

**STANDARD ASSESSMENT FORM FOR
COMPLIANCE VERIFICATION OF POST GRADUATE COURSES**

(Report of Compliance Verification will be accepted only in this SAF)

Name of College :

Subject :

Purpose of Inspection :

Date of Inspection :

Name of the Assessor
with mobile number :

Note:

1. Please read the SAF carefully before filling it up. Retrospective changes in Data will not be allowed.
2. **Do not use Annexures. All information should be provided in SAF at appropriate place earmarked. No Annexures will be considered.**
3. Experience details should be supported by experience certificate from competent authority (from the place of work) without which it will not be considered.
4. Full reference of publications(including clarification where the Journal is indexed) should be listed in front of the name to whom benefit of publications in Promotion have been given. If not given, it will not be considered from Annexures. They should also be supported by photocopies of published articles without which they will not be considered. Give only full articles, case reports and abstracts will not be considered.
5. Assessor to give his final remarks at the end of summary in the SAF. No separate confidential letter be sent.
6. Don't add, alter or delete any column of SAF.
7. Dean will be responsible for filling all columns and signing at appropriate places.

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COMPLIANCE VERIFICATION REPORT

1	2	3	4	5
Deficiencies pointed out by PG Committee	Reply Submitted by College Authority	Observation of Assessor on replies submitted by college Authority	Available Faculty on inspection Day	Available Clinical Material on inspection Day (of Department Concerned)
				1) Total OPD 2) Total IPD 3) Bed Occupancy 4) Total Number of Surgeries • Major Operations • Minor Operations • Day Care Operations • Total Histopath Specimens Sent • Total Deliveries • Total C.S. 5) Total Faculty in the department as per faculty table attached.

(1) I have verified the Eligibility of all faculty members for the post they are holding (Based on experience Certificates issued by competent authority). Their experience Details in Different Designations and unit wise Distribution attached in the faculty table enclosed.

(2) Any other specific observation which the Assessor want to mention.

(Signature of the Dean)

(Signature of the Assessor)

FORM-MCI-16(COMP.VERIFICATION)

Unit Wise Teaching and Residential Staff:

Unit : _____

Bed Strength : _____

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION		Experience							Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications		

Note: Unit wise teaching/residential staff should be shown separately for each unit in the proforma.

Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

*Publications : Give only full articles in indexed Journals published during the period of promotion

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unitwise distribution is given the faculty table above.

Signature of Assessor

Signature of Dean