity

- c) Number of Books in Microbiology and allied subjects.
- d) List of Journals

VI) RESEARCH LABORATORIES :

- a) Size
- b) Equipment
- c) Are there any students taken for M.D. or M.Sc. or Ph.D. in Microbiology?

If so how many per year during the last three years.

- 1) Diploma
- 2) Degree
- d) List of publications by the members of the staff during the last 3 years.
- e) Current problems on which research work is going on and by whom?
(a statement may be furnished)

- f) Do Undergraduate students in any way participate in them?

(VII) OFFICE ACCOMMODATION

- a) Professor and H.O.D.
- b) Associate Professor/Reader
- c) Asst. Professor/Lecturers
- d) Tutors/Demonstrators.
- e) Non-teaching and Clerical staff

D. TEACHING PROGRAMME.

(for duration of the entire course)

- I. Curriculum of studies
(To be filled by the Dean/Principal along with the Head of department).
Curriculum in the subject as prescribed by MCI (A copy of detailed curriculum along with the departmental and educational objectives of the subject may be appended).

Is the above curriculum followed in totality?

If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Didactic Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars conducted during the year.
(Number of students attending each)
- 5) Practicals
- 6) Any other teaching/training activities
:
- 7) Is there any integrated teaching?
If yes,

8) Records Methods of Assessment thereof
:

(Time table of lectures, demonstrations,
seminars, tutorials, practical and
dissection may be given).

Signature of Head of the Department

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

PHARMACOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Pharmacology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Demonstrator/Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
Professor	Institution	From	To	Total	Institution	From	To	Total		
Associate Professor/Reader										
Asst. prof./Lecturer										
Demonstrator/Tutor										
Any other Category										

B. List of non-teaching staff :

Name (s) of staff members

- a. Pharmaceutical Chemist
- b. Technical Assistant
- c. Technicians
- d. Store keeper-cum-clerk
- e. Steno-typist
- f. Laboratory Attendants
- g. Sweepers
- h. Any other category

C. Buildings :

- (i) **Demonstration Room :**
 - a) Number
 - b) Accommodation
 - Size
 - Capacity
- c) Audio-Visual equipment available :

(ii) PRACTICAL LABORATORIES :

Experimental Pharmacology

Clinical Pharmacology & Pharmacy

- a) Accommodation
 - Size
 - Capacity

- b) Working arrangement
 - Seats available

- c) Main Equipment available

- d) Ante-room/preparation room
 - Size
 - Location

- e) Whether Laboratory Manuals Kept by students?
 - Yes
 - No

- f) Close circuits TV/any other teaching aids

(iii) **Museum :**

- a) Size :
- b) How are the drug sample arranged?
- c) Number of catalogues of the samples available to the students :
- d) Total number of drug samples :
- e) List of charts, photograph and other exhibits and their arrangement
- f) Is there any section depicting “History of Medicine”?

IV) Departmental Library-cum-Seminar Room :

- a) Is there a separate departmental library?
- b) Accommodation
 - Size
 - Capacity

c) Number of Books in Pharmacology?

d) List of Journals

(VI) Research Laboratory :

a) Size

b) Equipment

c) Are there any students taken for
M.D. or Ph.D. in Pharmacology?

If so how many per year during the
last three years.

1) Diploma

2) Degree

d) List of publications by the members
of the staff during the last 3 years?

- e) Current problems on which research work is going on and by whom?
(a statement may be furnished)

- f) Do Undergraduate students in any way participate in them?

(VII) OFFICE ACCOMMODATION

- a) Professor and HOD :

- b) Associate Professors/Readers :

- c) Asst. Professors/Lecturers :

- d) Tutors/Demonstrators :

- e) Non-teaching and clerical staff:

D. TEACHING PROGRAMME :

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Didaetic Lectures
- 2) Demonstrations
- 3) Tutorials
- 4) Seminars
 - conducted during the year.
 - Number of students attending each
- 5) Practicals
- 6) Any other teaching/training activities :
- 7) Is there any integrated teaching?
If yes,
- 8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

FORENSIC MEDICINE

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Forensic Medicine

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Demonstrator/Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
Professor	Institution	From	To	Total	Institution	From	To	Total		
Associate Professor/Reader										
Asst. Prof./Lecturer										
Demonstrator/Tutor										
Any other Category										

B. List of non-teaching staff :

Name (s) of staff members

- a.. Technical Assistant
- b. Technicians
- c. Laboratory Attendants
- d. Steno-typist
- e. Store keeper-cum-clerk
- f. Sweepers
- g. Any other category

C. Buildings :

(i) **Demonstration Room :**

- a) Number

b) Accommodation

- Size
- Capacity

c) Audio-Visual equipment available :

Video Camera, TV & VCR etc.

ii) Museum :

a) Size

b) How are specimens arranged ?

c) Give number of each :

- Mounted
- Unmounted

d) Proto-type fire and other arms.

e) Wax Models

f) Poisons

g) List of charts, photographs, models and other exhibits other than the specimens and their arrangements.

- h) No. of catalogues of the specimens available to the students.
- i) seating arrangement for students –
 - Type
 - Number

(iii) Department of Radiology

- a. Do adequate facilities exist for taking skiagrams of living and dead persons.
- b. Do adequate facilities in the department of Biochemistry, Histopathology, Bacteriology & Serology exist for Undertaking the examination of medico-legal materials?

(IV) Casualty Department :

- a) Accommodation
- b) Are the facilities for reception, Examination, treatment of medico-legal emergencies and cases of poisoning adequate?

- c) The number of cases of medico-legal Trauma, Sexual assault, age and poisoning etc. dealt by the casualty department during the last one year may be indicated.

