

ConfidentialMEDICAL COUNCIL OF INDIA**ASSESSMENT FORM FOR _150_ ADMISSIONS REPORT**

Part A-I

(to be filled by the Institution)

1.1 Type of AssessmentU/S 10A- Regular: Letter of Permission (), 1st renewal (✓), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 11 -Regular: Recognition (),

U/S 19 Continuation of Recognition Regular ()

Any Other:

Note:

1. All rows/columns must be filled.
2. 'Not Applicable' should be clearly written wherever a required information is not relevant.
3. All pages of the A-I are to be signed by Dean/Principal/Director.

Name of the Institution : ACSR GOVERNMENT MEDICAL COLLEGE

Address : DARGAMITTA, NELLORE, SPSR NELOORE DISTRICT
ANDHRA PRADESH

Telephone No. : 0861-2316299, 7680808007

Date: *Biswas*
7.1.15 *[Signature]*
*7/1/14**[Signature]*Signature with stamp, Dean/Principal/Director
Principal
A.C.S.R. Govt. Medical College
Nellore - SPSR, Nellore (Dt.)

E-mail : acsrgmcnlr@gmail.com

Fax : 0861-2317299

Website : www.acsrgmcnlr.edu.in

Management : Government

Regn. no. of Society/Trust/Company: : NOT APPLICABLE

Consent/Affiliation from University : YES (LR No.223/A2/12 dated 27/9/2012) ENCLOSED

Period of Validity : 2 YEARS

No. of seats as per Essentiality Certificate : 150 SEATS
(Information not required for renewal/recognition inspection)

Period of Validity : 2 YEARS

Assessment Date : 06.01.2015 & 07.01.2015

Last Assessment Date : 27.05.2014 & 28.05.2014

1.2 For LOP ONLY:

(a) Location: The applicant college is located in _____ (city/village) of _____ talluka _____ district of _____ state.

Date:

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Signature with stamp Dean/Principal/Director
A.C.S.R. Govt. Medical College
Nellore - SPSR. Nellore (DL.)

(b) The College has following plots of land:

Plot #	Survey #	Place	Area	Remarks if any
BIT -1 IN Sl No 2010-2013	567 570 2010 to 2024	NELLORE TOWN	67.50 ACRES	<u>NIL</u>
JUBILEE MATERNITY HOSPITAL		NELLORE TOWN	5 ACRES	<u>NIL</u>

(c) The campus is unitary/ divided into 03 parts. If not unitary distance between parts. 3 KMS.

1.3 **Building Plan approval from the competent authority:** MUNICIPAL CORPORATION, NELLORE, UNDER PROCESS G+4.

1.4 **Buildings:**

College: 26,271sq.mt.
Hospital (including OPD): 15,823.07 sq.mt. MCH BLOCK: 9,488 sq.mt
Hostel & Residential complex -----sqmt.

1.5 **Building Use/ Occupancy Certificate:** approved by _____ order no: _____ dated _____.

1.6 **Nearest airport:** 100 kms (Renigunta) (Information not required for renewal/ recognition inspection)

1.7 **Nearest Railway Station:** 6 kms

1.8 **Water Supply:** Through Municipal / Borewells. (Information not required for renewal/ recognition inspection)

1.9 **Electric supply:** Sanctioned Load 200 KVA. (Information not required for renewal/ recognition inspection)

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Principal
A.C.SIR. Govt. Medical College
Nellore - SPSR. Nellore (Dt.)

1.10 Generators: available/not available, Available load Available load 125 KVA TO Hospital, 25 KVA to Blood Bank. 160 KVA to Medical College

1.11 Drainage & sewage disposal (Information not required for renewal/recognition inspection):

1.12 Working Hours:

1. OPD Timings: 09:00 am to 01:00 pm
2. College Timings: 09:00 am to 04:00 pm
3. Library Timings: 09:00 am to 09:00 pm

1.13 Annual Budget: College & Hospital

ENCLOSED - Annexure - I

Year	Current Financial Year	
	College	Hospital
Salary		
- Doctors		
- Resident Doctors		
- Other Staff		
Technical Training		
Library & Education		
Maintenance		
Contingencies		
Others		
Total		

Date:

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Signature

Signature with stamp: Dean/Principal/Director

A.C.S.R. Govt. Medical College
Nellore - SPSR. Nellore (Dt.)

1.14 Paramedical staff (Nos.): Give details of technicians department wise:

Department	Technician	Assistant	Attendant	Other
Radiology	05	07	04	02
Biochemistry	07	07	04	01
Microbiology	05	05	04	01
Serology	04	02	02	00
Heamatology	04	04	02	00
Histo-pathology	02	02	01	00
Cytopathology	02	02	01	00
OT	04	02	04	02
Anesthesia	02	02	02	01
Blood Bank	04	04	01	01
Labour Room	00	00	02	02
Emergency Room	02	02	02	02
CSSD	02	04	02	02
Mortuary	00	02	02	02

Date:

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Signature with stamp Dean/Principal/Director
A.C.S.R. Govt. Medical College
Nellore - SPSR, Nellore (D.)

Laundry	00	00	02	02
Electrical	01	02	00	02
Housekeeping	00	00	00	00
Bio-medical	00	00	00	00
BWM	00	00	00	00
Pharmacy	00	06	02	04

1.15 Nursing Staff available:

Department	Technician	Assistant	Attendant	Other
Anatomy	02	02	03	02
Biochemistry	04	04	02	02
Physiology	02	02	02	02
Microbiology	05	03	02	02
Pathology	07	04	03	02
Forensic Medicine	02	02	02	02
Community Medicine	02	01	02	01
Pharmacology	02	03	02	02
UHC	01	01	01	02
RHC	01	01	01	02

Date:

Reviewed
7.1.15

09/2/15

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Signature with stamp Dean/Principal/Director

A.C.S.R. Govt. Medical College
Nellore - S.P.S.R. Nellore (D.O.)

Category	No of Beds 350	
	Required Nos.	Available Nos.
Staff Nurses	1:30 beds	49
Sister Incharge	02	03
ANS	02	02
DNS	01	02
Nursing Suptd	02	02
Total	43	58

1.16 Medical Education Unit (MEU): (Information not required for LOP inspection)

Available as per Regulations : Yes

Name of the MEU coordinator : Dr.Ch.Srinivasa Rao, Professor & HOD Microbiology,

Details of affiliated faculty :

Details of the Orientation programme and Basic Course Workshop undergone by MEU } :
Coordinator

Name of the MCI Regional Centre where
above training has been undertaken : Basic Training , At Gandhi medical College, Secunderabad.

