

Rajiv Gandhi University of Health Sciences, Karnataka

INSPECTION FORM FOR CONTINUATION OF AFFILIATION FOR THE
EXISTING COURSES AND TO START NEW COLLEGE / RENEWAL CONSENT
OF AFFILIATION / ADDITIONAL COURSES / INCREASE OF SEATS FOR THE
ACADEMIC YEAR

Part A-II

(To be filled by the Local Inspection Committee)

Name of the Institution	
Address	
Telephone Number	
E-mail	
Fax	
Website	

Management : Government /Society/Trust/Company

Regn. no. of Society/Trust/Company: :

Consent/Affiliation from University :

Period of Validity :

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

Assessment Date:

Last Assessment Date:

G C Meeting held in a year: Attach Report along signature of Governing Council
Nominee of the RGUHS

1.0 Particulars of the Local Inspection Committee:

<u>Name of the Chairman and Members</u>	<u>Correspondence Address</u>	<u>Phone Off./ Res./(Mobile)</u>	<u>Email</u>

1.1 The College has following plots of land:

<u>Plot #</u>	<u>Survey #</u>	<u>Place</u>	<u>Area</u>	<u>Remarks if any</u>

- a) The campus is unitary/divided into _____parts. If not unitary distance between parts. _____.
- b) **Building Plan approval from the competent authority:** _____ (name of the authority and date of approval).
- c) **Buildings:**
 College: _____sq.mt.
 Hospital (including OPD): _____sq.mt.
 Hostel & Residential complex: _____sqmt.
- d) Building Use/ Occupancy Certificate: approved by ____order no: _____dated _____
- e) **Water Supply:** Through Municipal _____ / Borewells. (Information not required for renewal/recognition inspection)
- f) **Electric supply:** Sanctioned Load _____KVA. (Information not required for renewal/recognition inspection)
- g) **Generators:** available/not available, Available load _____KVA
- h) Drainage & sewage disposal (Information not required for renewal/recognition inspection):

Note:

- a. Due Diligence Certificate from an Advocate in original as in attached format certifying that the applicant owns land as required by the concerned Apex Body/ Government of India / University.
- b. A land usage certificate in original issued by a Competent Authority / Revenue Authority.
- c. A certificate in original issued by the Revenue Authority certifying that the applicant owns and possesses contiguous land and it is free from encumbrance / litigation.

i. Working Hours:

1. OPD Timings: _____ am to _____ pm
2. College Timings: _____ am to _____ pm
3. Library Timings: _____ am to _____ pm

j. Annual Budget: College & Hospital (Audit Report of Annual Account to be submitted to RGUHS before 30th June of each year for the previous financial year end as on 31st March)

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

K. Form No. 16 of Teaching faculty to be enclosed :

Director/Dean /Principal

- 1.2 **Director/Dean/Principal:** Dr. _____, with _____ Qualification and _____ 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	Existing Space (m)	Comments (as per Apex Body norms)
Dean Office		
Principal's Office		
Staff Room		
College Council Room		

1.3 Medical Education Unit (MEU):

Available as per regulations	Yes/No
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 INSTITUTION AND VERIFIED BY LIC).

1.4 Continuing Medical Education :

No and 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)	

1.5 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	
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(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)

MEDICAL COLLEGE

1.8 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

1.9 Teaching Programme:

Didactic teaching	Yes/no
Demonstration	Yes/no
Integrated teaching (Horizontal/Vertical teaching)	Yes/no
Clinical posting	Yes/no
Clinical Pathological Conference	Yes/no
Grand Rounds	Yes/no
Statistical Meeting	Yes/no
Seminars	Yes/no

Teaching roster & attendance register to be verified at the time of assessment.

Comments:**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.
- (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

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

2.0 Anatomy

Number of Demonstration Room/s Capacity	Required	Available	AV Aids
Number of practical laboratory/ies - Number of Lab seats - Number of microscopes/laboratory			Museum Mounted specimens Models Bone Sets 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/not available.

Deficiency if any: _____

2.1 Physiology:

Number of Demonstration Room/s Capacity	Required	Available	AV Aids
Mammalian laboratory			Haematology laboratory
Departmental Library			Clinical Physiology
Preparation rooms			Research Lab.

Deficiency if any: _____

Central Research Laboratory:

2.2 Biochemistry:

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

Deficiency if any: _____

2.3 Pharmacology:

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

Deficiency if any: _____

2.4 Pathology:

Number of Demonstration Room/s Capacity	Required	Available	AV Aids
Practical labs. Morbid Anatomy/Histopath./ Cytology Clinical Pathology/Haematology			Museum Specimens: Mounted _____ Unmounted _____ Catalogues
Departmental library Research lab.			