(V) Mortuary Block

- a) Distance from the department
- b) Size
- c) student observation facilities
 - 1. level type
 - 2. gallery type
 - 3. capacity
- d) No. of autopsy tables available :
- e) light, ventilation and exhaust arrangements :
- f) Water supply, drainage, washing arrangements & disposal of waste.
- g) Fly proofing
- h) Cold room/cooling cabinets:
 - 1. Size
 - 2. Capacity

- i) Equipment's
- j) No. of medico – legal postmortems done during the last 3 years :
- | | 1 st year | 2 nd year | 3 rd year |
|--|----------------------|----------------------|----------------------|
| | | | |
- k) No. of students attending one postmortem
- l) No. of postmortem done by a students during the course
- n) Whether record of postmortem Cases kept by students?

(VI) Laboratory :

- a) Accommodation
- Size
 - Capacity

- b) Working arrangement
 - Seats available
 - Water supply
 - Sinks
- c) Main equipment available
- d) Number of Microscopes
- e) Any other teaching aids

(VII) Departmental Library-cum-Seminar Room :

- a) Is there separate departmental library?
- b) Accommodation
 - i) Size :
 - ii) Capacity :
- c) Number of books in Anatomy and allied subjects :
- d) List of Journals :

(VIII) Research Laboratory

- a) Size
- b) Equipment
- c) Are there any students taken for D.F.M./M.D. or Ph.D. in Forensic Medicine?

If so how many per year during the last three years?

- 1) Diploma
 - 2) Degree
-
- d) List of publications by the members of the staff during the last 3 years?
 - e) Current problems on which research work is going on and by whom?
(a statement may be furnished)
 - f) Do Undergraduate students in any way participate in them ?

IX) OFFICE ACCOMMODATION

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Tutors/Demonstrators :

e) Non-teaching and clerical staff:

D) TEACHING PROGRAMME :

(For duration of the entire course)

1. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors).
Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Didactic Lectures

- 2) Demonstrations

- 3) Tutorials

- 4) Seminars conducted during the year.
(Number of students attending each)

- 5) Practicals

- 6) Any other teaching/training activities :

- 7) Is there any integrated teaching?
If yes, details thereof.

- 8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department

E. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

COMMUNITY MEDICINE/PREVENTIVE AND SOCIAL MEDICINE

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Community Medicine/Preventive and Social Medicine

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Demonstrator/Tutor/Sr. Res./Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instt.	From	To	Total	Instt	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate/ Professor/ Reader													
Asst.Prof. /Lecturer													
Registrar/ Sr. Resident/ Demonstrator /Tutor													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	15	16	17	18	19	20	21	22	23	24
Professor	Institution	From	To	Total	Institution	From	To	Total		
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident/Demonstrator/Tutor										
Any other Category										

B. List of non-teaching staff :

Name (s) of staff members

- a. Medical Social Worker
- b. Technical Assistant
- c. Technicians
- d. Stenographer
- e. Record Clerk
- f. Storekeeper
- g. Sweepers
- h. Any other category

C. STAFF FOR RURAL TRAINING HEALTH CENTRE :

(including field work and epidemiological studies)

Name(s) of staff members

- a. Medical Officer of Health –cum-Lecturer/
Assistant Professor
- b. Lady Medical officer
- c. Medical Social Worker
- d. Public Health Nurse
- e. Health Inspectors
- f. Health Educators
- g. Technical Assistant
- h. Technician
- i. Peon
- j. Van-driver
- k. Store keeper
- l. Record Clerk

- m. Sweeper
- n. Any other category

D.) STAFF FOR UBRAN TRAINING HEALTH CENTRE

(Including field work and epidemiological studies.)

Name(s) of staff members

- a. Medical Officer of Health –cum-Lecturer/
Assistant Professor
- b. Lady Medical officer
- c. Medical Social Worker
- d. Public Health Nurse
- e. Health Inspectors
- f. Health Educators
- g. Technical Assistant
- h. Technician
- i. Peon
- j. Van-driver

- k. Store keeper
- l. Record Clerk
- m. Sweeper
- n. Any other category

E. BUILDINGS :

(j) Demonstration Room :

- a) Number
- b) Accommodation (of each demonstration room)
 - i) Size
 - ii) Capacity
- c) Audio-visual equipment available.

(ii) Laboratory :

- a) Accommodation
 - Size
 - Capacity
- b) Working arrangement
 - Seats available
 - Water supply

- Sinks
 - Electric points
 - Cupboard for storage of microscope, slides etc
- c) Number of Microscopes
- d) Whether Laboratory Manuals kept by students?
- Yes
 - No
- d) Close circuit TV/any other teaching aids.

(iii) **Museum** :

- a) Size :
- b) How are the specimens arranged?
:
- c) Give Number of each :
- d) Coverage of various fields in
Community Medicine by charts,
Models etc.
- e) No. of catalogues of the specimens
available to the students.

f) List of exhibits, Charts, Photographs & other materials and their arrangement.

g) Seating arrangement for students

- Type
- Number

(IV) Departmental Library-cum-Seminar Room :

a) Is there a separate departmental library?

b) Accommodation

i) Size

ii) Capacity

c) Number of Books in Community Medicine and allied subjects.

d) List of journals

(V) Research Laboratory :

- a) Size
- b) Equipment
- c) Are there any students taken for DPH/M.D./Ph.D. in Community Medicine?

If so how many per year during the last three years?

- 1) Diploma
- 2) Degree
- d) List of publications by the members of the staff during the last 3 years?
- e) Current problems on which research work is going on and by whom?
(a statement may be furnished)
- f) Do Undergraduate students in any way participate in them ?

