

**MEDICAL COUNCIL OF INDIA**  
**ASSESSMENT FORM FOR \_\_\_\_\_ ADMISSIONS REPORT**

Part A-II

(to be filled by the Assessors)

**1.1 Type of Assessment U/S 10A-regular/compliance:** Letter of Intent ( ) /Letter of Permission ( ) , 1<sup>st</sup> renewal ( ) , 2<sup>nd</sup> renewal ( ) , 3<sup>rd</sup> renewal ( ) , 4<sup>th</sup> renewal ( ) included in Landscape format (Appendix 1)

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

|                                |   |                              |  |
|--------------------------------|---|------------------------------|--|
| <b>Name of the Institution</b> | : |                              |  |
| <b>Address</b>                 | : |                              |  |
| <b>Telephone No.</b>           | : |                              |  |
| <b>E-mail</b>                  | : |                              |  |
| <b>Assessment Date</b>         |   | <b>Last Assessment Date:</b> |  |

**Particulars of Assessors**

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

**1.1 The College has following plots of land:**

|   |                                  |
|---|----------------------------------|
| The campus is.  | unitary/divided into _____ parts |
| Proof of ownership & possession verified from original records at the time of Establishment of medical college/verified | <b>yes / no</b>                  |

**1.2 Dean/Principal:** Dr. \_\_\_\_\_, M.D./M.S. with \_\_\_\_\_ years of teaching experience and \_\_\_\_\_ years of administrative experience. He is also holding the post of Professor in the Department of \_\_\_\_\_.

Dean Office is located in \_\_\_\_\_ 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 | Space (m) | Comments (Yes / No) |
|--------------------------|-----------|---------------------|
| Dean Office              |           |                     |
| Principal's Office       |           |                     |
| Staff Room               |           |                     |
| College Council Room     |           |                     |

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

|                              |   |               |
|------------------------------|---|---------------|
| Available as per regulations | : | <b>Yes/No</b> |
| Name of the MEU coordinator  | : |               |

|  |   |  |
|--|---|--|
| Name, Designation & Experience of affiliated faculty   | : |  |
| Name of the MCI Regional Centre where above training has been undertaken   | : |  |
| 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) | : |  |
| 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 <i>Medical Education Technology</i> at the allocated MCI Regional Centre  | : |  |
| Feedback evaluation of workshops and action taken reports on the basis of feedback obtained (comments in the Annexure I)   | : |  |

**(APPEND ABOVE DETAILS AS ANNEXURE-I, TO BE FILLED BY THE MC AND VERIFIED BY ASSESSOR).**

#### **1.4 Continuing Medical Education :**

|   |   |  |
|---|---|--|
| No and Details of CMEs/workshop organized by the college held in the past 1 year                        | : |  |
| <b>Details of the credit hours awarded for the past one year</b><br>(details / comments in ANNEXURE II) | : |  |

**1.5 College Council : APPEND AS ANNEXURE-III**

|  |   |  |
|--|---|--|
| 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) :  |   |  |
| Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure II) |   |  |

**1.6 Students Union (optional):**

|  |   |  |
|--|---|--|
| Name, contact no. & address of the President & Secretary | : |  |
|--|---|--|

**APPEND AS ANNEXURE-III**

**1.7 Pharmacovigilance Committee: Present/Absent**

**If present, append record of activity as ANNEXURE IV (Composition, frequency of meetings, minutes of the meetings & action taken report to be checked and appended)**

**1.8 Examination Hall-cum-auditorium:**

|          | Requirement | Available |
|----------|-------------|-----------|
| Area     |             |           |
| Capacity |             |           |

(as provided in appendix 2)

### 1.9 Location & arrangement of building for

|               |   |  |
|---------------|---|--|
| Preclinical   | : |  |
| Para clinical | : |  |
| Clinical      | : |  |

### 1.10 Lecture Theatres:

|                                 | Medical college            |                            | Hospital                   | Comments |
|---------------------------------|----------------------------|----------------------------|----------------------------|----------|
|                                 | 120 seating capacity reqd. | 250 seating capacity reqd. | 150 seating capacity reqd. |          |
| Number                          |                            |                            |                            |          |
| Capacity                        |                            |                            |                            |          |
| Type (Gallery)                  | <u>Yes/No</u>              | <u>Yes/No</u>              | <u>Yes/No</u>              |          |
| A/C                             | <u>Yes/No</u>              | <u>Yes/No</u>              | <u>Yes/No</u>              |          |
| A.V. Aids (LCD /<br>/ VPS/ OHP) | <u>Yes/No</u>              | <u>Yes/No</u>              | <u>Yes/No</u>              |          |
| Facility for E-class            | <u>Yes/No</u>              | <u>Yes/No</u>              | <u>Yes/No</u>              |          |

**1.11 Library**

Staff available

|                              |  |  |
|------------------------------|--|--|
| Librarian                    |  |  |
| Deputy/ Assistant Librarian  |  |  |
| others                       |  |  |
| Working hours                |  |  |
| Open on Sundays and Holidays |  |  |

APPEND AS ANNEXURE-V the list of books and journals.