Deficiency if any: _____

2.5 Microbiology:

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

Deficiency if any: _____

2.6 Forensic Medicine:

Number of Demonstration Room/s Capacity	Required	Available	AV Aids
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: _____

2.7 Community Medicine:

Number of Demonstration Room/s Capacity	Required	Available	AV Aids
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 in _____ rooms having _____ beds	
Facilities for cooking & dining - Yes/No	
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: _____

2.8 Location & arrangement of building for:

Preclinical	
Para clinical	
Clinical	

2.9 Lecture Theatres:

	Medical college/ Hospital			Comments
	100 seating capacity reqd.	150 seating capacity reqd.	250 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 / / 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>	

Library

3.0 Library:

Air-conditioned : Yes/No

Open on Sundays and Holidays : Yes/No

Working Hours: **a. Stack room :** **b. Reading room :**

Particulars	Required	Available	Remarks
Area	Sq.m. :	Sq.m. :	
Student Reading Room (Inside)	Capacity :	Capacity :	
Student Reading Room (Outside)	Capacity :	Capacity :	
Staff Reading Room	Persons :	Persons :	
Room for Resident/PG reading room			
Librarian			
Deputy/ Assistant Librarian			
Other staff			
No. of books			
Journals (Indian)			
Journals (Foreign)			
Internet Nodes			

APPEND AS ANNEXURE-V the list of books and journals

No. of Helinet hits / month

3.1 Central Photography cum AV Aids:

Available - Yes/No.

Staff - Yes/No.

Equipment - Yes/No.

3.2 Examination Hall-cum-auditorium:

	Requirement	Available
Area		
Capacity		

(as provided in appendix 2)

3.3 CONDUCT OF I/II/III MBBS EXAMINATION *(only for recognition under 11(2))*

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

3.4 Common Room for Boys & Girls:

	Area Required Sq. Mt.	Available Area Sq. Mt.	Toilet - Attached Y/N
Boys			
Girls			

3.5 Hostel:

Location - within campus/at a distance of _____ kms. from the college.

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
UG Students							
Interns							
Resident							
Nurses							

Comments:

3.6 Residential Quarters:

Category	Required Nos.	Available Nos.	Remarks
Teaching Staff			
Non-Teaching Staff			

Comments:

3.7 Recreational Facilities:

Outdoor games	Yes/No
Play field/s	
Type of games	
Indoor games facilities	Yes/No
Gymnasium	Available /Not available.

3.8 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	

3.9 Gender Harassment Committee:

Yes/No (Documents to be seen at the time of assessment)
Requirement as per Supreme Court order.

TEACHING HOSPITAL

4.0 Name of the Hospital:

Owned by: Government/Trust/Society/Company

4.1 Name of the Medical Superintendent : _____ , MD/MS ()

With _____ years administrative experience.

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

4.2 Teaching and other facilities :

OPD Timings	_____ A.M. to _____ P.M.
Separate Registration areas for male/female patients available	yes/no
Separate Registration counters for OPD/IPD	available/not available
Are the Registration counters computerized	yes/no
Staff for registration center	adequate / inadequate (on the basis of OPD attendance)
Waiting areas for above patients available	yes/no
No. of rooms for examination of patients (Reqd 4 for all departments.	yes/no
Capacity of teaching area in each department (30 students / department reqd)	yes/no
Enquiry Desk	yes/no

4.3 Facilities available in OPD:

Medicine	Injection room - Male - Female E.C.G. room	<u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u>
Surgery	Dressing room - Male - Female Minor OT	<u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u>
Orthopaedics	Plaster room Dressing room - Male - Female Plaster cutting room	<u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u>
Ophthalmology	Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room	<u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u>
ENT	Audiometry (AC & Sound proof) Speech Therapy	<u>Yes/No</u> <u>Yes/No</u>
Pediatrics	Child Welfare Clinic Immunisation Clinic Child Rehabilitation Clinic	<u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u>
OBS & GYN	Antenatal Clinic Sterility Clinic Family Welfare Clinic Cancer Detection Clinic	<u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u> <u>Yes/No</u>

4.4 Total Number of Teaching Beds:

Teaching Hospitals in campus with total beds _____

Teaching Hospitals outside the campus (____ Km. from the campus) with total beds _____

Distance between two beds should be 1.5m.