VI) OFFICE ACCOMMODATION

- a) Professor and HOD :

- b) Associate Professors/Readers :
- c) Asst. Professors/Lecturers :
- d) Statistician-cum-Lecturer :
- e) Epidemiologist-cum-Lecturer :
- f) Tutors/Demonstrators/Sr. Residents :
- g) Departmental Office-cum-Clerical room :
- h) Non-teaching staff :

(vii) HEALTH CENTRES (Rural and Urban)

	R.H.C./P.H.C. -----		URBAN HEALTH CENTRE
I	II	III	

- a) Names of the Centers :
- b) Location of each Center :

c) Population covered by each center :

d) Distance from the college :

e) Transport facilities for :

1. Students & Interns

- Staff
- Supportive Staff

2. (i) Number of Vehicles

(ii) Capacity of each Vehicle

3. Control of Vehicles

- Departmental
- Central

f) Staff of the Centers :

- g) Hostel facilities at the Rural Health Centres :
- h) Messing facilities available or not.
- (i) Working arrangement/type of control of Health Centres :
 - (i) Total (Admn. & Financial) control with the college
 - (ii) Partial (only for training) control

F.) **TEACHING PROGRAMME** :
(For duration of the entire course)

I) Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(For duration of the entire course)

	<u>Number</u>			
	1 st yr.	2 nd yr.	3 rd yr.	4 th yr.
1) Didaetic Lectures				
2) Demonstrations				
3) Tutorials				
4) Seminars conducted during the year. (Number of students attending each)				

5) Practicals

a) Rural Practice Field :

Subject	Time Spent	Year of the student in Medical College	Type of instruction		
			Observation	Demonstration	Participation

b) Urban Practice Field :

Subject	Time Spent	Year of the student in Medical College	Type of instruction		
			Observation	Demonstration	Participation

- c) What field visits and of what duration are organized by the department for the following subject and how far the following subjects and how far have the students participated in the program?
1. Vital statistics
 2. Environmental sanitation
 3. Communicable/non-communicable Diseases.
 4. Public Health Laboratory Service
 5. Maternal & Child Health & Family Welfare planning
 6. School Health Service
 7. Others (Specify)
- d) Clinical Social Case reviews – How many are reviewed by a student during his/her career in the Medical College – How are the records kept?
- e) Study of Family & Community Health Survey
- f) Family case studies

6. TEACHING HOSPITAL

1. **In patient department**

	No. of Beds used in each specialty for teaching the subject of preventive and Social Medicine/ <u>Community Medicine.</u>
a. Tuberculosis	
b. Venereal Diseases	

- Leprosy
 - Poliomyelitis
 - Infectious & Communicable diseases
 - Non-Communicable diseases
 - Hypertension
 - Diabetes
 - Goiter
 - Rheumatism
 - Cancer &
 - Other
2. Is the hospital teaching program in Community Medicine/Preventive & Social Medicine organized and Co-ordinate by the Dean/Principal of the college and other college staff?
3. Average no. of students posted at a time :
To which year do they belong?
- (a list of posting for clerkship in preventive and social medicine/community medicine may be furnished)
4. Clinical Teaching
- a. bedside clinics
 - b. by whom given
 - c. How often during a week?
 - d. Do students writes case histories in a prescribed book?

- e. Are they corrected, if so by whom?
 - f. Do students conduct clinical social case reviews by actual visit to the family?

If so, how many and how they are supervised?
 - g. Are these reviews assessed by the staff of the department?
 - h. Are there facilities for teaching and demonstration for preventive health services in any infectious diseases?
 - i. If so what type of cases are available for teaching and demonstration and how much time is allotted for this during the course of study?
5. Record and filing system at the rural and urban field practice areas.

Are family folders introduced or in the maintenance of records?

6. Outpatient Department

- a. Arrangement for case study for students
- b. Clinical outpatient teaching
- c. No. of demonstrations given by the Preventive and Social Medicine/Community Medicine department in collaboration with other clinical departments in the outpatient department and on what subjects.

d. Is the department running immunization clinic?

- Yes
- No.

If yes, frequency per week.

Are Undergraduate students posted in the clinic?

7) Any other teaching/training activities:

8) Is there any integrated teaching/If yes, details thereof.

9) Records :
Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and field activities may be given)

10) INTERNSHIP TRAINING

1. Period of posting in the department

2. Pattern of posting Period
 - a. Rural Health Centre/Primary Health Centre
 - b. Urban Health Centre
 - c. Other postings like
 - National Health Programmes
 - Clinics
 - Immunization
 - School Health
 - Family Welfare Planning

 - Any other postings

3. Method of Assessment for Internship
(Please attach a copy of logbook/assessment sheet).

Signature of Head of the Department

G. OBSERVATIONS OF THE INSPECTORS/VISITORS

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

GENERAL MEDICINE

**INCLUDING TUBERCULOSIS AND RESPIRATORY DISEASES, DERMATOLOGY,
VENEREOLOGY AND LEPROSY & PSYCHIATRY**

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A1 : Department of General Medicine

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst.Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other Category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A2 : Department of Tuberculosis & Respiratory Diseases

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other Category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A3 : Department of Dermatology, Venerology and Leprosy

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A4 : Department of Psychiatry

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

B. List of non-teaching staff :

Nomenclature	Name(s) of staff members			
	General Medicine	TB & Resp. Diseases	Derm., Ven. & Lep.	Psychiatry
a. E.C.G. Technician				
b. Technical Assistant				
c. Technician				
d. Lab. Attendants				
Nomenclature	Name(s) of staff members			

	General Medicine	TB & Resp. Diseases	Derm., Ven. & Lep.	Psychiatry
e. Steno-typist				
f. Record Clerk				
g. TB & Chest Diseases Health visitor				
h. Psychiatric Social Workers				
i. Any other category				

C. BUILDINGS :

**Gen.
Medicine**

**TB
Resp. Dis.**

**Derm.,
Ven. &
Lep.**

Psychiatry

(i) Clinical Demonstration Room

- a) Number
- b) Accommodation (of each demonstration room)
 - i) Size
 - ii) Capacity
- c) Audio-visual equipment available.

(ii) Departmental Library-cum Seminar Room :

- a) Is there a separate Departmental library?
- b) Accommodation
 - i) Size
 - ii) Capacity
- c) Number of Books in General Medicine.
 - TB & Resp. dis.
 - Derm., Ven. & Lep.
 - Psychiatry and allied subjects

**Gen.
Medicine**

**TB
Resp. Dis.**

**Derm.,
Ven. &
Lep.**

Psychiatry

d) List of Journals

(iii) Research Laboratory

a) Size

b) Equipment

c) Are there any students
taken for Diploma/
M.D./Ph.D. in Gen. Med./
TB & RD/DVD/Psy?

