

**STANDARD ASSESSMENT FORM FOR PG COURSE YEAR 2019-20**

(Report in this SAF prescribed for the year 2019-20 will only be accepted)

**SUBJECT - NUCLEAR MEDICINE*****INSTRUCTIONS TO DEANS & ASSESSORS***

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. Don't add, alter or delete any column of SAF.
5. In case of DNB qualification name of the hospital/institution from where DNB training was done and year of passing must be provided. Simply saying National Board of Examination, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
6. Experience of defence service must be supported by certificate from the competent authority of the office of DGAFMS without which it will not be considered.
7. Dean will be responsible for filling all columns and signing at appropriate places.
8. If promotion is after cut-off date (i.e. after 21/07/2013 for Professor & 21/07/2014 for Associate Professor) or benefit of publications is given in promotion before cut-off date, give the list of publications immediately below the name of faculty in this format: Title of Paper, Authors, Citation of Journal, details of Indexing. Photocopies of published articles should also be submitted without which they will not be considered. Give details of **only** original research articles; Case reports, Review articles and Abstracts will not be considered and should not be included.
9. No abbreviations of the name of Medical College in the Faculty List and Declaration Forms are acceptable

**INSTRUCTIONS TO ASSESSORS:** Please ensure that only original research papers published in indexed print journals are included in the list. Remaining entries, if included, should be struck off.

10. Assessor may give any relevant remarks not shown in the assessment report on the page marked "Remarks of Assessor". No separate confidential letter should be sent.
11. Count only those faculty & Residents who have signed in attendance sheet before 11:00 a.m. and are present for subsequent verification and are found eligible on verification and also those who are on MCI permitted leave and MCI or Court duty. Do not forget to obtain signature of faculty and residents/senior residents in faculty table in appropriate column.

Signature of Assessor

Signature of Dean

**STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES**  
**(NUCLEAR MEDICINE)**

1. Name of Institution: \_\_\_\_\_

MCI Reference No.: \_\_\_\_\_

2. Particulars of the Assessor:- Assessment Date \_\_\_\_\_

Name ..... Designation..... Specialty..... Name & Address of Institute/College ..... ..... .....	<b>Residential Address (with Pin Code)</b> ..... ..... Phone .(Off) .....(Resi.) ..... (Fax)..... Mobile No. .... E-mail: .....
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3. **(Institutional Information)**

A). **Particulars of college**

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

B). **Particulars of Affiliated University**

Item	University	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Assessor

Signature of Dean

**STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES**  
**(NUCLEAR MEDICINE)**

1. Name of Institution: \_\_\_\_\_

MCI Reference No.: \_\_\_\_\_

2. Particulars of the Assessor:- \_\_\_\_\_ Assessment Date \_\_\_\_\_

<p>Name .....</p> <p>Designation.....</p> <p>Specialty.....</p> <p>Name &amp; Address of Institute/College</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Residential Address (with Pin Code)</b></p> <p>.....</p> <p>.....</p> <p>Phone .(Off) .....(Resi.) .....</p> <p>(Fax).....</p> <p>Mobile No. ....</p> <p>E-mail: .....</p>
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3. **(Institutional Information)**

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Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
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Phone (Off) (Res) (Fax)				
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E.mail:				

B). **Particulars of Affiliated University**

Item	University	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Assessor

Signature of Dean

**SUMMARY**

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

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

<b>2. Department inspected</b>	<b>Head of Department</b>	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	

<b>3. (a). Number of UG seats</b>	Recognized (Year: )	Permitted (Year: )	First LOP date when MBBS course was first started
<b>(b). Date of last inspection for</b>	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				
Assoc Professor				
Asstt. Professor				

*Note: Count only those teachers who are physically present.***5. Number of Units with beds in each unit:**

Signature of Assessor

Signature of Dean

## 6. Clinical workload of the Institution and Department concerned :

Parameter	Entire Hospital	Department of Nuclear Medicine	
	On the Day of Assessment	On the Day of Assessment	Average of 3 Days Random
OPD attendance upto 2 p.m.			
New admissions			
Total Beds occupied at 10 a.m.			
Total Required Beds			
Bed Occupancy at 10 a.m. (%)			
Major Operations			
Minor Operations			
Day Care Operations			
Total Number of Deliveries			
Total Caesarean Sections			
Total Deaths			
Casualty attendance			

*Put N.A. whichever is not applicable to the Department.*

**Note:**

- OPD attendance is to be considered only upto 2 p.m. Bed occupancy is to be considered at 10 a.m. only.
- Investigative Data to be verified with Physical Registers in Radiodiagnosis & Central Clinical Laboratory.
- Data to be verified with Physical Registers in Blood Bank.