Date/s of the above workshops : Oct 2010

Date:

Reviewed
7.1.18

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Signature with stamp Dean/Principal/Director
A.C.S.R. Govt. Medical College
Nellore - SPSR, Nellore (D)

Details & Duration of Workshops in Medical Education Technology conducted by MEU:

Details of faculty who have undergone basic course workshop in *Medical Education Technology* at the allocated MCI Regional Centre

Feedback evaluation of workshops and action taken reports on the basis of feedback obtained (comments in the annexure II)

1.17 Continuing Medical Education : (Information not required for LOP inspection)

Details of CMEs/workshop organized by the college held in the past 1 year:

Details of the credit hours awarded for the past one year (details/comments in annexure)

1.18 College Council : (Information not required for LOP inspection)

- Name, designation, contact no. and address of the President & Secretary. Dr.N.Prabhakar Rao M.D, Principal ,
- Composition of the Council (HODs as members & Principal / Dean as chairperson) Attached.
- No. of times the College Council meets per year (min 4) : 4
- Action taken report on College Council Meetings (details / comments in annexure II)

1.19 PG Course: If the college is running PG course; Please mention the intake of PG seats subject wise Not Applicable

Sr No.	Subject	No. of Permitted sets	No. of recognized seats

1.20 Clinical Material

Date:

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Principal

Signature with stamp Dean/Principal/Director

A.C.S.R. Govt. Medical College
Nellore - SPSR. Nellore (Dt.)

Item	Daily average (for last 3 randomly selected months)as provided by institute
O.P.D. attendance (At the end of OPD timing)	1200
Casualty attendance (24 hrs. data)	70
No of admissions	60
No. of discharges	30
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %	<p style="text-align: center;">296</p> <p style="text-align: center;">300 350</p> <p>84.57% / 90% at times up to 110%</p>
Operative Work	
No, of major surgical operations	15
No. of minor surgical operations	25
No. of normal deliveries	12

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Signature with stamp Dean/Principal/Director

A.C.S.R. Govt. Medical College
Nellore - SPSR. Nellore (Dt.)

Item	Daily average (for last 3 randomly selected months)as provided by institute	
	O.P.D	I.P.D
No. of caesarian sections	8	
<u>Radiological Investigations</u>	O.P.D	I.P.D
X-ray	30	20
Ultrasonography	30	10
Barium, IVP etc.	15	10
C.T. Scan	5	3
<u>Laboratory Investigations - No of Tests</u>	O.P.D	I.P.D
Biochemistry	90	
Microbiology	20	40
Serology	50	25
Haematology	50	20
Histopathology	5	30

Date:

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Signature with stamp Dean/Principal/Director
A.C.S.R. Govt. Medical College
 Nellore - SPSR. Nellore (Dt.)

Item	Daily average (for last 3 randomly selected months)as provided by institute	
	Cytopathology	10
Others		
Any other (HIV/AIDS, DOTs, Malaria etc)	90 (includes ICTC, CD4)	

1.21 College Website

Sr. No.	Details of information	Provided or not (with no & date)
1	Dean, Principal & M.S.	<p align="center">COLLEGE WEBSITE IS UNDER UPDATION AS FIRST BATCH STUDENTS ARE ADMITTED IN SEPTEMBER 2014</p>
2	Staff-Teaching & non Teaching*	
3	CME, Conference, academic activity conducted	
4	Awards, achievements received by the faculty.	
5	Affiliated university and its VC & Registrar.	
6	Details of the MCs infrastructure a) Academic Facilities (LT, Demo rooms, Common rooms, Labs, Library, Skill lab, Computer Lab, Auditorium):	

Date:

Abhishek
9.1.15

Dr. S. S. S.
9/1/15

Dr. S. S. S.

Dr. S. S. S.

Signature with stamp Dean/Principal/Director
A.C.S.R. Govt. Medical College
Wellore - SPSR, Nellore (Dt.)

Sr. No.	Details of information	Provided or not (with no & date)
	b) Hospital: c) Residential Facilities: Hostel, Cafeteria, Mess, d) Recreation Facilities: Indoor & Outdoor e) Medical Facilities for Students & Staff	
7	Citizen Charter	
8	List of students admitted category wise (UG & PG) in current and previous year.	
9	Results of all examinations in previous year.	
10	Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc..	
11	Toll free number to report ragging.	
12	No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee.	

Undertaking - To be given by the Dean/Principal of the Institute

I hereby given an undertaking that :

- (i) The college will admit students only after obtaining the permission from Central Govt.

Date:

Abhishek
7.6.15

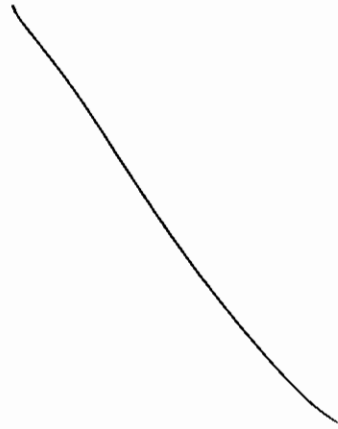
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[Signature]

Signature with stamp Dean/Principal/Director

A.C.S.R. Govt Medical College
Nellore - SP&R. Nellore (Dt.)

- (ii) In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for any such misdeclaration or misstatement.
- (iii) In case, the declaration made by me is found to be false in any material point then necessary Civil / Criminal proceedings, including prosecution under Section 199 of the Indian Penal Code, 1860, may be initiated against me by the Competent Authority.
- (iv) The college has obtained all requisite statutory approvals.
- (v) The college has fulfilled all requirements as per the applicable Minimum Standard Requirement for the Medical College Regulations, 1999.
- (vi) The mandatory requirements laid down by the Persons with Disabilities Act are met by the college



Date:

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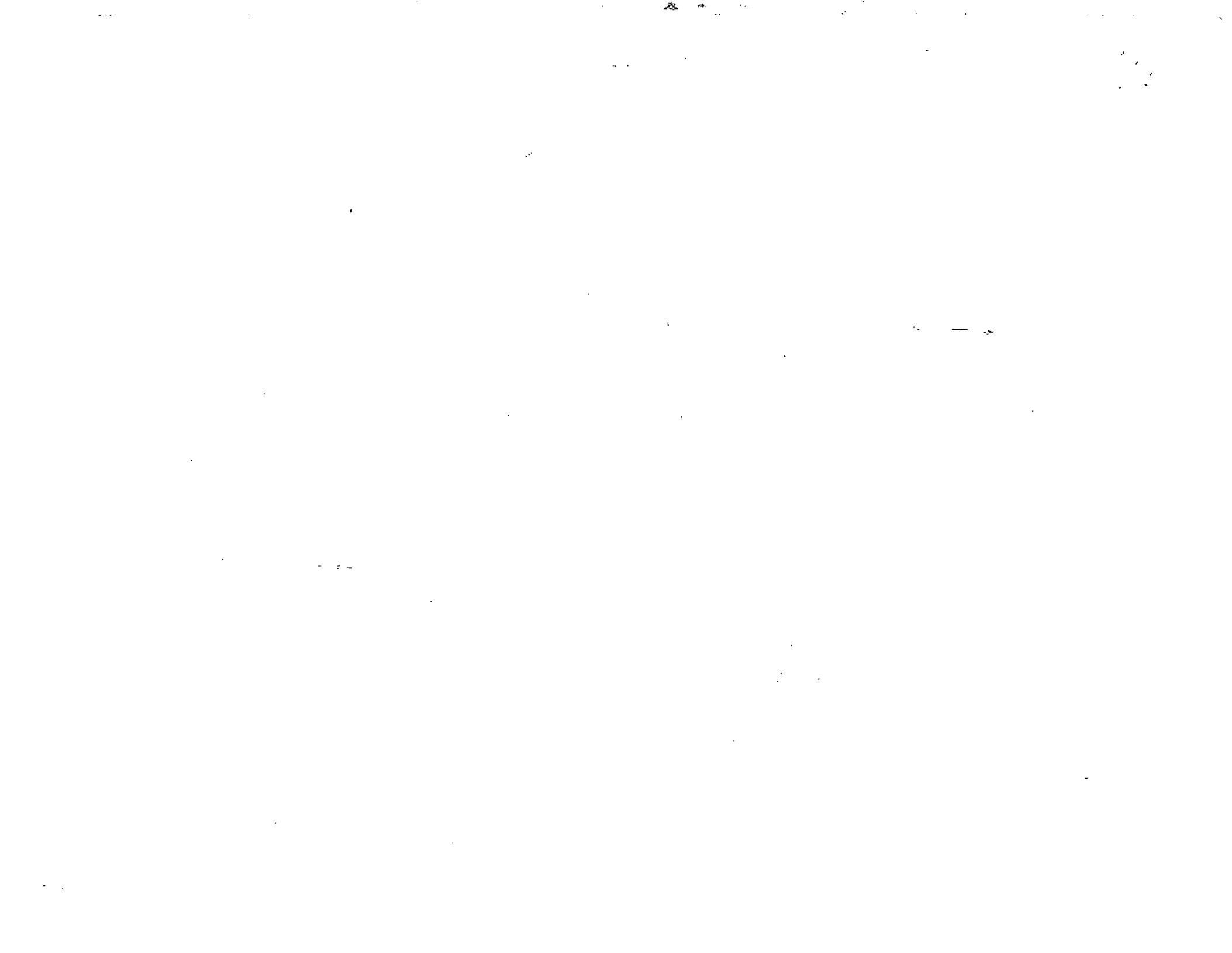
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Signature with stamp Dean/Principal/Director