If so how many per year
During the last three years

i) Diploma

ii) Degree

d) List of publications by
the members of the staff
during the last 3 years.

**Gen.
Medicine**

**TB
Resp. Dis.**

**Derm.,
Ven. &
Lep.**

Psychiatry

- e) Current problems
Research work is going on
and by whom? (a statement
may be furnished)

- f) Do Undergraduate students
In any way participate in
them?

(iv) OFFICE ACCOMMODATION

- a) Professor and HOD :

- b) Associate Professors/Readers :

- c) Asst. Professors/Lecturers :

- d) Registrars/Sr. Residents :

**Gen.
Medicine**

**TB
Resp. Dis.**

**Derm.,
Ven. &
Lep.**

Psychiatry

e) Jr. Residents

f) Non-teaching and
Clerical staff.

D. TEACHING HOSPITAL

1) Inpatient department :	Number of Teaching Beds	Number of Units	Number of beds	Unit wise staff composition With names Qualification & Designation of staff
---------------------------	-------------------------	-----------------	----------------	---

Medicine and allied specialisites :

a) General Medicine				A separate sheet may be attached
b) Tuberculosis & Respiratory Diseases				----do----
c) Dermatology, Venereology & Leprosy				----do----
d) Psychiatry				----do----

2. **Indoor admissions**

General

TB & RD

DVD

Psychiatry

1. Annual admissions

2. Average Bed occupancy per day
(Percentage of Teaching beds)

3) INTENSIVE CARE

No. of beds

Equipment's available

a) Intensive Care Unit (I.C.U.)

b) Intensive Coronary Care
Unit (I.C.C.U.)

c) Intensive Care in TB &
Respiratory diseases

d) Other intensive Care
Areas, if any.

5) **OUT-PATIENT DEPARTMENT :**

- a) Building – General layout
- b) Is outpatient service Department wise
- c) Arrangement for clinical
Instructions to student in
General Medicine & Allied specialties

d) Average Daily OPD Attendance

**General
Medicine**

TB & RD

DVD

Psychiatry

1. Old Patients

2. New Patients

3. Total

Teaching and training facilities :

General

TB & RD

**Derm
Ven. &
Lep.**

Psy.

A. In O.P.D.

a) Clinical demonstration room :

b) Number of rooms in the OPD
For seeing the patients
by various faculty members
and resident staff

B. In-door

a) Bedside teaching

b) Clinical demonstration room/
seminar room

A. **TEACHING PROGRAMME** :

(For duration of the entire course)

1. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subjects of Gen. Med., T.B. & RD, Derm., Ven. & Leprosy and Psychiatry as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

Is the above curriculum followed in totality?

If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by Medical Council of India.

If so what are the variations and what are your observations regarding them?

II. Methodology
(for duration of the entire course)

	Number		
	General Medicine	TB & RD	DVD Psychiatry
1) Total of clinical postings			
2) Didactic Lecturers			

	3) Demonstrations	Number		
		General Medicine	TB & RD	DVD Psychiatry
4)	Tutorials			
5)	Seminars conducted during the year Number of students Attending each			
6)	Practical			
7)	Bedside Clinics			
8)	How may hours does a Student spend daily in the wards for clerkship.			
9)	Average Number of students Posted at a time for indoor/OPD Postings.			
10)	Do students write case histories In a prescribed book?			
11)	Are they corrected ?			

Number

General
Medicine

TB & RD

DVD Psychiatry

- 12) If so, by whom
- 13) Is the clinical work done
In the wards by the
Students assessed
Periodically?
- 14) If so, how often and by
whom?
- 15) Total period of attendance
in OPD by a student
throughout clinical
training.
- 16) Is it done concurrently with
The inpatients ward postings?
- 17) Who gives them training to
attend to casualties?

Number

General
Medicine

TB & RD

DVD Psychiatry

- 18) How is the outpatients
Teaching organized?
- 19) Do students attend
Clinicoathological
Conferences?
- 20) If so, on an average, how
Often during the whole period
Of medicine and allied
specialties postings?
- 21) Any other teaching/training
activities:
- 22) Is there any integrated teaching?
If yes, details thereof.

Number

General
Medicine

TB & RD

DVD Psychiatry

- 23) Records Methods of Assessment thereof

(Time table of lecturers, demonstrations, seminars, tutorials, practicals, OPD and indoor postings etc. may be given).

- 24) Internship Training Programme

- a) Period of posting
In the department
- b) Method of assessment of
Internship (please attach a
Copy of log book/assessment
Sheet)

Signature of Head of the Department

Signature of Dean/Principal

General Medicine :

Tuberculosis and Respiratory diseases :

Dermatology , Venereology & Leprosy

Psychiatry

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

PAEDIATRICS

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal
(with seal)

Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Pediatrics

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Sr. Resident/Registrar													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate/ Professor/ Reader										
Asst. Prof. /Lecturer										
Sr. Resident/ Registrar										
Jr. Resident										
Any other category										

B. List of non-teaching staff :

Name (s) of staff members

- a. Child Psychologist
- b. Health Educator
- c. Technical Assistant
- d. Technician
- e. Laboratory Attendants
- f. Store Keeper
- g. Steno-typist
- h. Record Clerk
- i. Social Worker
- j. Any other category

C. Buildings :

(i) Clinical Demonstration Room :

- a) Number
- b) Accommodation (of each demonstration room)
 - i) Size
 - ii) Capacity
- c) Audio-Visual equipment available.

(ii) Departmental Library – cum- Seminar Room :

- a) Is there a separate departmental library?
- b) Accommodation
 - i) Size :
 - ii) Capacity :
- c) Number of books -
in Pediatrics including Neonatology :
- d) List of Journals :

iii) Research Laboratory

- a) Size
- b) Equipment
- c) Are there any students taken for Diploma/M.D. in Pediatrics

If so how many per year during the last three years?