Department	Unit Nos.	Beds Required	Beds Available			Remarks if any
			Male	Female	Total	
Gen. Medicine						
Pediatrics						
TB & Respiratory Medicine						
Psychiatry						
Dermatology						
Gen. Surgery						
Orthopedics						
Ophthalmology						
ENT						
OB & GYN						
Total						

4.5 Ward Facilities:

Department	Wards			Nursing Station Y/N	Examination/ Treatment Room Y/N	Pantry Y/N	Store Room Y/N	Duty doctor room Y/N	Demo room (25 capacity) Y/N	Remarks
	Beds M	Beds F	Total Beds							
Gen. Medicine										
TB & Chest Medicine										
Pediatrics										
Psychiatry										
Dermatology										
Gen. Surgery										
Orthopedics										
Ophthalmology										
ENT										
OB & GYN										

- i. Total number of beds :
- ii. Teaching free beds:
- iii. Paying beds:

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

Comments :

4.6 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

	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)			
Casualty attendance (24 hrs. data)			
No of admissions			
No. of discharges			
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %			

Operative Work	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	
No, of major surgical operations					
No. of minor surgical operations					
No. of normal deliveries					
No. of caesarian sections					

Radiological Investigations	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	
X-ray					
Ultrasonography					
Barium, IVP etc.					
C.T. Scan					

Laboratory Investigations - No. of Tests	Daily average (for last 3 randomly selected months)as provided by institute		Day of assessment		Remarks
	O.P.D	I.P.D	O.P. D	I.P.D	
Biochemistry					
Microbiology					
Serology					
Haematology					
Histopathology					
Cytopathology					
Others					
Any other (HIV/AIDS, DOTs, Malaria etc)					

Comments:**4.7 Medical Record Section:**

Manual / Computerized

Available/not available

If computerized registration software

Available / Not Available

ICD X classification of diseases followed for indexing :

Yes/No

Staff:

Medical Record Officer

Yes/No

Statistician

Yes/No

4.8 Central casualty services :

No of Beds: Required _____ **Available** _____
CMO: Required _____ **Available** _____
 Number of doctors posted / Shift : _____
 Number of nurses posted / Shift: _____
 Separate casualty for OBGY cases: **Available/Not available**
If available No. of beds _____

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 - (Mobile)		
Minor OT		

Emergency Minor Operation Theatre Available/Not available

Emergency Operation Theatre: Available/Not available

Comments:

4.9 Clinical Laboratories: Central Clinical Laboratory:

- a) Under control of department of :
- b) Separate sections for pathology, microbiology, hematology & biochemistry:
Available/Not available
- c) **Technical staff :**
 (as per Minimum Standard Requirements) **Adequate/Not adequate**
- d) Other laboratories: _____ (give no. and locations) _____

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

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

Department	Technician	Assistant	Attendant	Other
Anaesthesia				
OT				
Blood bank				
Radiology				
Labour room				
Emergency room				
Pharmacy				
CSSD				
Mortuary				
Laundry				
Electrical				
Housekeeping				
Biomedical				
BWM				

5.1 Nursing Staff available:

Category	Required Nos.	Available Nos.
Staff Nurses		
Sister Incharge		
ANS		
DNS		
Nursing Suptd		
Total		

5.2 Operation theatres

- No. of Major operation theatres: Required: Available:
- No of Minor operation theatres: Required: Available:
- Pre-anaesthetic/Pre-operative Beds: Required: Available:
- Post-operative Recovery room beds : Required: Available:

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

Department	Theatres Nos.	OT Table Nos.	A/C Y/N	Central Oxy/Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N
Gen Surgery								
ENT								
Ophthalmology								
Orthopaedics								
OBS & GYN								
ER / Septic								

Comments:

5.4 Labour Room:

Rooms	Beds	Remarks
Clean Cases		
Septic Cases		
Eclampsia		

5.5 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						
MICU	5						
SICU	5						
NICU/PICU	5						
RICU (preferable)	5						

5.6 Blood Bank:

Available and functional:

Yes/No

Number of units dispensed in a day:

Number of units stored on day of assessment:

Blood Separation Facility:

Available/Not available

License valid up to:

(Licence number and copy to be appended as **Annexure-VII**)

5.7 Radiological Facilities:

Equipment	Required no.	Available no.	AERB/PNDT Approval Y/N	Functional Status at the time of assessment	Remarks if any
Mobile X Ray 30 mA : ___ No. 60 mA : ___ No.					
Static X Ray 300 mA : ___ No. 500mA : ___ No. 800 mA ___No 1000mA___No. IITV & Fluroscopy					
CT					
MRI (optional)					
USG					