**1.12 Common Room for boys :** Capacity \_\_\_\_\_ Attached toilet \_\_\_\_\_  
**Common Room for Girls:** Capacity \_\_\_\_\_ Attached toilet \_\_\_\_\_

**1.13 Central Photography cum AV Aids:** Available Yes/No.  
 Staff  
 Equipments

**1.14 Hostel:** Location - within campus/ at a distance of \_\_\_\_\_kms. From the college.

| Hostels  | Number | Rooms | Capacity | Furnished (Y/N) | Toilet Facility Adequate/ Inadequate | Mess (Y/N) | Adequate as per norms: Y/N |
|----------|--------|-------|----------|-----------------|--------------------------------------|------------|----------------------------|
| Students |        |       |          |                 |                                      |            |                            |
| Interns  |        |       |          |                 |                                      |            |                            |

|           |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| Residents |  |  |  |  |  |  |  |
| P.G.      |  |  |  |  |  |  |  |
| Nurses    |  |  |  |  |  |  |  |

**Comments:**

-----  
 -----

**1:15 Recreational Facilities:**

|                                |  |                           |
|--------------------------------|--|---------------------------|
| <b>Outdoor games</b>           |  | Yes/No                    |
| Play field/s                   |  |                           |
| Type of games                  |  |                           |
| <b>Indoor games facilities</b> |  | Yes/No                    |
| Gymnasium                      |  | Available /Not available. |

**1.16 Student Welfare Activities: (Documents to be seen)**

|   |   |  |
|---|---|--|
| Involvement in decision making in curriculum structuring      | : |  |
| Involvement in decision making in extra-curricular activities |   |  |
| Students Grievance handling mechanism in place                | : |  |

**1.17 Gender Harassment Committee: (Documents to be seen at the time of assessment)**  
 Requirement as per Supreme Court Order.

TEACHING HOSPITAL

2.1 Name of the Hospital: \_\_\_\_\_ Owned by: Government/Trust/Society

2.2 Name of the Medical Superintendent: \_\_\_\_\_, MD/MS (\_\_\_\_), Professor/ Associate Professor/ Assistant Professor in \_\_\_\_\_, with \_\_\_\_\_ years administrative experience.

| Office Space Requirement | Comments |
|--------------------------|----------|
| Medical Supdt's Office   |          |
| Office Space             |          |

2.4 Teaching and other facilities : (Scale of accommodation to be incorporated)

|  |   |   |
|--|---|---|
| OPD Timings  | : | _____ A.M. to _____ P.M.                                      |
| Separate Registration areas for male/female patients available | : | <b>yes/no</b>   |
| Separate Registration counters for OPD/IPD                     | : | <b>available/not available</b>                                |
| Are the Registration counters computerized                     | : | <b>yes/no</b>   |
| Staff for registration center                                  | : | <b>adequate / inadequate (on the basis of OPD attendance)</b> |
| Waiting areas for above patients available                     | : | <b>yes/no</b>   |

|  |   |               |
|--|---|---------------|
| No. of rooms for examination of patients (Reqd 4 per major departments - Surgery, Medicine, OBG and GYN and Paediatrics) | : |               |
| Capacity of teaching area (30 students /department reqd)   | : |               |
| Enquiry Desk   | : | <b>yes/no</b> |

