

Confidential**MEDICAL COUNCIL OF INDIA****ASSESSMENT FORM FOR ___ ADMISSIONS REPORT****Part A-I**

(to be filled by the Institution)

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

U/S 11(2) - Regular/compliance: Recognition () , **U/S 19** Continuation of Recognition ()

Name of the Institution :

Address :

Telephone No. :

E-mail :

Fax :

Website :

Management : Government /Society/Trust

Applicants Regn. no. :

Assessment Date :

Last Assessment Date :

Particular of Assessors :

Name of the Assessors	Correspondence Address	Phone # Res./ (Mobile)	Off./	Email

Letter of Consent from University :

Validity

Affiliating University Code :

Academic Year :

No. of seats as per Essentiality Certificate :

Validity

APPEND AS ANNEXURE -I

Note:

1. All rows/columns must be filled.
2. 'Not Applicable' should be clearly written wherever a required information is not relevant.
3. Prescribed requirements of infrastructure & faculty may be checked from the attached annexure 1& 2.
4. All pages of the report are to be signed by all the three assessors and Dean/Principal.
5. In LOI/LOP for increased of seats from 50-100, the requirement will be counted after stage of recognition for 50seats.

1.2 For LOI/LOP ONLY:

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

(b) The College has following plots of land:

Plot #	Survey #	Place	Area	Remarks if any

(c) The campus is unitary/ divided into _____ parts, if not unitary distance between parts. _____.

(d)* Attested copy of ownership certificate to be enclosed

(e)* Land use conversion to Non-Agricultural. : **yes/no**

1.3* Building Plan approval from the competent authority : _____ (name of the authority and date of approval).

1.4 Buildings: The medical college occupies a _____ storied building.

The hospital is located in a separate building. _____ **yes/no.**

OPD block is part of the hospital building/ in a _____ storied separate OPD block connected by a corridor with the hospital building. Space is adequate for all teaching activities in all the departments and also for central facilities. Total floor area available is: _____.

1.13 Date and number of last annual admission with details *(not applicable for LOI/LOP)*

1.14 Pre-requisite for admission to MBBS course, Total no. of seats:

Category	No. admitted	Dates of admission	
		Commence	End
S.C.			
S.T.			
Backward			
General			
Management			
State quota			
Others (NRI, Sports etc.)			
Total			

- 1)(a) Eligibility criterion as per Graduate Medical College as per Section 4 & 5 complied with? **Yes / No/NA**
- (b) Name of the qualifying examination
- 2) Any Admission after cut-off date? **Yes / No/NA**
(If yes, give details) mention the cut off date
- 3) Any Admission made over & above the sanctioned seats? (If yes, give details) **Yes / No/NA**

APPEND AS ANNEXURE -III.

1.15 Annual Budget: College

Year	2009-2010	2010-2011	2011-2012	2012-13
Salary				
- Doctors				
- Resident Doctors				
- Other Staff				
Technical Training				
Library & Education				
Maintenance				
Contingencies				
Others				
Total				

Hospital

Year	2009-2010	2010-2011	2011-2012	2012-13
Salary - Doctors - Resident Doctors - Nursing Staff - Other Staff				
Diet				
Drugs				
Contingencies				
Others				
Total				

1.16 Postgraduate Courses: The institution conducts postgraduate courses as under:

Degree Courses:

Name of the Course	Recognition status	Number Permitted	Number admitted last year

Diploma Courses:

Name of the Course	Recognition status	Number permitted	Number admitted last year

APPEND AS ANNEXURE - IV

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

Department	Technician	Assistant	Attendant	Other
Radiology				
Biochemistry				
Microbiology				
Serology				
Heamatology				
Histo-pathology				
Cytopathology				
OT				
Anesthesia				
Blood Bank				
Labour Room				
Emergency Room				
CSSD				
Mortuary				
Laundry				
Electrical				

Housekeeping				
Bio-medical				
BWM				
Pharmacy				

Department	Technician	Assistant	Attendant	Other
Anatomy				
Biochemistry				
Physiology				
Microbiology				
Pathology				
Forensic Medicine				
Community Medicine				
Pharmacology				
UHC				
RHC				

1.18 Nursing Staff available:

General

Chief Nursing Officer (1: >=500 beds)	Nursing (1: >=250 beds)	Supdt.	DNS (1: 300 beds)	ANS (1 ANS: 150 beds)	Staff Nurses (1:30 beds)	Total

ICUs (1:1in ICUs & 1:3 in HDUs)

MICU	SICU	PICU	ICCU	RCU	Total

OTs (1:2 for Major Surgery & 1:1 for Minor Surgery)

OT (Gen Surg)	OT (Obs)	OT (ENT)	OT	Staff Nurses	Total

Wards (1:6)

Gen Medicine	Gen Surgery	Peadiatrics	OBS & GYN	Pulmonary Med	Total

Psychiatry	Dermatology	Orthopedics	Ophthal	ENT	Total

Labour Rooms (1:1 per table) Actual:

Emergency Room (1:100 patients) Actual:

Infection Control Nurse (1:250 beds) Actual:

OPD (1:100 patients) Actual:

25% Leave Reserves should be factored in the total strength of nursing staff

1.19 Medical Education Unit (MEU):

Available as per regulations : **Yes/No**

Name of the MEU coordinator :

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 : _____

Date/s of the above workshops : _____

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 1)

1.20 Continuing Medical Education : 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 II)

1.21 College Council :

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

1.22 Students Union (optional):

Name, contact no. & address of the President & Secretary

1.23 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.	
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 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

(a) Clinical material (*Random verification of any 3 months to be done by the assessor)

Item	Daily average (for last one year*)		Day of assessment		Remarks
O.P.D. attendance					
Casualty attendance					
No of admissions					
No. of discharges					
Bed occupancy %					
<u>Operative Work</u> No, of major surgical operations No. of minor surgical operations No. of normal deliveries No. of caesarian sections					
<u>Radiological Investigations</u> <u>X-ray</u> Ultrasonography Special investigations	O.P.D	I.P.D	O.P. D	I.P.D	

C.T. Scan					
<u>Laboratory Investigations</u>					
Biochemistry					
Microbiology					
Serology					
Haematology					
Histopathology					
<u>Cytopathology</u>					
<u>Others</u>					
Any other					

(b) I hereby given an undertaking that :

- (i) The college will admit students only after getting clearance from Govt. of India / Board of Governors;
- (ii) 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.

Signature with stamp
Dean/Principal/Director

Signatures of the Coordinator/ Assessors:

_____.

_____.

_____.