- 1) Diploma
- 2) Degree
- d) List of publications by the members of the staff during the last 3 years?
- e) Current problems on which research work is going on and by whom? (a statement may be furnished)
- f) Do Undergraduate students in any way participate in them ?

(IV) OFFICE ACCOMMODATION

- a) Professor and HOD :
- b) Associate Professors/Readers :
- c) Asst. Professors/Lecturers :
- d) Registrars/Sr. Residents :
- e) Jr. Residents
- f) Non-teaching and Clerical Staff :

D. TEACHING HOSPITAL

1) Inpatient department :	Number of Teaching Beds	Number of Units	Number of beds per unit	Unitwise staff composition With names Qualification & Designation of staff
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Pediatrics

2). **Indoor admissions**

a. Annual admissions

b. Average Bed occupancy per day
(Percentage of Teaching beds)

3) **INTENSIVE CARE**

	<u>No. of beds</u>	<u>Equipment's available</u>	Temperature Controlled Yes/No
a) Pediatric Intensive Care Unit (I.C.U.)			
b) Intensive Care (Nursery)			

4) MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT :

5) OUT-PATIENT DEPARTMENT :

- a) Building – General layout
- b) Is outpatient service Department wise
- d) Arrangement for clinical
Instructions to student in
General Medicine & Allied specialties
- d) Average Daily OPD Attendance

1. Old Patients

2. New Patients

3. Total

6) **CLINICS** :

	Frequency Per Week	Are U.G. students posted in these Clinics
1.	Well Baby/Child Welfare Clinic	
2.	Immunization Clinic	
3.	Child Guidance Clinic	
4.	Child Rehabilitation Clinic including Facilities for speech therapy and occupational therapy.	
5.	Any other clinic	

7) **NEW BORN NURSERY** :

- i) No. of beds :
- ii) Does it have facilities for temperature and humidity control?
- iii) Staff posted
 - Medical
 - Staff Nurses
- iv) Equipment available

(v) Are the undergraduate students posted in delivery room?

If yes, who supervises their training for neonatal resuscitation?

- a) Deptt. of Obst. & Gynae. Faculty
- b) Faculty of Pediatrics
- c) Any other

8) TEACHING AND TRAINING FACILITIES :

A. In OPD

- a) Clinical demonstration room :

- b) Number of rooms in the OPD for seeing the Patients by various faculty members and Resident staff :

B. In-door

- a) Bedside teaching

- b) Clinical demonstration room/seminar room

D. Teaching Programme :
(for duration of the entire course)

1. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject of Paediatrics including Neonatology as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Total duration of Clinical Postings
- 2) Didactic Lectures
- 3) Demonstrations
- 4) Tutorials
- 5) Seminars conducted during the year.
(Number of students attending each)
- 6) Practicals
- 7) Bedside Clinics
- 8) How many hours does a student
spend daily at the wards for clerkship

- 9) Average Number of students posted at a time for indoor OPD postings :
- 10) Do students write case histories in a prescribed book.
- 11) Are they corrected?
- 12) If so, by whom?
- 13) Is the clinical work done in the wards by the students assessed periodically?
- 14) If so, how often and by whom?
- 15) Total period of attendance in OPD by a student throughout clinical training.
- 16) Is it done concurrently with the inpatients ward postings?
- 17) Who gives them training to attend to causalities?

- 18) How is the outpatients teaching organized?

- 19) Do students attend clinico-pathological conferences?

- 20) If so, on an average, how often during the whole period of pediatrics postings?

- 21) Any other teaching/training activities :

- 22) Is there any integrated teaching?
If yes, details thereof :

- 23) Records : Methods of Assessment thereof :

24) Internship training programme

a) Period of posting in the department

b) Method of assessment of internship
(Please attach a copy of log
book/assessment sheet).

Time table of lectures,
demonstrations, seminars, tutorials,
practical, OPD and indoor postings
etc. may be given.)

Signature of Head of the Department

Signature of Dean/Principal

E. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

**MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM**

FORM - B

On the
Facilities for teaching in the subject of

**SURGERY
(INCLUDING GENERAL SURGERY, ORTHOPAEDICS, OTO-RHINO-
LARYNGOLOGY, OPHTHALMOLOGY, RADIO-DIAGNOSIS, RADIO-THERAPY,
ANAESTHESIOLOGY, PHYSICAL MEDICINE & REHABILITATION AND
DENTISTRY**

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

**Signature of the Dean/Principal
(with seal)**

**Signature of the
Head of the Department**

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill-in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A1 : Department of General Surgery (Including Pediatric Surgery)

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other Category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A2 : Department of Orthopedics

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other Category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A3 : Department of Ophthalmology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A4 : Department of Oto-Rhino-Laryngology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate/Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A5 : Department of Radio-diagnosis

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A6 : Department of Radio-therapy

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate/Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A7 : Department of Anesthesiology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. Prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A8 : Department of Physical Medicine & Rehabilitation

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A9 : Department of Dentistry

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Sr. Resident/Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instit.	From	To	Total	Instit.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate Professor/Reader										
Asst. prof./Lecturer										
Registrar/Sr. Resident										
Jr. Resident										
Any other category										

B. LIST OF NON-TEACHING STAFF :

Nomenclature	Names of staff members			
	General Surgery	Orthopedics	Oto-Rhino-Laryngology	Ophthalmology
Technical Assistant				
Technician				
Lab Attendant				
Reception				

Nomenclature	Names of staff members			
	General Surgery	Orthopedics	Oto-Rhino-Laryngology	Ophthalmology
Steno-typist				
Record Clerk				
Audiometry Technician				
Speech therapist				
Retractions				
Any other category				