A.C.S.R. Govt. Medical College
Nellore - SPOR, Nellore (DL)



Dy. No 145595 1

dt. 09/01/15

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 150 - MBBS ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)

Part A-II
(to be filled by the Assessors)

1.1 Type of Assessment

U/S 10A-regular/compliance: Letter of Permission (), 1st renewal (✓), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 11- Recognition - Regular/Compliance

Continuation of Recognition/Compliance ()

Any Other: _____

Name of the Institution	:	ACSR GOVT MEDICAL COLLEGE
Address	:	DURGA MITTA NELLORE, SPSR NELLORE DISTRICT, ANDHRA0861- PRADESH
Telephone No.	:	0861-2317299
E-mail	:	acsrgmcnlr@gmail.com
Council Letter No & Date	:	

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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

Date:

Assessment Date:	06/01/2015 & 07/01/2015	Last Assessment Date :	27/05/2014 & 28/05/2014
PG Courses	:	No	

Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No	Email
Dr. Arati Biswas	Professor, Dept. of Obst. & Gynec., Calcutta National Medical College, Kolkata - 700014, West Bengal	09433137666	dr.aratibiswas@gmail.com
Dr. M. P. Parchand	Dean & Professor, Dept. of Anatomy, Indira Gandhi Medical College & Hospital, Nagpur, Maharashtra	09422147236	mparchand@gmail.com
Dr. A. Edwin Joe	Addl. Professor, Dept. of Forensic Medicine, Thoothukudi Medical College, Thoothukudi, Tamil Nadu	09443378182	dredwinjoe@yahoo.co.in

1.2 The College has following plots of land:

The campus is 67.5 acres located in Dargamitta, Nellore	unitary
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M. P. Parchand
7.1.15

A. Edwin Joe

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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

Date:

- 1.3 **Dean/Principal:** Dr.N.PrabhakaraRao M.D (FMT) with 22 years of teaching experience - 14 yrs of professor & 03 yrs of experience of Asso Prof and 05 yrs 03 months as Asst.Professor. He is also holding the post of Professor in the Department of Forensic Medicine.

Dean Office is located in **Main campus** of the college/building along with the administrative block. Adequate space (as per MSR guidelines by MCI) and other required facilities (as given in the table below) are provided/not provided to the administrative staff.

Office Space Requirement	Requirement Space (mts)	Available
Dean/Principal Office	69.58 sq.m	Adequate
Staff Room	323.88 sq. mts	Adequate
College Council Room	87.96 sq. mts.	Adequate

1.4 **Medical Education Unit (MEU):**

Available as per Regulations	:	Yes
Name of the MEU coordinator	:	Dr. Ch. Srinivasa Rao, Professor & HOD in Microbiology

Signatures of the Assessors

Date:

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Ch. Srinivasa Rao
7.1.15

Ch. Srinivasa Rao
7.1.15

Signatures of the Dean/Principal

Date:

Name, Designation & Experience of affiliated faculty	:	Dr. Ch. Srinivasa Rao, Professor & HOD in Microbiology
Name of the MCI Regional (Nodal) Centre where above training has been undertaken	:	Gandhi Medical College, Secunderabad
Details of the Orientation programme and Basic Course Workshop undergone by MEU(No. of programmes organized during Academic year, No. of People attended, proceedings (to be verified at the time of assessment)	:	Basic Training in Medical Education Training, Regional Centre, Gandhi Medical College, Secunderabad.
Date/s of the above workshops	:	October 2010
Details & Duration of Workshops in Medical Education Technology conducted by MEU	:	Nil
Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	CMC Vellore
Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	Nil
Feedback evaluation of workshops and action taken reports on the basis of feedback obtained	:	Nil

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Signatures of the Assessors

Signatures of the Dean/Principal

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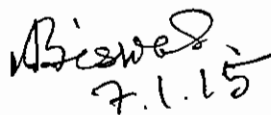

1.5 Continuing Medical Education :

No and Details of CMEs/workshop organized by the college held in the past 1 year	:	1
Details of the credit hours awarded for the past one year		2 hrs

1.6 College Council :

Name, designation, contact no. and address of the President & Secretary.	:	Dr. Prabhakar Rao, MD (FMT), Principal
Composition of the Council (HODs as members & Principal / Dean as chairperson)		All HODs of the College
No. of times the College Council meets per year (min 4)	:	FOUR
Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure II)		

Signatures of the Assessors

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Signatures of the Dean/Principal

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Date:

Date:

1.7 Pharmacovigilance Committee: Present
 No of meeting in the previous yrs. ONE (Minutes to be checked)

1.8 Examination Hall-cum-auditorium:

1. Area Requirement	Available	2. Capacity Requirement	Available
1347 sq.m	Not Applicable	400	800

1.9 Lecture Theatres:

	Medical college		Hospital	Comments
	180 seating capacity Reqd - Gallery type	350 seating capacity Reqd - 1 Gallery type	_____ seating capacity reqd. Gallery type Reqd - 1	
Number	4	1	<u>NA</u>	
Capacity	180 capacity each (4 halls)	360 capacity 1 hall		
Type (Gallery)	Yes	Yes		
A.V. Aids	<u>Yes</u>	<u>Yes</u>		
Facility for E-class	<u>Yes</u>	<u>Yes</u>		

Signatures of the Assessors

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Signatures of the Dean/Principal

Date:

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1.10 Library

Air-conditioned - Under Process

Working Hours:

- a. Stack room : 09:00 A.M. to 04:00 P.M.
- b. Reading room : 09:00 A.M. to 04:00 P.M.

