**STANDARD ASSESSMENT FORM FOR PGCOURSESYEAR 2019-20**

**SUBJECT - ANATOMY**

**SUMMARY**

**Date of Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Assessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 1. **Name of Institution**   *(Private / Government)* | ***Director / Dean / Principal***  *(Who so ever is Head of Institution)* | |
|  | Name |  |
| Age & Date of Birth |  |
| Teaching experience |  |
| PG Degree  *(Recognized/Non-R)* |  |
| Subject |  |

|  |  |  |
| --- | --- | --- |
| 1. **Department inspected** | **Head of Department** | |
|  | Name |  |
| Age & Date of Birth |  |
| Teaching experience |  |
| PG Degree  *(Recognized/Non-R)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. (a). **Number of UG seats** | Recognised  (Year: ) | Permitted  (Year: ) | First LOP date when MBBS course was first permitted |
|  |  |  |
| (b). **Date of last inspection for** | UG | PG |  |
| Purpose: | Purpose: |  |
| Result: | Result: |  |

4. Total Teachers available in the Department:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Number** | **Name** | **Total Teaching Experience** | **Benefit of Publications in Promotion** |
| Professor |  |  |  |  |
| Addl./Assoc Professor |  |  |  |  |
| Asstt. Professor |  |  |  |  |
| Senior Resident |  |  |  |  |

*Note: Count only those who are physically present.*

5. Publications from the department during last 3 years:

*(Give only full articles published in indexed journals. No case reports or abstracts or review article be given)*

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | **Library** |  | Central | Departmental |
|  | Number of Books pertaining to Anatomy |  |  |
|  | Number of Journals |  |  |
|  | Latest journals available upto |  |  |

7. Common Facilities

* Central supply of Oxygen / Suction**:** Available / Not available
* Central Sterilization Department Adequate / Not adequate
* Incinerator: Functional / Non functional Capacity: Outsourced
* Bio-waste disposal Outsourced / any other method
* Generator facility Available / Not available
* Medical Record Section: Computerized / Non computerized
* ICD10 classification Used / Not used

8. Accommodation for staff Available / Not available

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9** | **Hostel Accommodation**  **No.** | UG | | PG | | Interns | |
| Boys | Girls | Boys | Girls | Boys | Girls |
|  |  |  |  |  |  |
|  | No. of Students |  |  |  |  |  |  |
|  | No. of Rooms |  |  |  |  |  |  |
|  | Status of Cleanliness |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **9** | **Total number of PG seats in the concerned subject** |  | Recognized seats | Date of recognition | Permitted seats | Date of permission |
| Degree |  |  |  |  |

**10.** Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

|  |  |  |
| --- | --- | --- |
| Year | No. of PG students admitted | No. of PG Teachers available in the dept.  (give names) |
| 2016 |  |  |
| 2015 |  |  |
| 2014 |  |  |
| 2013 |  |  |
| 2012 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11** | Other PG courses run by the institution | Course Name | No. of seats | Department |
| DNB |  |  |
| M.Sc. |  |  |
| Others |  |  |

**12.** Stipend paid to the PG students, year-wise:

|  |  |  |
| --- | --- | --- |
| **Year** | **Stipend paid in Govt. colleges by State Govt.** | **Stipend paid by the Institution** |
| Ist Year |  |  |
| IInd Year |  |  |
| IIIrd Year |  |  |

**13.** List of Departmental Faculty joining and leaving after last inspection:

|  |  |  |  |
| --- | --- | --- | --- |
| **Designations** | **Number** | **Names** | |
| **Joining faculty** | **Leaving faculty** |
|  |  |  |  |
| Associate Prof. |  |  |  |
| Assistant Prof. |  |  |  |
| SR/Tutor/Demons. |  |  |  |
| Others |  |  |  |

**14. Faculty deficiency, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Faculty available**  **(number only)** | **Faculty required** | **Deficiency, if any** |
|  |  |  |  |
| Professor |  |  |  |
| Assoc Professor |  |  |  |
| Asstt. Professor |  |  |  |
| Tutor/ Demonstrator |  |  |  |
| Any Other |  |  |  |

**15. REMARKS OF ASSESSOR**

1. *Please do not repeat information already provided*
2. *Please do not make any recommendation regarding granting permission/recognition*
3. *If you have noticed or come across any irregularity during your assessment like fake or dummy faculty, fake or dummy patients, fudging of data of clinical material etc., please mention them here)*