Nomenclature	Names of staff members				
	Radio-Diagnosis	Radio-Therapy	Anaesth.	Phy. Med. & Rehab.	Dentistry
Radiographic Technician					
Dark Room Asst.					
Stenographer					
Steno-typist					
Storekeeper					
Storekeeper-cum-clerks					

Nomenclature	Names of staff members				
	Radio-Diagnosis	Radio-Therapy	Anaesth.	Phy. Med. & Rehab.	Dentistry
Record Clerk					
Radiotherapy Technician					
Physio-therapist					
Occupational therapist					
Speech Therapist					
Prosthetic and orthodox Technician					
Workshop workers					
Clinical Psychologist					

Nomenclature	Names of staff members				
	Radio-Diagnosis	Radio-Therapy	Anaesth.	Phy. Med. & Rehab.	Dentistry
Medio-Social worker					
Public Health Nurse/Rehabilitation Nurse					
Vocational Counsellor					
Multi-rehabilitation worker (MRW)/Technician/therapist					
Class IV workers					
Dental Technicians					
Tech. Asst.					
Technicians					
Any other category					

C. BUILDINGS :

**Gen.
Surgery**

Ortho.

**Oto-
Rhino-
Laryngology**

Ophth.

**Radio
Diag.**

(i) Clinical Demonstration
Room

a) Number

b) Accommodation (of
each demonstration
Theatre)

i) Size

ii) Capacity

c) Audio-visual equipment
available.

**Gen.
Surgery**

Ortho.

**Oto-
Rhino-
Laryngology**

Ophth.

**Radio
Diag.**

(ii) Departmental Library-cum-Seminar Room :

- a) Is there a separate departmental library?
- b) Accommodation
 - Size
 - Capacity
- c) Number of Books in Physiology including Biophysics :
- d) List of Journals :

GENERAL SURGERY AND ALLIED SPECIALITIES

(iii) Research Laboratory

- a) Size
- b) Equipment
- c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy?

If so how many per year during the last three years?

- 1) Diploma
 - 2) Degree
- d) List of publications by the members of the staff during the last 3 years?

GENERAL SURGERY AND ALLIED SPECIALITIES

e) Current problems on which research work is going on and by whom?
(a statement may be furnished)

f) Do Undergraduate students in any way participate in them ?

**Gen.
Surgery**

Ortho.

**Oto-
Rhino-
Laryngology**

Ophth.

**Radio
Diag.**

(IV) OFFICE ACCOMMODATION

- a) Professor and HOD :
- b) Associate Professors/Readers :
- c) Asst. Professors/Lecturers :
- d) Registrars/Sr. Residents :
- e) Jr. Residents :
- e) Non-teaching and clerical staff:

C. TEACHING HOSPITAL

1) Inpatient department :	Number of Teaching Beds	Number of Units	Number of beds	Unitwise staff composition With names Qualification & Designation of staff
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Surgery and allied specialities :

a)	General Surgery including Paediatric Surgery			A separate sheet may be attached
b)	Orthopaedics			----do----
c)	Oto-Rhino-Laryagology			----do----
d)	Ophthalmology			----do----

**Gen.
Surgery**

Ortho.

**Oto-
Rhino-
Laryngology**

Ophth.

**Radio
Diag.**

2. **Indoor admissions**

a) Annual admissions

b. Average Bed occupancy per day
(Percentage of Teaching beds)

3) **INTENSIVE CARE**

Is there any Intensive Care Unit
For surgery and allied specialties :

If yes, please indicate a number of
Beds and equipment's available
for each specialty.

Names of speciality

No. of beds

Equipment's available

4) MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT :

Names of equipment

a) General Surgery

b) Orthopedics

c) Oto-Rhino-Laryngology

d) Ophthalmology

Names of equipment's

e) Radio-diagnosis

f) Radio-therapy

g) Anesthesiology

h) Physical Medicine &
Rehabilitation

i) Dentistry

5) **Outpatient Department :**

- a) Building – General layout
- b) Is out patient service department wise
- c) Arrangement for clinical Instructions to student in General Surgery & Allied specialties
- d) Average Daily OPD Attendance

**General
Surgery**

Ortho.

**Oto-
Rhino-
Laryngology**

Ophth

- 1. Old Patients
- 2. New Patients
- 3. Total

6) Teaching and training facilities :

**General
Surgery**

Ortho.

**Oto-
Rhino-
Laryngology**

Ophth

A. In O.P.D.

a) Clinical demonstration room :

b) Number of rooms in the OPD
For seeing the patients
by various faculty members
and resident staff

B. In-door

a) Bedside teaching

b) Clinical demonstration room/
seminar room

7) FACILITIES AVAILABLE IN OUT-PATIENT DEPARTMENT :

- | | <u>Yes</u> | <u>No</u> |
|---|-------------------|------------------|
| 1. In Surgery and allied speciality | | |
| a) Dressing room for men | | |
| b) Dressing room for women | | |
| c) Operation theatres
For out patient surgery | | |
| 2. In Orthopedics | | |
| a) Plaster room | | |
| b) Plaster cutting room | | |
| c) Outpatient X-ray facilities | | |
| 3. In Oto-Rhino-Laryngology | | |
| a) Sound proof air-conditioned
audiometry room | | |
| b) ENG Laboratory | | |

c) Speech therapy facilities

4. In Ophthalmology

a) Refraction room

b) Dark room

c) Dressing room

8. **OPERATION THEATRE UNIT :**

(1) Operation theatres -

(a) Number :

(b) Arrangement & Distribution :

(c) Equipment :
(including Anesthesia equipment)

(d) Facilities available in each O.T. unit -

Present/Absent

- (i) Waiting room for patients
- (ii) Soiled Linen room
- (iii) Sterilization room
- (iv) nurses duty room
- (v) Surgeons & Anesthetists room -
 - For Males
 - For Females
- (vi) Assistants room
- (vii) Observation gallery for students
- (viii) Store room
- (xi) Washing room for surgeons & Assistants

(xii) Students washing up and dressing up room

(3) Arrangement of Anesthesia

(a) Pre-anaesthetic care :

(b) Nature of anesthesia used :

(c) Post-anaesthetic care :

Pre-operative ward (no. of beds) :

Post-operative ward (no. of beds) :

Resuscitation facilities and special equipment :

If any super specialty exists :
Give details

9) Number of surgeries performed during the last one year.