	Required	Available	Remarks
Area	2400 Sq. mt.	20431 Sq.m.	
Student Reading Room (Inside)	150 Capacity	150 Capacity	
Student Reading Room (Outside)	150 Capacity	150 Capacity	
Staff Reading Room	50 Persons	50 Persons	
Room for Resident/PG reading room	-	-	
Particulars	Required Nos.	Available Nos.	Remarks
No of Books	3000	3000	
Journals (Indian)	14	14	
Journals (Foreign)	06	06	
Internet Nodes	20	30	

Staff Available

Librarian		1
Deputy/ Assistant Librarian		2
Others		3

Signatures of the Assessors

B. Sreedhar
7.1.15

M. S. Reddy
7.1.15

Ch. Srinivas

M. S. Reddy
7.1.15

Signatures of the Dean/Principal

Date:

Date:

1.11 Common Room for Boys & Girls

	Area Required Sq. Mt.	Available Area Sq. Mt.	Toilet - Attached Y/N
Boys	150 sq. mt.	197 sq. mt.	YES
Girls	150 sq. mt.	150 sq. mt.	YES

1.12 Central Photography Section: Available Yes
 Staff Yes
 Equipment Yes

1.13 Hostel: Location - Within campus

Hostel Category	Required Capacity	Available Capacity (No Rooms X capacity of each room = Total capacity)	Furnished (Y/N)	Toilet Facility Adequate/ Inadequate	Mess (Y/N)	Hygiene of Hostel campus Y/N	Visitor room, AC Study room with internet & Computer, Recreation room with TV, Music, Indoor Games Y/N	Remarks
UG Students	226	234 + 180	Semi	Adequate	Yes	Yes	Yes	
Interns	-	-	-	-	-	-	-	
Resident	76	80	Semi	Adequate	Yes	Yes	Yes	
Nurses	34	60	Yes	Adequate	Yes	Yes	Yes	

Comments:

Signatures of the Assessors

Date:

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Signatures of the Dean/Principal

Date:

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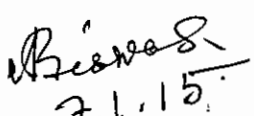
Residential Quarters:


Category	Required Nos.	Available Nos.	Remarks
Teaching Staff	23	25	
Non-Teaching Staff	32	35	

Comments:**1:14 Recreational Facilities:**

Outdoor games		Yes
Play field/s		
Type of games		
Indoor games facilities		Yes
Gymnasium		Available (PO given)

1.15 Gender Harassment Committee -: Yes (Documents to be seen at the time of assessment)


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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

Date:

TEACHING HOSPITAL

2.1 Name of the Hospital: ACSR GOVERNMENT MEDICAL COLLEGE
Owned by: Government

2.2 Name of the Medical Superintendent: Dr. Bharathi, MD (OBGY), with 11 years administrative experience.

Office Space Requirement sq. mt.	Availability	Comments
Dean/Principal's Room	37.5 sq. mt.	Adequate
Medical Supdt's Office	48 sq. mt.	Adequate
Office Space	157 sq. mt.	Adequate

2.3 **Teaching and other facilities :**

OPD Timings	:	09:00 A.M. to 01:00 P.M.
Separate Registration areas for male/female patients available	:	Yes
Separate Registration counters for OPD/IPD	:	Available

Signatures of the Assessors

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Signatures of the Dean/Principal

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Date:

Date:

Are the Registration counters computerized	:	Partly computerized
Staff for registration center	:	adequate
Waiting areas for above patients available	:	Yes
No. of rooms for examination of patients (Reqd 4 for all departments.	:	Adequate
Capacity of teaching area in each department (30 students / department reqd)	:	Adequate
Enquiry Desk	:	Yes

2.4 Facilities available in OPD

-Medicine Injection room - Male - Female	Yes Yes	E.C.G. Room	Yes
Surgery Dressing room - - Male - Female	Yes Yes	Minor OT	Yes

Signatures of the Assessors

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Date:

Signatures of the Dean/Principal

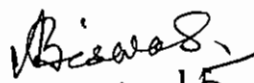
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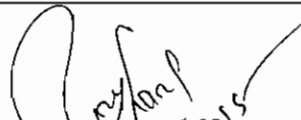
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Orthopaedics Plaster room Dressing room - - Male - Female	Yes Yes Yes	Plaster cutting room	Yes
Ophthalmology	Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room	Yes Yes Yes	
ENT	Audiometry (AC & Sound proof) Speech Therapy	Yes Yes	
Pediatrics	Child Welfare Clinic Immunisation Clinic Child Rehabilitation Clinic	Yes Yes Yes	
OBS & GYN	Antenatal Clinic Sterility Clinic	Yes Yes	

Signatures of the Assessors

Date:



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Signatures of the Dear Principal

Date:


7.1.15

	Family Welfare Clinic	Yes
	Cancer Detection Clinic	Yes

Comments :

2.5 Total Number Of Teaching Beds 350 - Distance between two beds should be 1.5m.

Teaching Hospitals in Campus with Total Beds 250.

Teaching Hospitals in Outside the Campus (03 Kms. from the campus) with Total Beds 100.

Department	Unit Nos.	Beds Required	Beds Available			Remarks if Any
			Male	Female	Total	
Gen. Medicine	03	72			72	
Pediatrics	02	24			24	
TB & Respiratory Medicine	01	08			18	
Psychiatry	01	08			08	
Dermatology	01	08			08	
Gen. Surgery	03	90			90	
Orthopedics	02	30			30	

Signatures of the Assessors

Date:

W. S. S. S.
7.1.15

Ray Khan
7-1-15

Dr. M. K. S.

[Signature]
7/1/15
Signatures of the Dean/Principal

Date:

Ophthalmology	01	10			10	
ENT	01	10			10	
OB & GYN	02	40			80	
Total	17	300			350	

2.6 Ward Facilities:

Department	Wards			Nursing Station Y/N	Examination/ Treatment Room Y/N	Pantry Y/N	Store Room Y/N	Doctor/Students Duty Room Y/N	Demo Room (25 Capacity) Y/N	Remarks if any
	No	Beds M	Beds F							
Gen. Medicine	1			24	Y	Y	Y	Y		Only 2 Demo Rooms Available and others are allocated in the New Building under renovation
	2			24					-	
	3			24						
TB & Respiratory Medicine	1			18	Y	Y	Y	Y	-	
Pediatrics	1			24	Y	Y	Y	Y	-	
	2									
Psychiatry	1			8	Y	Y	Y	Y	-	
Dermatology	1			8	Y	Y	Y	Y	-	
Gen. Surgery	1			90	Y	Y	Y	Y	-	

Signatures of the Assessors

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Signatures of the Dean/Principal

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Date:

