MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

“A”

General Information pertaining to :-

1. College and Teaching Hospital
2. Courses of Study leading to :-
   M.B.B.S. Examinations

Name of Institution : …………………………………………………………………………………

Place and Address : ………………………………………………………………………………………

Principal/Dean
Tel. No. Off. …………………………… Res. ……………………… Fax ……………………………

email : ………………………………………………………………………………………………………

Name of Affiliating University : ………………………………………………………………………

Date : ………………………………………………………………………………………………………

Signature of Dean/Principal

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This form shall be precisely filled in by the Institution and handed over by the Dean/Principal, duly verified and signed to the conveyor of the team of Inspectors, who shall then examine the entries and send it with his observations to the Secretary, Medical Council of India. As far as possible, all information should be contained in the form and separate enclosures avoided. The entries should be as required under the MCI regulations and norms. In case the college does not have the prescribed documents with them the same may be obtained from the MCI office by making necessary payment.
**GENERAL INFORMATION**

a) (i) Year of Foundation .................................................................
(ii) Year of Permission by MCI .........................................................
(In respect of new medical college please attach Letter of Intent, Letter of Permission and Yearly approval by Central Government/MCI).

b) Management – (Govt./Semi-Govt./Univ./Local Body/Private Trust/Society)

c) (i) Annual Admission .................................................................
(ii) In case of renewal of permission of the medical college permitted u/s 10A of the Indian Medical Council Act, please give a list containing the names of students, category wise, admitted during the preceding academic year.

d) Year to year increase (if any) ....................................................
(Year and number of students admission permitted by MCI to be specified and copies of the MCI approval to be attached)

e) Year of recognition by MCI:

(i) Undergraduate :.........................
(ii) Postgraduate : ............ Last inspection with date ...........

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<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Course</th>
<th>Degree/Diploma Permitted by MCI</th>
<th>Degree/Diploma recognised by MCI</th>
<th>Degree/Diploma not permitted/not recognised by MCI</th>
</tr>
</thead>
<tbody>
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<td>1.</td>
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<td>10.</td>
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</table>

(iii) Qualification not yet recognised : .............................................

**Annual Budget**

(a) Pay and Allowances ...........................................................................
(Pay scales and allowances of various categories of staff i.e. teaching, technical & administrative Staff) –(Please attach separate sheet).

(b) Contingency :

(i) recurring : ........................................

(ii) Non-recurring : .................................

Administrative set up for looking after :

(a) Admission :-
(Please attach a copy of the current prospectus of the college/university/Govt.)

b) Particulars of Dean/Principal :

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<table>
<thead>
<tr>
<th>Full Name</th>
<th>Qualifications with college, University and year</th>
<th>Teaching Experience</th>
<th>Administrative Experience</th>
<th>Part/Full time</th>
<th>Scale of Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Designation &amp; duration as Dean/Principal Professor Reader/Assoc. Professor Lecturer/Asst. Professor Tutor/Demons.</td>
<td>Designation &amp; duration</td>
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</tbody>
</table>

(c) Accommodation :

(i) Principal/Dean’s office size : 
(ii) Staff room size : 
(iii) College Council room size : 
(iv) Office Superintendent room –size : 
(v) Office Space Size : 
(vi) Intercom & Public address system in the college : Present/Absent
(vii) Record room size

COURSES OF STUDY

(a) Pre-requisites for admission : ............... 

(b) Method of selection : ............... 

(i) Strictly on the basis of performance at the qualifying public examination. 

or

(ii) Competitive entrance examination. 

(iii) Minimum percentage of marks for admission to MBBS course. 

(i) Open Merit : 

(ii) Reserved categories : 

(c) (i) No. of actual working days : 

College Hospital 

(ii) Daily working hours : 

(b) year of introduction of the new curriculum (of 1997)

GROUPING OF SUBJECTS FOR EXAMINATION : 

(if it differs from Council recommendations, bring that out clearly)

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<table>
<thead>
<tr>
<th>Number of Subjects</th>
<th>Duration of Study</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

First M.B.B.S.

Second M.B.B.S.
Final M.B.B.S.