## 7. Investigative Workload of entire hospital and Department Concerned.

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

Signature of Assessor

Signature of Dean

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

S.No.	Parameters	Year 1	Year 2	Year 3 (Last Year )
1	Total number of patients in OPD			
2	Total number of patients admitted (IPD)			
3	Total Number of Major Operations			
4	Total Number of Minor Operations			
5	Total Number of Day Care Operations			
6	Total Number of Normal Deliveries			
7	Total Number of Operative Deliveries			
8	Total Number of Caesarians			

*Note : Put N.A. for those coloumns not applicable to the department*

**9. Publications from the department during last 3 years:**

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

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<b>10</b>	<b>Blood Bank</b>	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)	

11. Specialized services provided by the department: Adequate / not adequate
12. Specialized Intensive care services provided by the Dept: Adequate / not adequate
13. Specialized equipment available in the department: Adequate / Inadequate
14. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

**Signature of Assessor**

**Signature of Dean**

<b>15</b>	<b>Library</b>		Central	Departmental
		Number of Books pertaining to orthopedics		
		Number of Journals		
		Latest journals available upto		

16. Casualty Number of Beds \_\_\_\_\_ Available equipment \_\_\_\_\_ Adequate / Inadequate

17. Common Facilities

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- 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

18. Total number of OPD, IPD and Deaths in the Institution and department concerned during the last one year:

In the entire hospital		In the department of Nuclear Med	
OPD		OPD	
IPD (Total Number of Patients admitted)		IPD (Total Number of Patients admitted)	
Deaths		Deaths	

19. Number of Births in the Hospital during the last one year:

*Note : 1) The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (Photocopy of all such forms be provided.)*  
 : 2) Year means calendar year (1<sup>st</sup> January to 31<sup>st</sup> December )

20. Accommodation for staff Available / Not available

21	Hostel Accommodation No.	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Students						
	No. of Rooms						
	Status of Cleanliness						

22	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted Seats	Date of permission
		Degree				
		Diploma				

Signature of Assessor

Signature of Dean

23. 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			

24	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

25. 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		

\* Stipend shall be paid by the institution as per Govt. rate shown above.

26. Whether other medical superspecialty department exists in the institution ..... Yes/No  
(If yes give details)

Name of department	Beds/Units	When LOP for DM seats granted & Number of seats	Available faculty (Names & Designation)

*I have physically verified the beds, faculty and patients of above Super specialty departments and they have not been counted in orthopedics department inspection.*

27. 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			

28. 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			

\* Faculty Attendance Sheet duly signed by concerned faculty must be enclosed.

Signature of Assessor

Signature of Dean



**29. 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)

**Signature of Assessor****Signature of Dean**

**a) Purpose of Present Application:**

(For Grant of Permission/ Recognition/ Increase of seats in/ Renewal of recognition/Compliance Verification)

**b) Relevant Background Information of the department:**

**Date of last MCI inspection of the department:** \_\_\_\_\_  
 (Write Not Applicable for first MCI inspection)

**Purpose of Last Inspection:** \_\_\_\_\_

**Outcome of last Inspection:** \_\_\_\_\_  
 (Quote letter no, and remarks forwarded by MCI after the inspection)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Mode of selection (actual/proposed) of PG students.

8. If course already started, year-wise number of PG students admitted and available PG teachers during the last five years.

Year	Names of PG students admitted		Names of recognized PG teachers against whom the students were admitted.
	Degree	Diploma	

9. Central Library:

- Total No. of Books.
- Books pertaining to Nuclear Medicine
- Purchase of latest editions in last 3 years.

Nuclear Medicine Books	Other Books

- Journals:

	Total	Nuclear Medicine
Indian		

**Signature of Assessor**

**Signature of Dean**

Foreign		
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- Year/month upto which Indian Journals available
- Year/ month upto which Foreign journals available.
- Internet /Medlar/ Photocopy facilities available/ not available.
- Library opening timings:
- Reading facility out of routine library hours

10. Hostel facilities: Accommodation (No. of rooms) available for

- For P.G. students

11. Ethical Committee (Constitution)

12. Medical Education Unit (Constitution).

(Specify number of meetings of these bodies held annually & minutes thereof)

13. Emergency/  
Casualty  
Department

- Available Space
- No. of beds
- Equipment(s)
- Available staff (Medical/Paramedical)
- No .of cases (Average daily attendance of patients).
- Investigative facilities available (round the clock).
- Facilities available

14. Blood bank

- Valid License : Yes/No
- No. of blood units available:
- Average blood units consumed daily:
- Facilities of blood components available: Yes/No
- Nature of Blood storage facilities (Whether as per specifications). Yes/No
- All blood Units tested for Hepatitis C,B,HIV: Yes/No

15. Central Laboratory

- Controlling Department.
- Working Hours.
- Investigative work load.

**Signature of Assessor**

**Signature of Dean**

16. Central Research Lab.

- Whether there is any Central Research Lab.
- Administrative Control
- Staff
- Equipment
- Work load.