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Department	Wards			Nursing Station Y/N	Examination/ Treatment Room Y/N	Pantry Y/N	Store Room Y/N	Doctor/Students Duty Room Y/N	Demo Room (25 Capacity) Y/N	Remarks if any
	No	Beds M	Beds F							
	2									
	3									
Orthopedics	1			30	Y	Y	Y	Y		
	2									
Ophthalmology	1			10	Y	Y	Y	Y		
ENT	1			10	Y	Y	Y	Y		
OB & GYN	1			50	Y	Y	Y	Y		
	2			30						

Comments :

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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

Date:

2.7 Clinical material (*Random verification to be done by the Assessor).

Assessor should randomly verify the monthly data and fill accordingly in the daily average columns, specifying the months

Item	Daily average (for last 3 randomly selected months)as provided by institute	On Day of assessment	Remarks
O.P.D. attendance (At the end of OPD timing)	1200	1100	
Casualty attendance (24 hrs. data)	70	80	
No of admissions	60	70	
No. of discharges	30	44	
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %	296 350 84.57%	249 350 71.14%	

Signatures of the Assessors

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Signatures of the Dean/Principa

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Date:

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Item	Daily average (for last 3 randomly selected months)as provided by institute		On Day of assessment		Remarks
	O.P.D	I.P.D	O.P. D	I.P.D	
<u>Operative Work</u>					
No, of major surgical operations	15		12		
No. of minor surgical operations	25		20		
No. of normal deliveries	10		8		
No. of caesarian sections	5		6		
<u>Radiological Investigations</u>					
X-ray	30	20	40	22	
Ultrasonography	30	10	50	11	
Barium, IVP etc.	15	10	10	8	
C.T. Scan	5	3	6	4	

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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

Date:

Item	Daily average (for last 3 randomly selected months)as provided by institute		Day of assessment		Remarks
<u>Laboratory Investigations - No. of Tests</u>					
Biochemistry	90	40	98	55	
Microbiology	20	25	18	12	
Serology	50	20	75	18	
Haematology	50	30	75	35	
Histopathology	5	5	4	6	
<u>Cytopathology</u>	10	8	15	10	
<u>Others</u>					
Any other (HIV/AIDS, DOTs, Malaria etc)	90		110		

Comments:

Signatures of the Assessors

Date:

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Signatures of the Dean/Principal

Date:

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2.8 Medical Record Section:

Manual / Computerized **MANUAL**

ICD X classification of diseases followed for indexing : **NO**

Staff:

Medical Record Officer - Yes

Statistician - Yes

2.9 Central casualty services :

No of Beds: Required 10 Available 10

- Number of doctors posted / Shift : 01 CMO - Required 05 Available 09
- Number of nurses posted / Shift: 03
- Separate casualty for OBGY cases: **Not available, if yes No. of beds**

Equipment	Availability	Number
Oxygen & suction facility	Central	
Pulse oximeter	Available	04
Ambu bag	Available	02
Disaster trolley	Available	01

Signatures of the Assessors

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Date:

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Equipment	Availability	Number
Crash Cart	Available	02
Emergency Drug Tray	Available	03
Defibrillator	Available	01
Ventilator	Available	01
X-ray Unit -- (Mobile)	Available	01
Minor OT	Available	01

Comments:

2.10 Clinical Laboratories

(a) **Central Clinical Laboratory: Under control of department of :** Pathology.

Separate sections for pathology, microbiology, hematology & biochemistry: **available.**

Technical staff : Adequate (as per Minimum Standard Requirements)

(b) Other laboratories: 02 Nos. (give no. and locations) ICTC, PPTC & Malaria

Signatures of the Assessors

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Signatures of the Dean/Principal

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Date:

Date:

2.11 Operation theatres

- No. of Major operation theatres required: 05 No. of Major operation theatres available:: 06
- No of Minor operation theatres required: 02 No of Minor operation theatres available: 03

2.12 Equipment available in O. T. Block (Specify numbers)

<u>Dept</u>	<u>Theatres Nos.</u>	<u>OT Table Nos.</u>	<u>A/C Y/N</u>	<u>Central Oxy/ Nitrous Oxide Y/N</u>	<u>Anesthesia Machine Y/N</u>	<u>Multipara Monitor with Capnograph Y/N</u>	<u>Defibrillators Y/N</u>	<u>Infusion Pumps Y/N</u>	<u>Remarks</u>
Gen Surgery	<u>1</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
ENT	<u>1</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	
Ophthal	<u>1</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	
Ortho	<u>1</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	
OBS & GYN	<u>1</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
<u>ER / Septic</u>	<u>1</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	

Pre-Anaesthetic/Pre-operative Beds : Available 05

Post Operative Recovery room beds : Available 10

Signatures of the Assessors

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Signatures of the Dean/Principal

Date:

Date:

2.13 Intensive Care: Following intensive areas are available -

Type	Beds (Required)	Beds (Available)	Patients on day of assessment	AC Y/N	Central Oxygen/Suction Y/N	Major Equipment (Monitor, Ventilator, ABG, Pulse Oximeter etc.) Y/N	Remarks if any
ICCU	5	<u>5</u>		<u>Y</u>	<u>Y</u>	<u>Y</u>	
ICU	5	<u>5</u>		<u>Y</u>	<u>Y</u>	<u>Y</u>	
SICU	5	<u>5</u>		<u>N</u>	<u>Y</u>	<u>Y</u>	
NICU/PICU	5	<u>10</u>		<u>N</u>	<u>Y</u>	<u>Y</u>	

2.14 Labour Room

Rooms	Beds	Remarks
Clean Cases	20	
Septic Cases	05	
Eclampsia	05	

Signatures of the Assessors

Date:

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Signatures of the Dean/Principal

Date:

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2.15 Radiological Facilities:

Equipment	Required no.	Available no.	AERB Approval	Functional Status at the time of assessment	Remarks if any
Mobile X Ray 30 mA : 01 No. 60 mA : 01 No.	<u>01</u> <u>01</u>	<u>01</u> <u>01</u>	<u>IN PROCESS</u>	<u>YES</u>	
Static X Ray 300 mA : ___ No. 500mA : ___ No. 800 mA ___ No 1000mA ___ No. IITV & Fluroscopy	<u>01</u> <u>01</u> <u>01</u> <u>01</u> <u>01</u>	<u>01</u> <u>01</u> <u>01</u> <u>01</u> <u>01</u>	<u>IN PROCESS</u>	<u>YES</u>	
CT	<u>01</u>	<u>01</u>	<u>IN PROCESS</u>	<u>YES</u>	

Equipment	Required no.	Available no.	PNDT Approval Y/N	Functional Status at the time of assessment	Remarks if any
USG :	02	06	Y	<u>YES</u>	

Signatures of the Assessors

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Signatures of the Dean/Principal

Date:

2.16 Blood Bank:

Available and functional: **Yes**

Number of units dispensed in a day **05**

Number of units stored on day of assessment

License valid up to: **SUBMITTED FOR RENEWAL - UNDER PROCESS (LICENCE NUMBER AND COPY ANNEXED)**

Blood Separation Facility - Available

2.17 Pharmacy: Pharmacist/Staff available: List to be included **LIST ENCLOSED**

- No. of sub-stores located in different parts of hospital: **02**
- Average no. of patients per day given drugs: **1100 outdoor & 250 indoor.**

2.18 Central sterilization Department :

- Timings **08:00 A.M. TO 08:00 P.M.** & Shifts: **02 Under Renovation in New Building, presently doing in the Theatres itself.**
- Equipment: **Horizontal autoclaves 03 / Vertical autoclaves 04, bowl sterilizer 02& instrument washing machine & disinfecting 01.**
- ETO Sterilisers: **No**
- No. of Bins Trays Packs sterilized /day. **And bins___ Trays ___, packs ___ sterilized on day of assessment :**
- Separate receiving and distribution points **Yes**
- staff: **adequate** **Incharge: _____**

2.19 Intercom: Available : **yes**

Signatures of the Assessors

Assessor 1
7.1.15

Assessor 2
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Assessor 3
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Signatures of the Dear/Principal

Principal
7/1/15

Date:

Date:

No. of incoming lines 04 No. of extension lines: 60

2.20 Central laundry/Alternative Arrangements:

In House/Outsourced: **OUTSOURCED**

No. of staff available: _____

Type of Laundry: Mechanized / Manual

Equipments: Bulk washing machine _____ Hydro extractor _____, Rolling machine _____ and Storage Area _____.

