**STANDARD ASSESSMENT FORM FOR PG COURSESYEAR 2019-20**

**SUBJECT – MICROBIOLOGY**

**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 Year-wise available clinical materials (during previous 3 years) for department of Microbiology.

(Year means calendar year 1st January to 31stDecember)

|  |  |  |  |
| --- | --- | --- | --- |
| Average daily investigative workload of the Department  | **Year 1** | **Year 2** | **Year 3****(Last Year)** |
| Bacteriology |  |  |  |
| Serology |  |  |  |
| Mycology |  |  |  |
| Parasiotology |  |  |  |
| Virology |  |  |  |
| Immunology |  |  |  |
| Molecular |  |  |  |
| Others |  |  |  |

 **Note :** *1****.*** *Year means calendar year (1st January to 31st December )*

 *2. IPD means total number of patients admitted (Not total occupancy of the year)*

6 **Investigative work load on the day of inspection (Entire hospital)**

|  |  |  |
| --- | --- | --- |
| Average daily investigative workload of the Department  | OPD | IPD |
| Microbiology |  |  |
| Microscopy |  |  |
| Cultures and Sensitivity  |  |  |
| Serology/Immunology  |  |  |
| Molecular  |  |  |
| Others |  |  |

**7**. Publications from the department during last 5 years:

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

|  |
| --- |
|  |

**8. Investigative Workload of entire hospital and Department Concerned.**

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Entire Hospital** | **Department of Microbiology** |
| On the Day of Assessment | On the Day of Inspection | Average of 3 Random Days |
| **Radio-diagnosis** | MRI |  |  |  |
|  | CT |  |  |  |
|  | USG |  |  |  |
|  | Plain X-rays |  |  |  |
|  | IVP/Barium etc |  |  |  |
|  | Mammography |  |  |  |
|  | DSA |  |  |  |
|  | CT guided FNAC |  |  |  |
|  | USG guided FNAC |  |  |  |
|  | Any other |  |  |  |
| **Pathology** | Histopath |  |  |  |
|  | FNAC |  |  |  |
|  | Hematology |  |  |  |
|  | Others |  |  |  |
| **Bio-Chemistry** |  |  |  |  |
| **Microbiology** |  |  |  |  |
| **Blood Units Consumed**  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **9** | **Blood Bank** | License valid | Yes / NO(enclose copy) |
|  | Blood component facility available | Yes / NO(enclose copy) |
| Number of blood units stored on the inspection day |  |
| Average units consumed daily (entire hospital) |  |

10. Specialized services provided by the department: Adequate / not adequate

**11**. Specialized Intensive care services provided by the Dept: Adequate / not adequate

**12**. Specialized equipment available in the department: Adequate / Inadequate

**13**. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14** | **Library** |  | Central | Departmental |
|  |  | Number of Books |  |  |
|  |  | Number of Journals |  |  |
|  |  | Latest journals available upto |  |  |

**15**. Casualty Number of Beds\_\_\_\_\_\_\_Available equipment \_\_\_\_Adequate / Inadequate

**16**. 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

17. Accommodation for staff Available / Not available

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **18** | **Total number of PG seats in the concerned subject** |  | Recognized seats | Date of recognition | Permitted seats | Date of permission |
| Degree |  |  |  |  |
| Diploma |  |  |  |  |

**19.** 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) |
| Degree | Diploma |
| 2016 |  |  |  |
| 2015 |  |  |  |
| 2014 |  |  |  |
| 2013 |  |  |  |
| 2012 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **20** | Other PG courses run by the institution  | Course Name | No. of seats | Department |
| DNB |  |  |
| M.Sc. |  |  |
| Others |  |  |

**21.** 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 |  |  |

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

|  |  |  |
| --- | --- | --- |
| DESIGNATIONS | NUMBER | NAMES |
| JOINING FACULTY | LEAVING FACULTY |
| Professor  |  |  |  |
| Associate Prof. |  |  |  |
| Assistant Prof. |  |  |  |
| SR/Tutor/Demons. |  |  |  |
| Others |  |  |  |

**23 Faculty deficiency, if any**

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

**24. 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)