## 2.5 Facilities available in OPD

### Medicine

|                                      |               |                                |               |
|--------------------------------------|---------------|--------------------------------|---------------|
| Injection room<br>- Male<br>- Female | <b>Yes/No</b> | E.C.G. Room                    | <b>Yes/No</b> |
| Surgery<br>- Dressing room           |               | - Minor OT                     |               |
| Orthopaedics<br>Plaster room         | <b>Yes/No</b> | Plaster cutting room           | <b>Yes/No</b> |
|                                      |               | Central clinical<br>laboratory | <b>Yes/No</b> |

|                      |   |                          |
|----------------------|---|--------------------------|
| <b>Ophthalmology</b> | <b>Refraction Rooms</b><br><b>Dark Rooms</b><br><b>Dressing Rooms / Minor Procedure Room</b>                                    | <b>Yes / no</b>          |
| <b>ENT</b>           | <b>Audiometry</b><br><b>Speech Therapy</b>  |                          |
| <b>Pediatrics</b>    | <b>Child Welfare Clinic</b><br><b>Immunisation Clinic</b><br><b>Child Guidance Clinic</b><br><b>Child Rehabilitation Clinic</b> |                          |
| <b>OBS &amp; GYN</b> | <b>Antenatal Clinic</b><br><b>Sterility Clinic</b><br><b>Family Welfare Clinic</b><br><b>Cancer Detection Clinic</b>            |                          |
| <b>Dispensary</b>    | <b>Yes/No</b>   | <b>Minor O.T. Yes/No</b> |

**Comments :**

**2.6 Total number of beds Teaching free beds Paying beds**

**Distance between two beds should be (1.5m) between center of two beds**

| Depts                     | Beds* | Nursing Station | Treatment Room | Pantry | Utility Room /Store (Clean) | Utility Room (Dirty) | Doctor Duty Room | Demo Room (25 capacity) |
|---------------------------|-------|-----------------|----------------|--------|-----------------------------|----------------------|------------------|-------------------------|
| Gen. Medicine             |       |                 |                |        |                             |                      |                  |                         |
| TB & Respiratory Medicine |       |                 |                |        |                             |                      |                  |                         |
| Pediatrics                |       |                 |                |        |                             |                      |                  |                         |
| Psychiatry                |       |                 |                |        |                             |                      |                  |                         |
| Dermatology               |       |                 |                |        |                             |                      |                  |                         |
| Gen. Surgery              |       |                 |                |        |                             |                      |                  |                         |
| Orthopedics               |       |                 |                |        |                             |                      |                  |                         |
| Ophthalmology             |       |                 |                |        |                             |                      |                  |                         |
| ENT                       |       |                 |                |        |                             |                      |                  |                         |
| OB & GYN                  |       |                 |                |        |                             |                      |                  |                         |

Patients should be verified randomly for genuineness of admissions in that speciality.

Comments :

**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<br>(for last 3 randomly<br>selected months ) |              | Day of<br>assessment |              | Remarks |
|---|--|--------------|----------------------|--------------|---------|
|   |  |              |                      |              |         |
| O.P.D. attendance                         |  |              |                      |              |         |
| Casualty attendance                       |  |              |                      |              |         |
| No of admissions                          |  |              |                      |              |         |
| No. of discharges                         |  |              |                      |              |         |
| Bed occupancy %                           |  |              |                      |              |         |
| <b><u>Operative Work</u></b>              |  |              |                      |              |         |
| No, of major surgical operations          |  |              |                      |              |         |
| No. of minor surgical operations          |  |              |                      |              |         |
| No. of normal deliveries                  |  |              |                      |              |         |
| No. of caesarian sections                 |  |              |                      |              |         |
| <b><u>Radiological Investigations</u></b> | <b>O.P.D</b>   | <b>I.P.D</b> | <b>O.P. D</b>        | <b>I.P.D</b> |         |
| <b>X-ray</b>                              |  |              |                      |              |         |
| Ultrasonography                           |  |              |                      |              |         |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Special investigations<br>(Fluroscopy etc) |  |  |  |  |  |
| C.T. Scan                                  |  |  |  |  |  |
| Others (MRI preferable)                    |  |  |  |  |  |
| <b><u>Laboratory Investigations</u></b>    |  |  |  |  |  |
| Biochemistry                               |  |  |  |  |  |
| Microbiology                               |  |  |  |  |  |
| Serology                                   |  |  |  |  |  |
| Haematology                                |  |  |  |  |  |
| Histopathology                             |  |  |  |  |  |
| <b><u>Cytopathology</u></b>                |  |  |  |  |  |
| <b><u>Others</u></b>                       |  |  |  |  |  |
| Any other (HIV/AIDS, DOTs,<br>Malaria etc) |  |  |  |  |  |

**Comments:**

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**2.8 Medical Record Section: Available/not available;**