2.21 Kitchen/ Alternative Arrangements

- Electric City /Gas **DIET CONTRACTOR**
- Food free of charge: yes/no Number of patients _____
- Provision of special diet: yes/no
- Services of a nutritionist/dietician: available/not available If Available Number: _____
- Storage facilities
- Service trolley

2.22 Total no. of Canteens: For staff 01, For students 01.

2.23 Arrangements for Biomedical Waste Management. **OUTSOURCED**

Mention the State Pollution Control Board Policy in this regards if any (In-House/Through Central Agency):

Signatures of the Assessors

Date:

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Signatures of the Dean/Principal

Date:

Authorisation Certificate from State Pollution Control Board: UNDER RENEWAL PROCESS

- Outsourced/in-house : (if outsourced, append MOU) (If in-house, please specify details of facilities available)

2.24 Nursing and Paramedical staff :

Nursing staff:	No of Beds 350	
Category	Required Nos.	Available Nos.
Staff Nurses	1:30 beds	49
Sister Incharge	02	03
ANS	02	02
DNS	01	02
Nursing Suptd	02	02
Total	43	58

Paramedical And Non teaching staff	Required Nos.	Available Nos.
	70	120

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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

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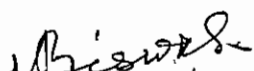
MEDICAL COLLEGE

3.1 College Website: (to be updated every month with no & date)

Sr. No.	Details of information	Provided or not (with no & date)
1	Dean, Principal & M.S.	COLLEGE WEBSITE IS UNDER UPDATION AS FIRST BATCH STUDENTS ARE ADMITTED IN SEPTEMBER 2014
2	Staff-Teaching & non Teaching*	
3	CME, Conference, academic activity conducted	
4	Awards, achievements received by the faculty.	
5	Affiliated university and its VC & Registrar.	
6	Details of the MCs infrastructure a) Academic Facilities (LT, Demo rooms, Common rooms, Labs, Library, Skill lab, Computer Lab, Auditorium): b) Hospital: c) Residential Facilities: Hostel, Cafeteria, Mess, d) Recreation Facilities: Indoor & Outdoor e) Medical Facilities for Students & Staff	
7	Citizen Charter	
8	List of students admitted category wise (UG & PG) in current and previous	

Signatures of the Assessors

Date:

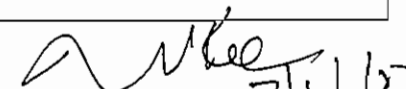

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Signatures of the Dean/Principal

Date:


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Sr. No.	Details of information	Provided or not (with no & date)
	year.	
9	Results of all examinations in previous year.	
10	Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc..	
11	Toll free number to report ragging.	
12	No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee.	

* Drop down menu - department wise; details of teaching & non teaching staff to be incorporated in the web site

3.2 Teaching Programme:

Didactic teaching	Yes
Demonstration	Yes
Integrated teaching (Horizontal/Vertical teaching)	Yes
Clinical posting	NOT APPLICABLE
Clinical Pathological Conference	Yes
Grand Rounds	Yes
Statistical Meeting	Yes
Seminars	Yes

Teaching roster & Attendance Register to be verified at the time of assessment.

Signatures of the Assessors

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Signatures of the Dear/Principal

Date:

Date:

Comments:

Teaching Facilities:

3.3 Anatomy

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	AVAILABLE
Number of practical laboratory/ies -	02	02	Museum	AVAILABLE
Number of Lab seats -	75 + 75	75 + 75	Mounted specimens	40
Number of microscopes/laboratory	80	90	Models	50
			Bone Sets	30
			MRI CT	20
Number of dissection tables	10	12	Number of cadavers	
Cold store / cooling chambers	04	06	Storage tank	04
Embalming room	01	01	Band saw	01
Lockers	150	150		

Adequate exhaust, light, water supply and drainage facilities - Available

Deficiency if any: Less cadavers, less specimens, less models, less charts

3.4 Physiology

Number of Demonstration Room/s	Required	Available	AV Aids	AVAILABLE
	02	02		

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Signatures of the Dean/Principal

Date:

Capacity	80	80		
Mammalian laboratory	01	01	Haematology laboratory	01
Departmental Library	01	01	Clinical Physiology	01
Preparation rooms	01	01	Research Lab.	01

Deficiency if any: NIL

3.5 Biochemistry

Number of Demonstration Room/s	Required	Available	AV Aids	AVAILABLE
Capacity	02	02		
	80	80		
Number of practical laboratory/ies -	01	01	Library / Seminar rooms	01
Number of Lab seats -	80	96	Research Lab.	01

Deficiency if any: NIL

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Signatures of the Assessors

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Date:

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3.6 Pathology

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	AVAILABLE
	02 80	02 80		
Practical labs. Morbid Anatomy/Histopath./ Cytology Clinical Pathology/Haematology	01 01	01 01	Museum -Specimens Mounted____ Unmounted____ - -Catalogues	90 60 10
Departmental library	01	01	Research lab.	01

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Signatures of the Assessors

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Signatures of the Dean/Principal

Date:

Date:

3.7 Microbiology

Number of Demonstration Room/s Capacity	Required 02 80	Available 02 80	AV Aids	AVAILABLE
Number of practical laboratory/ies - Number of Lab seats - Number of microscopes/laboratory	01 80 80	01 90 90	Media preparation facility Auto Claving Washing and drawing room	AVAILABLE
Number of service laboratories (7)	07	07	Museum	AVAILABLE

Deficiency if any: Equipments present but not fully functional.

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Signatures of the Dean/Principal

Date:

3.8 Pharmacology

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	AVAILABLE
	02	02		
	80	80		
Experimental Pharmacology	01	01	Museum -Specimens -Charts -Models -History of Medicine -Catalogues	
Clinical pharmacology/pharmacy	01	01		
Departmental Library	01	01		
Research lab.	01	01		

Deficiency if any: Nil

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Signatures of the Dear/Principal

Date:

Date:

3.9 Forensic Medicine

Number of Demonstration Room/s	Required 02	Available 02	AV Aids	AVAILABLE
Capacity	80	80		
Forensic histopathology	01	01	Anthropology	AVAILABLE
Serology	01	01	Toxicology	AVAILABLE
Autopsy room	01	01	Cold storage	AVAILABLE
Museum : Medico-Legal specimens 60, Charts 52, Prototype fire arms 10, slides 05, Poisons 50, photographs 34, catalogues 10				
Departmental library	AVAILABLE			
Research lab.	AVAILABLE			

Deficiency if any: Furniture and equipment to be installed.

