

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR ___ ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

Part A-I **(2019-20)**

(To be filled by the Institution)

1.1 Type of Assessment

U/S 10A- Regular/Compliance: Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 10A- Increase Admission Capacity: Regular/Compliance: Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 11: Recognition: Regular / Compliance

U/S 19 Continuation of Recognition: Regular / Compliance

Any Other: _____

Note:

1. All rows/columns must be filled.
2. 'Not applicable' should be clearly written wherever a required information is not relevant.
3. All pages of the A-I are to be signed by Dean/Principal/Director.

Date:

Signature with stamp Dean/Principal/Director

Name of the Institution / College :

Address of College :

Address of Hospital :

Telephone No. :

E-mail :

Fax :

Website :

Management : Government /Society/Trust/Company

Regn. No. of Society/Trust/Company :

Consent/Affiliation from University : Yes / No
: Ref. No. & Date:

Period of Validity :

No. of seats as per Essentiality Certificate:
Period of Validity :

Last Assessment Date:

Date:

Signature with stamp Dean/Principal/Director

1.2

(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. _____.

1.3 **Building Plan approval from the competent authority:** _____ date of approval _____

1.4 **Buildings:**

College: _____ sq.mt.

Hospital (including OPD): _____ sq.mt.

Hostel & Residential complex ----- sq.mt.

1.5 Building Use/ Occupancy Certificate: approved by _____ order no: _____ dated _____.

Date:

Signature with stamp Dean/Principal/Director

1.6 Nearest Commercial airport: _____ Distance in kms _____ Traveling time required: _____

1.7 Nearest major Railway Station: _____ Distance in kms _____ Traveling time required: _____

1.7 (a) Nearest major city is _____, distance in km _____, Traveling time required: _____

1.8 Water Supply: Through Municipal / Bore wells _____

1.9 Electric supply: Sanctioned Load _____ KVA.

1.10 Generators: available/not available, Available load _____ KVA

1.11 Drainage & sewage disposal

1.12 Working Hours:

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

1.12 (A) Details of PG courses run by the college / Institution :

S. No.	Department / Speciality	Diploma / MD / MS/ M.Ch/ DM	Number of Seats	Status of Recognition		Number of Seats filled in last Academic year
				Permitted	Recognized	

Date:

Signature with stamp Dean/Principal/Director

1.12 (B) Details of other academic colleges available in the campus : [Yes / No]

- (a) **Dental College** : _____
 (b) **Nursing College** : _____
 (c) **Physiotherapy College** : _____
 (d) **Pharmacy College** : _____
 (e) **Ayush College** : _____
 (f) **Engineering College** : _____
 (g) **Any other** : _____

1.12 (C) Details of any other medical college being run by same management / Trust / Society / Company, anywhere(not applicable for Govt. colleges): _____

1.13 Annual Budget: College & Hospital

Year	Current Financial Year		Previous financial year As per Audited report	
	College	Hospital	College	Hospital
Salary				
- Doctors				
- Resident Doctors				
- Other Staff				

Date:

Signature with stamp Dean/Principal/Director

Technical Training				
Library & Education				
Maintenance				
Contingencies				
Others				
Total				

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

Department	Technician	Assistant	Attendant	Other
Radiology				
General medicine				
Pediatrics				
OT				

Date:

Signature with stamp Dean/Principal/Director

Anesthesia				
Blood Bank				
Labour Room				
Emergency Room				
CSSD				
Mortuary				
Laundry				
Electrical				
Housekeeping				
psychiatry				
Biomedical Waste Man.				
Pharmacy				
ENT				
Orthopedics				
Ophthalmology				
TB & chest				

Date:

Signature with stamp Dean/Principal/Director

General surgery				
Anatomy				
Biochemistry				
Physiology				
Microbiology				
Pathology				
Forensic Medicine				
Community Medicine				
Pharmacology				
UHC				
RHC				

1.15 Nursing Staff available:

	No of Beds _____	
Category	Required Nos.	Available Nos.
Staff Nurses		
Sister Incharge		
ANS		

Date:

Signature with stamp Dean/Principal/Director

DNS		
Nursing Suptd		
Total		

1.16 Medical Education Unit (MEU): (Information not required for LOP inspection)

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)

Date:

Signature with stamp Dean/Principal/Director

1.17 Continuing Medical Education: (Information not required for LOP inspection)

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)

1.18 (a) College Council: (Information not required for LOP inspection)

- 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)

1.18(b) Curriculum Committee

Name of the Chairman/ Members

1.19 PG Course: If the college is running PG course; Please mention the intake of PG seats subject wise

Sr No.	Degree/Diploma	Subject	No. of Permitted sets	No. of recognized seats

1.20 Clinical Material

Item	Daily average (of last 12 months)as provided by institute

Date:

Signature with stamp Dean/Principal/Director

Item	Daily average (of last 12 months)as provided by institute
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 %	
<u>Operative Work</u>	
No, of major surgical operations	
No. of minor surgical operations	
No. of normal deliveries	

Date:

Signature with stamp Dean/Principal/Director

Item	Daily average (of last 12 months)as provided by institute	
	O.P.D	I.P.D
No. of caesarian sections		
<u>Radiological Investigations - No of patients.</u>	O.P.D	I.P.D
X-ray		
Ultrasonography		
Barium, IVP etc.		
C.T. Scan		
<u>Laboratory Investigations - No of patients/samples</u>	O.P.D	I.P.D
Biochemistry		
Microbiology		
Serology		
Haematology		
Clinical pathology		

Date:

Signature with stamp Dean/Principal/Director

Item	Daily average (of last 12 months)as provided by institute	
Histopathology		
<u>Cytopathology</u>		
<u>Others</u>		
Any other (HIV/AIDS, DOTs, Malaria etc)		

1.21 College Website:

Sr. No.	Details of information	Yes/No
1.	Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc.	
2.	Teaching staff,Resident doctors ,non-teaching staff , Technical staff , Nursing staff--- (a)department & designation wise with joining date (b) Unit wise faculty & resident list	
3.	Details of the affiliated university and its Vice-Chancellor and Registrars.	
4.	Citizen Charter	
5.	List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.	
6.	Result of all the examinations of last one year.	
7.	Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc...	
8.	Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc...	
9.	Toll free number to report ragging.	

Date:

Signature with stamp Dean/Principal/Director

Sr. No.	Details of information	Yes/No
10.	Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (with the scan copies of permission letter)	
11.	Any research publication during the last one year.	
12.	Details of any CME programmes, conferences and/or any academic activities conducted by the institution.	
13.	Details of any awards and achievements received by the students or faculty.	
14.	Detailed status of recognition of all the courses(with the scan copies of permission letter)	
15.	Details of clinical material in the hospital	
16.	unit /dept .wise beds distribution	

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

Date:

Signature with stamp Dean/Principal/Director