Manual / Computerized \_\_\_\_\_

If computerized registration software Available / Not Available

ICD X classification of diseases followed for indexing : **yes/no**

**2.9 Central casualty services :**

- Number of doctors posted / Shift : \_\_\_\_\_ CMO (required) 04
- Number of nurses posted / Shift: \_\_\_\_\_
- Separate casualty for OBGY cases: **available, if yes No. of beds \_\_\_\_\_/ not available,**

| Equipment                 | Availability            | Number |
|---------------------------|-------------------------|--------|
| Oxygen & suction facility | (Central / Stand Alone) |        |
| Pulse oximeter            |                         |        |
| Ambu bag                  |                         |        |
| Disaster trolley          |                         |        |
| Crash Cart                |                         |        |
| Emergency Drug Tray       |                         |        |

Defibrillator -

Ventilator -

X-ray Unit -

**Emergency Minor Operation Theatre                      available/not available**

**Emergency Operation Theatre:                              available/not available**

Comments:

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**2.10 Clinical Laboratories**

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

Separate sections for pathology, microbiology, hematology & biochemistry:      **available/not available.**

**Technical staff :**                      **adequate/not adequate** (as per Minimum Standard Requirements)

(b) Other laboratories: \_\_\_\_\_ (give no. and locations) \_\_\_\_\_

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Which ones we are talking - college or in hospital ?

**2.11 Operation theatres**

- No. of operation theatres : \_\_\_\_\_, No. of tables: \_\_\_\_\_

**2.11 Equipment available in O. T. Block (Specify numbers)**

| <u>Dept</u>       | <u>OT Table</u> | <u>Central A/C</u> | <u>Central Oxy / Nitrous Oxide</u> | <u>Boyles apparatus</u> | <u>Multiaar Monitor with Capnograph</u> | <u>Resp gas monitor</u> | <u>Resp gas monitor + pulse oximeter</u> | <u>Defibrillators</u> | <u>Ventilators</u> | <u>Infusion Pumps</u> | <u>Syringe Pumps</u> | <u>Any other</u> |
|-------------------|-----------------|--------------------|------------------------------------|-------------------------|---|-------------------------|--|-----------------------|--------------------|-----------------------|----------------------|------------------|
| Gen Surgery (1)   |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |
| Gen Surgery (2)   |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |
| ENT               |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |
| Ophthal           |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |
| Ortho             |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |
| OBS & GYN         |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |
| <u>ER/ Septic</u> |                 |                    |                                    |                         |   |                         |  |                       |                    |                       |                      |                  |

Waiting area - Pre-Anaesthetic / preparation room \_\_\_\_ beds,

Post Op recovery room \_\_\_\_ beds

APPEND AS ANNEXURE-VI the list of equipments

**2.12 Intensive Care:** Following intensive areas are available -

| Type                 | Beds<br>(Required) | Beds<br>(Available) | Patients admitted<br>day of assessment | Central<br>AC | Central<br>Oxygen/<br>suction | Major Equipment<br>(Monitor, Ventilator, ABG, Pulse Oximeter etc.) |
|----------------------|--------------------|---------------------|--|---------------|-------------------------------|--|
| ICCU                 | 5                  |                     |  |               |                               |  |
| MICU                 | 5                  |                     |  |               |                               |  |
| SICU                 | 5                  |                     |  |               |                               |  |
| RICU<br>(Preferable) | 5                  |                     |  |               |                               |  |
| NICU/PICU            | 5                  |                     |  |               |                               |  |

**2.13 Labour Room**

| Rooms        | Beds | Remarks |
|--------------|------|---------|
| Clean Cases  |      |         |
| Septic Cases |      |         |
| Eclampsia    |      |         |

**2.14 Radiological Facilities:**

**AERB Approval :** **Yes/No/Applied for (details)**

\* - **AERB** : - Layout, Machine, Operations, Registration of Unit, Operational (TLD batches) & documentary proof for each document

**PNDT Approval :** **Yes/No/Applied for (details)**

| Equipment  | Log Bok Availability | Downtime | Functional Status at the time of assessment |
|--|----------------------|----------|---|
| Mobile X Ray<br>30 mA : ___ No.<br>60 mA : ___ No.                                 |                      |          |   |
| Static X Ray<br>300 mA : ___ No.<br>500mA : ___ No.<br>800 mA<br>IITV & Fluroscopy |                      |          |   |
| CT   |                      |          |   |
| MRI (optional)   |                      |          |   |
| USG: ___ No. ___   |                      |          |   |

**2.15 Blood Bank:** Available and functional: **yes/no**

Number of units dispensed in a day \_\_\_\_\_

Number of units stored on day of assessment \_\_\_\_\_

License valid up to: \_\_\_\_\_(LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

**2.16 Pharmacy :** Pharmacist/Staff available: List to be included

- No. of sub-stores located in different parts of hospital: \_\_\_\_\_
- Average no. of patients per day given drugs: \_\_\_\_\_ outdoor & \_\_\_\_\_ indoor.