Signatures of the Assessors

Date:

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Signatures of the Dean/Principal

Date:

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3.10 Community Medicine

Number of Demonstration Room/s	Required	Available	AV Aids	AVAILABLE
Capacity	02 80	02 80		
Museum : Charts 20, Models 20, Specimens 30, catalogues 10,				
Practical lab.	01	01		
Departmental Library	01	01		
Research lab.	01	01		

Deficiency if any: _____NIL_____.

Health Centers (Department of Community Medicine)

PHC I -: SANGAM (place) 30 KMS (Distance from the college)

PHC II -: ALLIPURAM (place) 10 KMS (Distance from the college)

PHC III -: UCO NAGAR (place) 08 KMS (Distance from the college)

URBAN HEALTH CENTRE

Out of the above three PHCs **SANGAM**, has been upgraded to RHTC.

Population covered by the RHTC	53000
It is under the control of the	ACSR GOVT. MEDICAL COLLEGE

Signatures of the Assessors

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Date:

Signatures of the Dean/Principal

Date:

Students and interns posted in batches of _____ throughout the year	YET TO BE POSTED
Separate blocks for accommodating boys in _____ rooms having _____ beds. Girls _____ rooms having _____ beds.	YES
Facilities for cooking & dining - Yes/No	YES
Daily OPD/IPD	80 / 06
Specialist visits if any	TWICE IN A WEEK
Cold chain equipment available	YES
Survey/MCH/Immunization/FP registers	YES
Activities under the National Health Programmes	MCH SERVICES

Deficiency if any : _____ NIL _____.

Details of U.H.T.C.: UCO NAGAR Place 08 KMS Distance from college

Population covered by the UHC	25000
It is under the control of the	ACSR GOVT. MEDICAL COLLEGE
Students and interns posted in batches of	YET TO BE POSTED

Signatures of the Assessors

Date:


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Signatures of the Dean/Principal

Date:

Daily OPD/IPD	30/05
Survey/MCH/Immunization/FP registers	YES
Specialist visits if any	TWICE IN A WEEK
Deficiency if any	NIL

3.11 CONDUCT OF III MBBS EXAMINATION *(only for recognition under 11(2))* **NOT APPLICABLE**

- University which conducts Examination:
- No. of Candidates appeared in Examination:
- The III MBBS examination (Part-II) was conducted satisfactorily: **yes/no**
- Centre for written/practical examination: _____.

Comments:

Business
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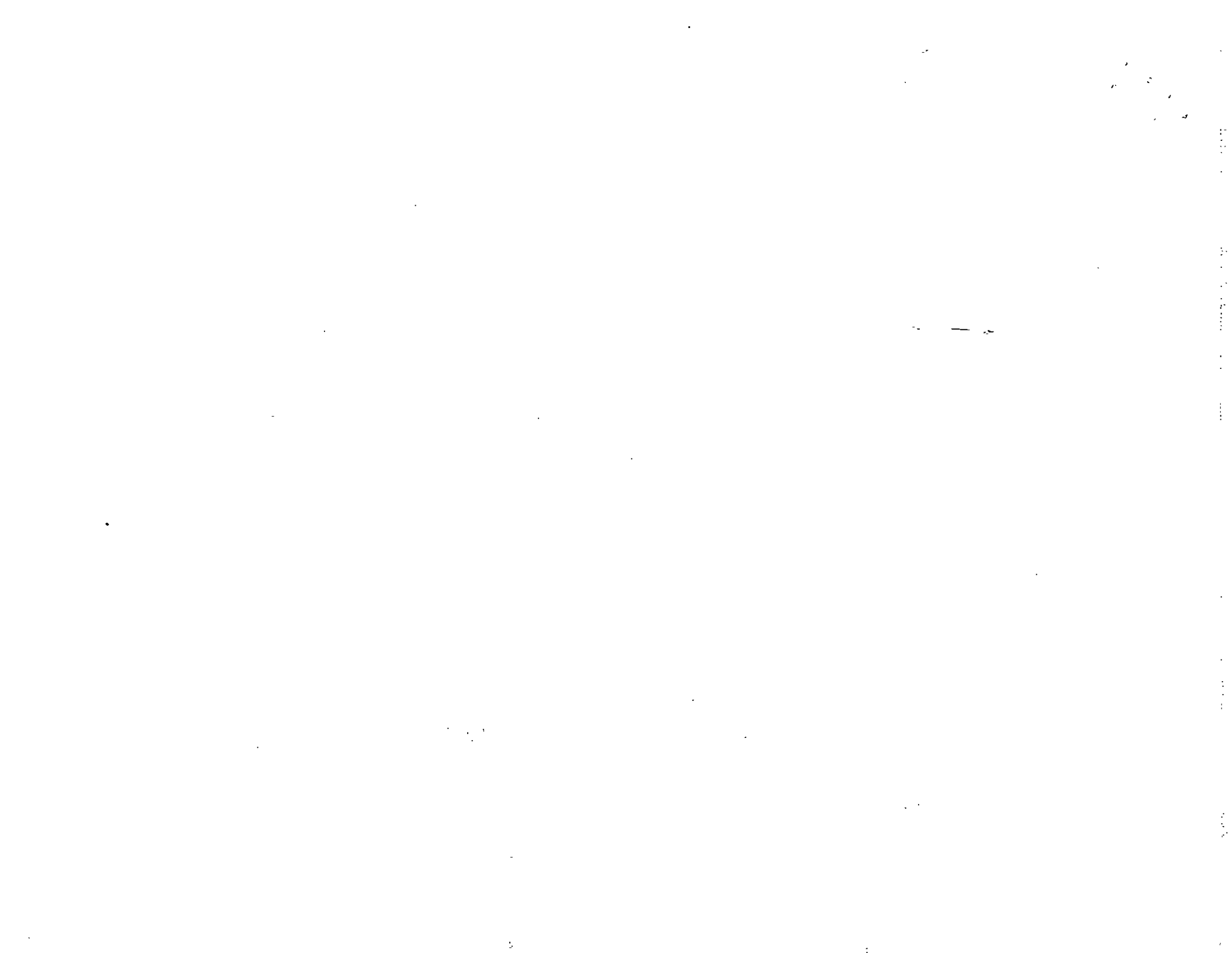
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Signatures of the Assessors

Signatures of the Dean/Principal

Date:

Date:



Medical College-Staff Strength:

Name of College:

Number of students - PG Courses (Yes/No)