Names of the department

Major

Minor

- a) General Surgery including Pediatric Surgery
- b) Vasectomies performed
- c) Orthopaedics
- d) Oto-Rhino-Laryngology
- e) Ophthalmology

E) TEACHING PROGRAMME :

(For duration of the entire course)

1. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject of Gen. Surgery. Ortho., Oto-Rhino-Laryngology, Ophth., Radio-diag., Anaes. & Dentistry as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?
If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

III. Methodology
(for duration of the entire course)

	Number						
	General Surgery	Ortho. Surgery	Oto-	Ophth Rhino- Laryngology	Radio	Anaes.	Dentistry

- 1) Total of clinical postings
- 2) Didactic Lecturers

		Number						
		General Surgery	Ortho. Surgery	Oto-	Ophth Rhino- Laryngology	Radio	Anaes.	Dentistry
3)	Demonstrations							
4)	Tutorials							
5)	Seminars conducted during the year. (Number of students attending each)							
6)	Practicals							
7)	Duration of operation theatre postings.							
8)	Bedside Clinics.							

Number

**General
Surgery**

**Ortho.
Surgery**

Oto-

**Ophth
Rhino-
Laryngology**

Radio

Anaes.

Dentistry

- 9) How many hours does a student spend daily at the wards for clerkship
- 10) Average Number of students posted at a time for indoor OPD postings :
- 11) Do students write case histories in a prescribed book.
- 12) Are they corrected?
- 13) If so, by whom?

	Number						
	General Surgery	Ortho. Surgery	Oto-	Ophth Rhino- Laryngology	Radio	Anaes.	Dentistry

- 14) Is the clinical work done
In the wards by the
Students assessed
Periodically?
- 15) If so, how often and by
whom?
- 16) Total period of attendance
in OPD by a student
throughout clinical
training.
- 17) Is it done concurrently with
The inpatients ward postings?
- 18) Who gives them training to
attend to casualties?

Number

General Surgery	Ortho. Surgery	Oto-	Ophth Rhino- Laryngology	Radio	Anaes.	Dentistry
----------------------------	---------------------------	-------------	---	--------------	---------------	------------------

- 19) How is the outpatients teaching organized?
- 20) Do students attend clinico-pathological conferences?
- 21) If so, on an average, how often during the whole period of pediatrics postings?
- 22) Any other teaching/training activities :

Number						
General Surgery	Ortho. Surgery	Oto-	Ophth Rhino- Laryngology	Radio	Anaes.	Dentistry

23) Is there any integrated teaching?
If yes,

24) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

	Number				
	General Surgery	Ortho.	Oto- Surgery Laryngology	Opath. Rhino- & Reh.	Phy. Med.
25) Internship training programme					
a. Period of posting in the department					
b. Method of Assessment for Internship (Please attach a copy of logbook/assessment sheet).					

Signature of Head of the Department

Signature of Dean/Principal

General Surgery

Oto-Rhino-Laryngology

Ophthalmology

Radio-Diag.

Radio-therapy

Anaesthesiology

Physical Medicine & Rehabilitation

Dentistry

F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.

MEDICAL COUNCIL OF INDIA
STANDARD INSPECTION FORM

FORM - B

On the
Facilities for teaching in the subject of

OBSTETRICS AND GYNAECOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department

Signature of the Dean/Principal

**Signature of the (with seal)
Head of the department**

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill-in the spaces provided for within)

1. Date of Inspection/Visitation :
2. Names of Inspectors or Visitors :
3. Date of last Inspection/Visitation :
4. Names of last Inspectors/Visitors :

Defects pointed out in the last Inspection /
Visitation

To what extent remedied

Observations of the assessors are to be made in assessment report only.

A. Teaching Staff : In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Obstetrics and Gynecology

Post	No.	Name	Qualification with dates thereof & Where obtained			Experience							
						As Res./Registrar				As Asst. Professor/Lecturer			
			Date	College	Univ.	Instt.	From	To	Total	Instt.	From	To	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Professor													
Associate Professor/Reader													
Asst. Prof./Lecturer													
Registrar/Sr. Resident													
Jr. Resident													
Any other Category													

(cont.)

Post	Experience								Grand Total of Teaching Experience	Remarks if any,
	As Assoc. Professor/Reader				As Professor					
	Institution	From	To	Total	Institution	From	To	Total		
	15	16	17	18	19	20	21	22	23	24
Professor										
Associate/ Professor/ Reader										
Asst. Prof. /Lecturer										
Registrar/ Sr. Resident										
Jr. Resident										
Any other category										

Nomenclature	Name(s) of staff members
a. Antenatal Medical Officer-cum-lecturer/Asstt. Professor	
b. Maternity and Child Welfare Officer -cum- Lecturer/Asst. Professor	
c. Social Worker	
d. Technical Assistant	

Nomenclature	Name(s) of staff members
e. Technician	
f. Lab Attendants	
g. Stenographer	
h. Record Clerk	
i. Store Keeper	
j. Any other Category	

C. Buildings :

(i) Clinical Demonstration Room :

- a) Number
- b) Accommodation (of each demonstration room)
 - i) Size
 - iii) Capacity
- c) Audio-Visual equipment available.

(ii) Departmental Library – cum- Seminar Room :

- a) Is there a separate departmental library?
- b) Accommodation
 - i) Size :
 - ii) Capacity :
- c) Number of books in Obstetrics & Gynecology and allied subjects
- d) List of Journals :

(iii) Research Laboratory

- a) Size

- b) Equipment

- c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy?

If so how many per year during the last three years?
 - 1) Diploma
 - 2) Degree

- d) List of publications by the members of the staff during the last 3 years?