Part – I

Part - II

<table>
<thead>
<tr>
<th>Practical</th>
<th>Theory</th>
<th>Total</th>
</tr>
</thead>
</table>

Attendance (Minimum Attendance percentage for appearing at the Univ. examination):

Percentage of marks for Internal Assessment included in the total marks of Univ. examination.

**COLLEGE COUNCIL**

(a) Composition :

(b) Functions :

(c) No. of Sessions per year :
BUILDING

(A) Layout & floor area

(i) Year & Cost of construction :

(ii) Cost of Equipment and Furniture :

(B) Location of Departments :

(a) Pre-clinical

(b) Para-clinical

(c) Clinical

(d) No. of Lecture theatres

<table>
<thead>
<tr>
<th>College</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>:</td>
</tr>
<tr>
<td>Type</td>
<td>:</td>
</tr>
<tr>
<td>Gallery</td>
<td>:</td>
</tr>
<tr>
<td>Level</td>
<td>:</td>
</tr>
<tr>
<td>Seating Capacity</td>
<td>:</td>
</tr>
</tbody>
</table>

(e) Type of Audiovisual aids (each lecture theatre)

(f) Auditorium (Accommodation)

(g) Examination Hall (Sitting Capacity)

(h) Common room for

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>:-</td>
<td></td>
</tr>
</tbody>
</table>

Facilities of attached toilets :-

Present or not
(i) Central Laboratories :

(1) Staff :

(2) Equipment :

(3) Management of Central & Experimental Laboratories

**ANIMAL HOUSE**

Accommodation : No. of rooms with size :

**STAFF :**

1. Veterinary Officer :

2. Animal Attendants :

1. Technician for Animal Operation Room :

4. Sweepers :

**SECTIONS :**

1. No. of animals kept and bred :

2. Facilities for experimental work :
**CENTRAL LIBRARY**

(a) Layout and floor area : 

(b) Reading Rooms : 

   (i) No.:-
       (a) for U.G. : 
       (b) for P.G. : 
       (c) for Staff : 

   (ii) In each accommodation : 

(c) Working hours : 

(d) No. of shifts : 

(e) No. of Books : 

   (i) Text : 
   (ii) Reference : 

(f) No. of Journals 

   Subscribed annually : 

   (i) Indian (ii) Foreign 

(g) No. of Journals actually received annually : 

   (i) Indian (ii) Foreign 

(h) No. of Journals with back Numbers : 

   (i) Indian (ii) Foreign 

(i) No. of books purchased during the last 3 years : 

<table>
<thead>
<tr>
<th>Ist Year</th>
<th>IIInd Year</th>
<th>IIIrd Year</th>
</tr>
</thead>
</table>
(J) Staff with qualifications:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Names</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Librarian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dy. Librarian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentalist</td>
<td></td>
<td></td>
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<tr>
<td>Cataloguer</td>
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<tr>
<td>Library Assistants</td>
<td></td>
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<tr>
<td>Daftaries</td>
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<tr>
<td>Peons</td>
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<tr>
<td>Any other</td>
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</tbody>
</table>

(K) System of Cataloguing

(L) Details of facilities available like Medlar, Internet, T.V., V.C.R., Xerox & Microfilm reading.

Whether these areas are air-conditioned? :
(m) MEDICAL EDUCATION UNIT:

(a) Staff:

- Hon. Director/Coordinator
- Hon. Faculty
- Supportive Staff
- Stenographer
- Computer Operator
- Technicians in Audio-Visuals aids, Photographer & Artist.

(b) Equipment available

(c) Teaching & training material available

(d) No. of training courses conducted by Medical Education Unit

(i) Categories of personnel trained

(ii) Number trained in each category
(n) **STATISTICAL UNIT:**

Yes  No.