17. Investigative facilities (Approx. number of investigations done daily)

I. Nuclear Medicine Equipments along with functional status

- Gamma Camera \* (mandatory) : \_\_\_\_\_

Plannar \* (mandatory) : \_\_\_\_\_

SPECT \* (mandatory) : \_\_\_\_\_

SPECT /CT \* (mandatory) : \_\_\_\_\_

- PET/PET CT

PET/ MR : \_\_\_\_\_

- Thyroid Uptake probe
- Dose Calibrator \* (mandatory)
- Fume/Bio hazard Hood \* (mandatory)
- Contamination Monitor \* (mandatory)
- Radioactive waste disposal system \* (mandatory)
- Isolation Room for therapy patients \* (mandatory)
- Radio pharmacy Lab \* (mandatory)

- AERB approved diagnostic and lab & therapy facilities ( attach a valid documents) \* (mandatory)-
- Radiation safety Protocol \* (mandatory) –
- Institute approved radiation Safety committee and approved radiation safety officer \* (mandatory)-

II. Radiology

- Plain X-rays: .....
- CT Scan; .....
- MR Scan .....

**Signature of Assessor**

**Signature of Dean**

- Mammography .....
- Ba Studies/IVP .....
- Ultra-sonography .....
- Others. ....

### III. Radiotherapy

- Radiotherapy .....
- Teletherapy .....
- Brachy therapy .....

### IV. Pathology

- Haematology .....
- Histopathology .....
- FNAC .....
- Cytology .....

### V. Microbiology

- Bacteriology .....
- Serology .....
- Mycology .....
- Parasitology .....
- Virology
- Immunology

### VI. Biochemistry

- Blood Chemistry .....
- Endocrinology
- Other fluids

18. Central Supply of Oxygen/Suction:

19. Central Sterilization Deptt.

20. Laundry :

21. Kitchen

22. Incinerator along with functional status.

23. Generator Facility:

24. Medical Record Section:                      Computerized/ Not computerized.

**Signature of Assessor**

**Signature of Dean**

25. Animal House

26. Recreational facilities:

- Play grounds.
- Gymnasium
- Auditorium

**Signature of Assessor**

**Signature of Dean**

**PART – II (Departmental Information)****General Departmental facilities:**

- Total no. of isolation beds in the department. ....  
( *minimum 2 in number*)
- Total no of observation beds  
(*minimum 4 in number*)
- No. of Units (as per faculty distribution defined by MCI) in the  
department.....
- Unit wise teaching Resident staff (Annexed) .....

*Note: Unit wise teaching Resident Staff should be shown separately for each unit on a separate page.*

**Signature of Assessor****Signature of Dean**





**Unit wise Teaching and Resident 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	Date wise teaching experience with designation & Institution						

- Note:**
- Unit wise teaching / Resident 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 and list them here only. No Annexure will be seen.**
  - Incase of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.**
  - Experience of Defence services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.**

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

1. List of Non-teaching Staff in the department: - (must include 2 technicians each per gamma camera and SPECT, if available)

S.No.	Name	Designation
1.	Medical Physicist	
2.	Technicians - 4	
3.	Radio-pharmacist	
4.	Nursing Staff	

2. Available Clinical Material: **(Give the data only for the department of Nuclear Medicine)**

- Average weekly OPD attendance (kindly specify the number of OPD days per week):
- Average bed occupancy rate per week (for observation and isolation bed):
- Average scans per week –
- Average number of therapies per week, if available-
- Year-wise available clinical materials (during previous three years).

3. Additional exposure/ therapy of students to equipments at other centers , if any-

4. Specialty services being provided by the department. Functional status with distribution of patients

Name of services	Frequency
Nuclear Cardiovascular	
Nuclear Neurology	
Nuclear Nephrology/Urology	
Nuclear Haematology	
Nuclear Endocrinology	
Nuclear Oncology	
Nuclear Gastroenterology	
Any other	

5. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

**Signature of Assessor**

**Signature of Dean**

Audiovisual Aids: Adequate / Inadequate.

6. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.

7. Departmental Research Lab.

- Space
- Equipment.

8. Space:

- No. of rooms
- Patient Exam. arrangement:
- Equipment and facilities:
- Teaching Space
- Waiting area for patients.
- Indoor Space:

9. Office Accommodation:

- Departmental Office
- Space
- Staff (Steno /Clerk).
- Computer/ Typewriter:

Office Space for Teaching Faculty:

- HOD
- Professor
- Assoc. Prof./ Reader
- Lecturer/ Asstt. Professor
- Resident duty room

10. Other Equipments ( attach list):

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11. List of publications from the department during the last 3 years in indexed and non-indexed journals.

12. Any other information.

**Signature of Assessor**

**Signature of Dean**

**PART III****POSTGRADUATE EXAMINATION**  
**(Only at the time of recognition inspection)**

1. Minimum prescribed period of training.  
(Date of admission of the Regular Batch appearing in examination)
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University (Give details here. No annexures be attached).
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:
10. Year of 1<sup>st</sup> batch pass out (mention name of previous/existing University)

Degree Course -----

- Note: (i) Please do not appoint retired faculty as External Examiner  
(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners

**Signature of Assessor**

**Signature of Dean**