- e) Current problems on which research work is going on and by whom? (a statement may be furnished)

- f) Do Undergraduate students in any way participate in them ?

(iv) OFFICE ACCOMMODATION

- a) Professor and HOD :
- b) Associate Professors/Readers :
- c) Asst. Professors/Lecturers :
- d) Registrars/Sr. Residents :
- e) Jr. Residents :
- f) Non-teaching and Clerical Staff :

D. TEACHING HOSPITAL

1) Inpatient department :	Number of Teaching Beds	Number of Units	Number of beds	Unitwise staff composition With names Qualification & Designation of staff
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OBSTETRICS AND GYNAECOLOGY
AND ALLIED SPECIALITIES :

a) Obstetrics				A separate sheet may be attached
b) Gynaecology				----do----
c) Postmartum				----do----

2. **Indoor admissions**

General

TB & RD

DVD

Psychiatry

a. Annual admissions

b. Average Bed occupancy per day
(Percentage of Teaching beds)

- 3) **INTENSIVE CARE**
Is there any Intensive Care Unit
For Obst. & Gynae.

If yes, please indicate number
of beds and equipments available :

No. of beds

Equipments available

4) **Nursery**

- a) No. of cots
- b) No. of beds
- c) Does it have facilities for
temperature and humidity
control.

c) Staff posted

- Medical
- Staff Nurses

d) Equipment available

5) **MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT :**

Names of equipment

6) Outpatient Department :

- a) Building – General layout
- b) Is out patient service department wise
- c) Arrangement for clinical Instructions to student in General Surgery & Allied specialties
- d) Average Daily OPD Attendance
 - 1. Old Patients
 - 2. New Patients
 - 3. Total

7) Teaching and training facilities :

A. In O.P.D.

a) Clinical demonstration room :

b) Number of rooms in the OPD
For seeing the patients
by various faculty members
and resident staff

B. In-door

a) Bedside teaching

b) Clinical demonstration room/
seminar room

8) **FACILITIES AVAILABLE IN OUT-PATIENT DEPARTMENT :**

- | | <u>Yes</u> | <u>No</u> |
|---|-------------------|------------------|
| 1. In Obst. & Gynae. and allied speciality | | |
| a) Antenatal Clinic
Frequency and run by whom | | |
| b) Family Welfare Clinic
Frequency and run by whom | | |
| c) Postnatal Clinic
frequency and run by whom | | |
| d) Sterility Clinic
frequency and run by whom | | |
| e) Cancer Detection Clinic
frequency and run by whom | | |
| f) Are the Medical Students
posted in these clinics? | | |

9. **OPERATION THEATRE (with Obst. & Gynae. Deptt.)**

- (a) Number :
- (b) Size & design
- (c) Equipment

- d) Lightning arrangement,
air-conditioning etc.
- e) Arrangement for students
to watch operations.
- f) Anaesthetic room
- g) Preparation room
- h) Sterilizing room
- i) Recovery room
- j) Postoperative wards
- k) Resuscitation & blood
Transfusion service
- l) Any other remarks.

10) Labour Room :

Number

- a) Clean

- b) Septic
- c) Number of beds in each
- d) Arrangement of lights & for operative interference
- e) Arrangement for Sterilization
- f) Preparation room
- g) Waiting wards
- h) Anaesthesia staff & facilities for administration Of anaesthesia
- i) Baby room

11) **POSTMARTUM UNIT**

- a) Is there a postmortem unit attached to the department ?
 - Yes
 - No

b) If yes, staff under the postmortem unit.

	Name	Designation	Qualification
1.	Medical		
2.	Non-Medical		
c)	Number of beds		
d)	Population attached with the postmortem unit		
e)	Number of eligible couples in population attached with the postmortem unit.		
f)	Couple protection rate in the Population attached with the Population unit.		

12. OPERATIONS & LABOURS FOR THE LAST ONE YEAR :

- a) Gynecological Operations Major
Minor

- b) Total number of labours

- c) Abnormal labours

- d) Antenatal cases seen in OPD

- e) Total number of sterilization's
 - 1) Tubectomies

 - 2) Medical Termination of Pregnancies (MTP)

D. TEACHING PROGRAMME :

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subjects of Obst. & Gynae. as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them ?

II. Methodology

(for duration of the entire course)

Number

- 1) Total duration of clinical postings
- 2) Didactic Lectures
- 3) Demonstrations
- 4) Tutorials
- 5) Seminars conducted during the year.
(Number of students attending each)
- 6) Practicals
- 7) Duration of operation theatre postings
- 8) Duration of labour postings and the number
of cases observed/conducted by a student
- 9) Bedside Clinics
- 10) How many hours does a student spend
Daily in the wards for clerkship.
- 11) Average number of students
Posted at a time for indoor/OPD postings
- 12) Do students write case histories &
Delivery notes in a prescribed book.

- 13) Are they corrected?
- 14) If so, by whom?
- 15) Is the clinical work done in the wards by the students assessed periodically?
- 16) If so, how often and by whom?
- 17) Total period of attendance in OPD by a student throughout clinical training
- 18) Is it done concurrently with the inpatients Wards postings?
- 19) Who gives them training to attend to casualties?
- 20) How is the outpatient teaching organised?
- 21) Do students attend clinico-pathological conferences?
- 22) If so, on an average how often during the whole period of Obst. & Gynae. Postings?
- 23) Any other teaching/training activities :
- 24) Is there any integrated teaching?
If yes, details thereof :

25) Records : Methods of Assessment thereof?

(Time table of lectures, demonstrations, seminars, tutorials, practical, OPD and indoor postings etc. may be given)

26) Internship training programme

- a) Period of posting in the department
- b) Method of assessment of Internship
(please attach a copy of log book
assessment sheet).

Signature of Head of the Department

Signature of Dean/Principal

E. Observations of the Inspectors/Visitors :

Observations of the assessors are to be made in assessment report only.