

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

Verification of Compliance
 Part - A-III (**2019-20**)
 (to be filled by the Assessors)

1.1 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

Continuation of Recognition - Regular / Compliance ()

Any Other: _____

2.

Name of the Institution	:	
Address	:	
Telephone No.	:	

Signature of Assessors

Date

Signature of Dean/Principal

E-mail	:			
College Website :				
Council Letter No. & Date	:			
Assessment Date:			Last Assessment Date :	
PG Courses	:	Yes/No		

3. Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email

4. Verification of compliance submitted by institute:

Sr. No.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Remarks of the Assessors after the assessment
1			

Signature of Assessors

Date

Signature of Dean/Principal

2			
3			
4			
5			
6			
7			

5. Clinical material:

Item	On Day of assessment		Remarks
	O.P. D	I.P.D	
O.P.D. attendance at 2.PM on first day			
Casualty attendance (24 hrs. data)			
No of admissions			
No. of discharges			
Bed occupancy% at 10.00 AM on first day			
<u>Operative Work</u>			
No, of major surgical operations			
No. of minor surgical operations			
No. of normal deliveries			
No. of caesarian sections			
<u>Radiological Investigations (No. of patients)</u>	O.P. D	I.P.D	

Signature of Assessors

Date

Signature of Dean/Principal

Item	On Day of assessment		Remarks
X-ray			
Ultrasonography			
Barium, IVP etc.			
C.T. Scan			

Item	Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations - No. of Patients/samples			
Biochemistry			
Microbiology			
Serology			
Hematology			
Clinical Pathology			
Histopathology			
Cytopathology			

Signature of Assessors

Date

Signature of Dean/Principal

6. Medical College-Staff Strength:

Name of College:

Number of students

PG Courses (Yes/No):1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____

11. _____ 12. _____ 13. _____ 14. _____ 15. _____

16. _____ 17. _____ 18. _____ 19. _____ 20. _____

Signature of Assessors

Date

Signature of Dean/Principal

Calculation Sheet (Date:_____)

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
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					
Microbiology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					

Signature of Assessors

Date

Signature of Dean/Principal

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

Signature of Assessors

Date

Signature of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
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					
Oto-Rhino-Laryngology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					

Signature of Assessors

Date

Signature of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
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					
	Jr. Resident					
Radio-Diagnosis	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
Dentistry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	JR					

Signature of Assessors

Date

Signature of Dean/Principal

Notes:
For purpose of working out the deficiency:
(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.
(A) For Teaching Faculty:
(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together.
(b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
(c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.
(d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.
(B) For Resident Doctors:
(a) Excess of SR can be compensated to the deficiency of JR of the same department only.
(b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department.
(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.
(d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.
(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city and run by the same management.
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations – 2000.

Signature of Assessors

Date

Signature of Dean/Principal

7. Details of Faculty/Residents not counted/accepted.

(Only faculty/residents who signed attendance sheet before 11:00 am on the first day of assessment should be verified. (In case of Junior Residents/Senior Residents on night duty, 12:00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11:00 am of the first day of assessment)

Sr. No	Name	Designation	Department	Remarks/Reasons for Not Considering

8. 1) Deficiency of Teaching Faculty: _____%

2) Deficiency of Resident doctors: _____%

9. Any other deficiency/remarks

Signature of Assessors

Date

Signature of Dean/Principal