**2.17 Central sterilization Department :**

- Timings \_\_\_\_\_ & Shifts: \_\_\_\_\_
- Equipment: Horizontal autoclaves \_\_\_\_\_ / Vertical autoclaves \_\_\_\_\_, bowl sterilizer \_\_\_\_\_ & instrument washing machine & disinfecting \_\_\_\_\_.
- ETO Sterilisers / Flash sterilizer (Desirable):
- No. of Bins \_\_\_\_\_, Trays \_\_\_\_\_, Packs sterilized \_\_\_\_\_/day. And bins \_\_\_\_\_ Trays \_\_\_\_\_, packs \_\_\_\_\_ sterilized on day of assessment :
- Sterilization validation facilities available : Chemical / microbiological/ both
- Separate receiving and distribution points Yes/No
- staff: **adequate/inadequate** Incharge: \_\_\_\_\_

**2.18 Intercom:** Available : **yes/no**

No. of incoming lines \_\_\_\_\_ No. of extension lines: \_\_\_\_\_

**2.19 Central laundry/Alternative Arrangements:**

No. of staff available: \_\_\_\_\_.

Outsourced / In House:

Type of Laundry: Mechanized / Manual

Equipments: List to be provided by the Medical College.

Bulk washing machine \_\_\_\_\_ Hydro extractor \_\_\_\_\_, Rolling machine \_\_\_\_\_ and Storage Area \_\_\_\_\_.



**MEDICAL COLLEGE**

**3.1 Teaching Programme\* :** It consists of

|   |   |
|---|---|
| Lecture                                   | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Demonstration                             | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Clinical posting                          | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Clinical Pathological Conference          | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Grand Rounds                              | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Statistical Meeting                       | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Seminars                                  | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |
| Organized: As per Council recommendations | <b>Yes/no, if yes Weekly Schedule Prepared or Not</b> |

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

**3.2 Teaching Facilities in:** Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology, Forensic Medicine & Community Medicine Departments *(verify deptt wise data from form A & B made available by the institution and coorelate with MSR regulations by MCI).*

**3.3 Anatomy**

|   |  |  |  |
|---|--|--|--|
| Number of Demonstration Room/s<br>Capacity  |  | AV Aids  |  |
| Number of practical laboratory/ies -<br>Number of Lab seats -<br>Number of microscopes/laboratory |  | Museum<br>Mounted specimens<br>Models<br>Bone Sets<br>MRI CT |  |
| Number of dissection tables   |  | Number of cadavers   |  |
| Cold store / cooling chambers   |  | Storage tank   |  |
| Embalming room  |  | Band saw   |  |
| Lockers   |  |  |  |

**Adequate exhaust, light, water supply and drainage facilities**

**Available and not available.**

Deficiency if any: \_\_\_\_\_.

**3.4 Physiology**

|  |  |                        |  |
|--|--|------------------------|--|
| Number of Demonstration Room/s<br>Capacity |  | AV Aids                |  |
| Amphibian laboratory<br>Seats              |  | Haematology laboratory |  |
| Mammalian laboratory                       |  | Clinical Physiology    |  |
| Departmental Library                       |  | Research Lab.          |  |
| Preparation rooms                          |  |                        |  |

Deficiency if any: \_\_\_\_\_.

**3.5 Biochemistry**

|  |  |                            |  |
|--|--|----------------------------|--|
| Number of Demonstration Room/s<br>Capacity |  | AV Aids                    |  |
| Number of practical laboratory/ies -       |  | Library / Seminar<br>rooms |  |
| Number of Lab seats -                      |  | Research Lab.              |  |

Deficiency if any: \_\_\_\_\_.

### 3.6 Pathology

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| Number of Demonstration Room/s<br>Capacity   |  | AV Aids                             |  |
| Practical labs.<br>Morbid Anatomy/Histopath./ Cytology<br>Clinical Pathology/Haematology |  | Museum<br>-Specimens<br>-Catalogues |  |
| Departmental library    Research lab.  |  |                                     |  |

### 3.7 Microbiology

|   |  |  |  |
|---|--|--|--|
| Number of Demonstration Room/s<br>Capacity  |  | AV Aids  |  |
| Number of practical laboratory/ies -<br>Number of Lab seats -<br>Number of microscopes/laboratory |  | Media preparation facility<br>Auto Claving<br>Washing and drawing room |  |
| Number of service laboratories (7)  |  | Museum   |  |

Deficiency if any: \_\_\_\_\_.