5.8 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: _____

5.9 Central sterilization Department :

- Timings:
- Shifts:

- Equipment:
 - Horizontal autoclaves:
 - Vertical autoclaves:
 - Bowl sterilizer:
 - Instrument washing machine:
 - Disinfecting machine:
 - ETO Sterilisers:

- No. sterilized/ day:
 - Bins:
 - Trays:
 - Packs:

- No. sterilized on the day of inspection:
 - Bins:
 - Trays:
 - Packs:

- Separate receiving and distribution points Yes/No

- Staff: **Adequate/Inadequate**

- Incharge: _____

6.0 Central laundry/Alternative Arrangements:

- In House/Outsourced:
- No. of staff available:

- Type of Laundry: Mechanized / Manual

- Equipments:
 - Bulk washing machine
 - Hydro extractor
 - Rolling machine
 - Storage Area

6.1 Kitchen/ Alternative Arrangements

- Electric City /Gas
- Food free of charge:
 - Yes/No
 - Number of patients
- Services of a nutritionist/dietician:
 - Available/Not available
 - If available no.

- Provision of special diet: Yes/no

- Storage facilities: Yes/No

- Service trolley: Available/Not available

6.2 Total no. of Canteens:

- For staff:
- For students:

6.3 Intercom:

Available/Not available

No. of incoming lines:

No. of extension lines:

6.4 Arrangements for Biomedical Waste Management:

- Incinerator : Available / Not Available
- Diesel-capacity: Available / Not Available
- Electric capacity: Available / Not Available
- ETP / STP Available / Not Available

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

Authorisation Certificate from State Pollution Control Board:

- Available / Non-Available
- Renewed / Not Renewed

- Outsourced/in-house :

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

Medical College-Staff Strength: Calculation Sheet

Name of College:

PG Courses: Available/Not available

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses	Total (UG + PG)	Accepted	Deficiency	Remarks
Anatomy	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						
Physiology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						
Biochemistry	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						
Pharmacology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						
Pathology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses	Total (UG + PG)	Accepted	Deficiency	Remarks
Microbiology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						
Forensic Medicine	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor						
Community Medicine	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Epidemio-Logist-Cum-Asstt.Prof.						
	Statistician-Cum- Asstt. Prof.						
	Tutor						
General Medicine	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Paediatrics	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses	Total (UG + PG)	Accepted	Deficiency	Remarks
Tuberculosis & Respiratory Diseases	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Dermatology, Venereology & Leprosy	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Psychiatry	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
General Surgery	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Orthopaedics	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses	Total (UG + PG)	Accepted	Deficiency	Remarks
Oto-Rhino-Laryngology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Ophthalmology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Obstetrics & Gynaecology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
Anaesthesiology	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
Radio-Diagnosis	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
Dentistry	Professor						
	Assoc. Prof.						
	Asstt.Prof.						
	Tutor/JR						

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

Name	Designation	Department	Remarks/Reasons

List of Faculty Joining & Leaving after the last inspection :
(Enclose the copy of order)

No. of Publications in the Last 3 years (Department wise) :

No. of Research projects (Department wise) :

UG - as per MSR :

PG - Total no. of Degree + Diploma Students : (Dept. wise):

Total no. of PG guides :

List of Eligible Internal Examiners :
(UG & PG)

Shortages Teaching Faculty	
Professors:	
Associate Professor	
Assistant Professor	
Tutor	
Shortage of resident doctors	
Senior Residents	
Junior Residents	

Shortages Teaching Faculty _____%

Shortage of Resident doctors _____%

Summary of Assessment

1. _____(College Name), is run by Government/ Trust/ Society/Company
2. The college has got LOP from GOI/ with intake of _____ seats for last academic year 2014-15.
3. Type of assessment:
4. No. of seats:
5. PG courses : Yes/ No

6. Deficiency of the infrastructure of college and hospital If any: Please mention category wise;

7. Deficiency of clinical material If any: Please mention category wise;

8. Deficiency of teaching staff if any:

Shortage of teaching faculty is ____%

9. Deficiency of resident doctors if any:

Shortage of resident doctors is ____%

10. Any other Remarks:

Observations / Comments of the LIC Team :

1. Senate : (Chairman) with signature	
2. AC : (Member) with signature	

3. Expert : (Member) with signature	
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Signature of the Dean / Director / Principal with seal

1. Signature of the Chairman with their Name and Designation

2. Signature of the Member with their Name and Designation

3. Signature of the Member with their Name and Designation