Calculation Sheet

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
Anatomy	Professor	1		1	0	1	
	Assoc. Prof.	2		2	2		
	Asstt.Prof.	3		3	2	1	
	Tutor	4		4	4		
Physiology	Professor	1		1	0	1	
	Assoc. Prof.	2		2	1	1	
	Asstt.Prof.	3		3	3		
	Tutor	4		4	1	3	
Biochemistry	Professor	1		1	1		one extra AP can compensate one T
	Assoc. Prof.	1		1	1		
	Asstt.Prof.	2		2	3		
	Tutor	4		4	1	2	
Pharmacology	Professor	1		1	0	1	one extra AP can compensate one T
	Assoc. Prof.	2		2	-2		
	Asstt.Prof.	2		2	3		
	Tutor	3		3	2		

Signatures of the Assessors

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Signatures of the Dean/Principal

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Date:

Date: 7.1.2015

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
Pathology	Professor	1		1	0	1	
	Assoc. Prof.	3		3	2	1	
	Asstt.Prof.	3		3	2	1	
	Tutor	4		4	4		
Microbiology	Professor	1		1	1		One excess AP will compensate one Tutor
	Assoc. Prof.	2		2	1	1	
	Asstt.Prof.	2		2	3		
	Tutor	4		4	3		
Forensic Medicine	Professor	1		1	1		
	Assoc. Prof.	1					
	Asstt.Prof.	1		1	1		
	Tutor	1		1	1		
Community Medicine	Professor	1		1	0	1	
	Assoc. Prof.	2		2	1	1	
	Asstt.Prof.	3		3	1	2	
	Epidemiologist-Cum-Asstt.Prof.	1		1	0	1	
	Statistician-Cum-Asstt.Prof.	1		1	1		
	Tutor	1		1	1		
General Medicine	Professor	1		1	1		
	Assoc. Prof.	2		2	1		
	Asstt.Prof.	3		3	7		

Signatures of the Assessors

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Signatures of the Dean/Principal

Date: 7.1.2015

Date:

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
	Sr. Resident	9		9	11		Two excess SR will compensate two JR
	Jr. Resident	12		12	7	3	
Paediatrics	Professor	1		1	1		
	Assoc. Prof.	1		1	5		
	Asstt.Prof.	1		1	4		
	Sr. Resident	2		2	3		
	Jr. Resident	4		4	4		
Tuberculosis & Respiratory Diseases	Professor	0		0	0		
	Assoc. Prof.	1		1	1		
	Asstt.Prof.			1	1		
	Sr. Resident	0		0	0		
	Jr. Resident	1		1	1		
Dermatology, Venereology & Leprosy	Professor	0		0	0		one SR can compensate one JR
	Assoc. Prof.	1		1	1		
	Asstt.Prof.			1	1		
	Sr. Resident	0		0	1		
	Jr. Resident	1		1			
Psychiatry	Professor	0		0	1		
	Assoc. Prof.	1		1	1		
	Asstt.Prof.	1		1	1		
	Sr. Resident	0		0	0		
	Jr. Resident	1		1	1		
General Surgery	Professor	1		1	0	1	
	Assoc. Prof.	2		2	2		
	Asstt.Prof.	2		2	2		

Signatures of the Assessors

Abhishek
7.1.15

Prof. Kund
7.1.15

Dr. J. J. J.
7.1.15

[Signature]

Signatures of the Dean/Principal

Date:

Date: 7.1.2015

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
	Sr. Resident	9		9	9		
	Jr. Resident	12		12	10	2	
Orthopaedics	Professor	1		1	0	1	
	Assoc. Prof.	0		0	1		
	Asstt.Prof.	1		1	4		
	Sr. Resident	2		2	2		
	Jr. Resident	4		4	4		
Oto-Rhino-Laryngology	Professor	1		1	1		
	Assoc. Prof.	1		1			
	Asstt.Prof.	1		1	1		
	Sr. Resident	2		2	2		
	Jr. Resident	2		2	3		
Ophthalmology	Professor	1		1	1		
	Assoc. Prof.	1		1	1		
	Asstt.Prof.	1		1	2		
	Sr. Resident	2		2	2		
	Jr. Resident	2		2	0	2	
Obstetrics & Gynaecology	Professor	1		1	1		
	Assoc. Prof.	2		2	0	2	
	Asstt.Prof.	2		2	4		
	Sr. Resident	2		2	2		
	Jr. Resident	6		6	6		
Anaesthesiology	Professor	1		1	1		
	Assoc. Prof.	2		2	4		
	Asstt.Prof.	3		3	4		

Signatures of the Assessors

Biswas
7.1.15

Choudhary
7-1-15

Choudhary
7/1/15

Signatures of the Dean/Principal

[Signature]

Date:

Date: 7.1.2015

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
Radio-Diagnosis	Sr. Resident	6		6	6		
	Professor	1		1			
	Assoc. Prof.				1		
	Asstt. Prof.	1		1	1		
	Sr. Resident	2		2	2		
Dentistry	Professor	0		0	1		one professor can compensate one post. Professor.
	Assoc. Prof.	0		0	0		
	Asstt. Prof.	1		1	0		
	Tutor/JR	1		1	0	1	

Following teaching staff could not be counted due to reasons mentioned against each:

Name	Designation	Department	Remarks/Reasons
	<i>Enclosed in separate sheets</i>		

Shortages Teaching Faculty 21.69%

Shortage of Resident doctors 9.75%

Summary of Assessment

Signatures of the Assessors
Abhishek
 7.1.15

[Signature]
 7.1.15

[Signature]
 7.1.15

Signatures of the Dean/Principal
[Signature]
 7.1.2015

Date:

Date:

Following teaching staff could not be counted due to reasons mentioned against each:

S.No	Name	Designation	Department	Remarks/Reasons
01	Dr. Maruti Chander Rao	Professor	Physiology	Attended MCI Inspection in AMC Visakhapatnam in Nov 2014
02	Dr. K. Padmavathi	Associate Professor	Physiology	Attended MCI Inspection in GMC Guntur in Nov 2014
03	Dr. Y. Vijaya Bhaskar Reddy	Professor	Pharmacology	Attended MCI Inspection in KMC Kurnool in Nov 2014
04	Dr. E. Sudhakar Reddy	Professor	Pathology	Attended MCI Inspection in SVMC Tirupati in Nov 2014
05	Dr. G. Rajaram	Associate Professor	Microbiology	Attended MCI Inspection in SVMC Tirupati in Nov 2014
06	Dr. G. V. Ravi Prabhu	Professor	Community Medicine	Attended MCI Inspection in SVMC Tirupati in Nov 2014
07	Dr. Gopi Krishna	Associate Professor	Community Medicine	Attended MCI Inspection in SVMC Tirupati in Nov 2014
08	Dr. M. Maheswara Reddy	Associate Professor	General Medicine	Attended MCI Inspection in KMC Kurnool in Nov 2014
09	Dr. Janaki Rama Raju	Associate Professor	General Medicine	Absent without application
10	Dr. Harish Chandra Satish	Junior Resident	General Medicine	Absent without application
11	Dr. P. Phani Kumar	Junior Resident	General Medicine	Absent without application
12	Dr. Sharmila	Associate Professor	Obstetrics & Gynecology	Unauthorized absent for last one week without any application / intimation
13	Dr. Anuradha	Senior Resident	Dentistry	Absent without application

Reviewed
7.1.15

[Signature]
07-1-15

[Signature]
07/1/15

[Signature]
7/1/15