### 3.8 Pharmacology

|  |  |  |  |
|--|--|--|--|
| Number of Demonstration Room/s<br>Capacity |  | AV Aids                                    |  |
| Experimental Pharmacology                  |  | Museum<br>-Specimens<br>-Charts<br>-Models |  |
| Clinical pharmacology/pharmacy             |  |  |  |

|                      |  |                                     |
|----------------------|--|-------------------------------------|
| Departmental Library |  | -History of Medicine<br>-Catalogues |
| Research lab.        |  |                                     |

Deficiency if any: \_\_\_\_\_.

**3.9 Forensic Medicine**

|   |  |               |  |
|---|--|---------------|--|
| Number of Demonstration Room/s  |  | AV Aids       |  |
| Capacity  |  |               |  |
| Forensic histopathology   |  | Anthropology  |  |
| Serology  |  | Toxicology    |  |
| Autopsy room  |  | Cold storage  |  |
| Museum : Medico-Legal specimens _____, Charts _____, Prototype fire arms _____, slides_____, Poisons _____, photographs_____, catalogues_____ |  |               |  |
| Departmental library  |  | Research lab. |  |

Deficiency if any: \_\_\_\_\_.

**3.10 Community Medicine**

|   |  |               |  |
|---|--|---------------|--|
| Number of Demonstration Room/s  |  | AV Aids       |  |
| Capacity  |  |               |  |
| Museum : Charts _____, Models _____, Specimens _____, catalogues _____, |  |               |  |
| Practical lab.  |  |               |  |
| Departmental Library  |  | Research lab. |  |

Deficiency if any: \_\_\_\_\_.

**Health Centers (Department of Community Medicine)**

PHC I -: \_\_\_\_\_ (place) \_\_\_\_\_ (Distance from the college)

PHC II -: \_\_\_\_\_ (place) \_\_\_\_\_ (Distance from the college)

PHC III -: \_\_\_\_\_ (place) \_\_\_\_\_ (Distance from the college)

Out of the above three PHCs \_\_\_\_\_, has been upgraded to RHTC.

|   |  |                           |
|---|--|---------------------------|
| Population covered by the RHTC  |  |                           |
| It is under the control of the  |  |                           |
| Students and interns posted in batches of   |  | _____ throughout the year |
| Separate blocks for accommodating boys in _____rooms having _____beds. Girls _____ rooms having _____ beds. |  |                           |
| Facilities for cooking & dining   |  |                           |

|   |  |  |
|---|--|--|
| Daily OPD/IPD                                   |  |  |
| Specialist visits if any                        |  |  |
| Cold chain equipment available                  |  |  |
| Survey/MCH/Immunization/FP registers            |  |  |
| Activities under the National Health Programmes |  |  |

Deficiency if any : \_\_\_\_\_.

**Details of U.H.T.C.:** \_\_\_\_\_ Place \_\_\_\_\_ Distance from college

|   |  |
|---|--|
| Population covered by the UHC             |  |
| It is under the control of the            |  |
| Students and interns posted in batches of |  |
| Daily OPD/IPD                             |  |
| Survey/MCH/Immunization/FP registers      |  |
| Specialist visits if any                  |  |
| Deficiency if any                         |  |

**3.10 CONDUCT OF III MBBS EXAMINATION** *(only for recognition)*

- 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:** \_\_\_\_\_  
 \_\_\_\_\_.

**Medical College-Staff Strength :** *as per attached appendix.*

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

| Name | Designation | Department | Remarks |
|------|-------------|------------|---------|
|      |             |            |         |
|      |             |            |         |
|      |             |            |         |
|      |             |            |         |

Attach list of faculty on leave

|                            |  |   |
|----------------------------|--|---|
| Shortages Teaching Faculty |  | _____%(that is i.e. ____ out of ____ ) as under:- |
| Professors:                |  |   |

|                     |  |   |
|---------------------|--|---|
| Associate Professor |  |   |
| Assistant Professor |  |   |
| Tutor               |  |   |
| Shortage            |  | _____%(that is i.e. _____out of _____) as under:- |
| Senior Residents    |  |   |
| Junior Residents    |  |   |
|                     |  |   |

Signatures of the Assessors

Signatures of the Dean/Principal.