**Composition:**

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Staff</td>
<td></td>
</tr>
<tr>
<td>2) Equipment</td>
<td></td>
</tr>
<tr>
<td>3) Scope of work</td>
<td></td>
</tr>
</tbody>
</table>

(o) **CENTRAL PHOTOGRAPHIC CUM AUDIO-VISUAL UNIT:**

(a) **Staff:**

- Photographer
- Artist
- Modeler
- Dark Room Assistant
- Audio-Visual Technician
- Store Keeper Clerk
- Attenders

(b) **Equipment**

(in each section)
(c) Type of Control – Central/Department

<table>
<thead>
<tr>
<th>HEALTH CENTRES - RURAL/URBAN</th>
<th>R.H.C./P.H.C.</th>
<th>URBAN HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
<td>II</td>
</tr>
</tbody>
</table>

(a) Name of the center : 

(b) Location of each center : 

(c) Population covered by each center : 

(d) Distance from college : 

(e) Transport facilities for : 

1. (i) Students + Interns : 
   (ii) Staff : 
   (iii) Supportive Staff : 

2. (i) Number of Vehicles : 
   (ii) Capacity of each Vehicle : 

3. Control of Vehicles : -
Departmental : 
Central : 

(f) Staff of the Centers : 

(g) Hostel facilities at the Rural Health Centers : 

(h) Messing facilities available or not. 

(i) Working arrangement / type of control of Health Centres : 
   (i) Total (Admn. & Financial) control with the college 
   (ii) Partial (only for training) control 

WORKSHOP FOR EQUIPMENT & INSTRUMENT REPAIR 

(a) **Staff** No. 

- Supdt 
- Sr. Technician 
- Jr. Technician
• Carpenter
• Black smith
• Attendants

(b) Facilities for work

HOSTELS

(a) Layout

(b) Distance from the college & Hospital

(c) Total No. of rooms & seats

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td></td>
</tr>
<tr>
<td>(i) Boys</td>
<td></td>
</tr>
<tr>
<td>(ii) Girls</td>
<td></td>
</tr>
<tr>
<td>Postgraduate</td>
<td></td>
</tr>
<tr>
<td>(i) Boys</td>
<td></td>
</tr>
<tr>
<td>(ii) Girls</td>
<td></td>
</tr>
</tbody>
</table>

No. of students on the roll

Percentage of Students accommodated

(d) Supervisory arrangement

(e) Messing & canteen arrangement:
   (Dining hall should have accommodation for 25% of the occupants at a given time).
(f) Availability of visitors room, reading room TV room and indoor games

RESIDENTIAL QUARTERS:

(a) Categories :

(b) Number :

(c) Percentage of Staff accommodated in each category :

SPORTS AND RECREATION FACILITIES:

(a) Playgrounds and games played :

(b) Gymnasium facilities and arrangement :

(c) Management :

Sports Officer/Physical instructor

N.C.C.
(a) Compulsory/Optional : 

(b) Duration of Training : 

(c) Training set up : 

(d) Type of certificates : 

TEACHING HOSPITAL (MAIN & SUBSIDIARY)

(a) Type of Management - Govt. / Autonomous / Local body / Private
Trust/Society

(b) Owner of the Hospital -

(c) Hospital is in possession of -

(d) Administrative set up -

(i) Particulars of Hospital/Hospitals :

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>No. of Beds</th>
<th>No. of wards</th>
<th>Name &amp; Qualification of Medical Superintendent</th>
<th>Full time/Part time</th>
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<td>Tel. No.</td>
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<td>O. / R. Fax No.</td>
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(ii) Medical Superintendent’s Office - Size

(iii) Principal/Dean’s Office in the Hospital - Size

(iv) Hospital Office space - Size

(v) Nursing Superintendent’s Office - Size

(vi) Waiting space for visitors - Size

(vii) Enquiry/office – Size

(viii) Reception area – Size

(ix) Store rooms – No. & Size

(x) Central Medical Record Section - Size
(x) Linen rooms – No. & Size
(xi) Hospital & Staff Committee Room – Size

(e) Indoor Facilities (in each ward)
Is there

(i) Nurses duty room available with each ward?
(ii) Examination & Treatment Room
(iii) Ward Pantry
(iv) Store Room for linen & equipment
(v) Resident doctor’s duty room
(vi) Student’s duty room

**DISTRIBUTION OF BEDS**

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<tr>
<th></th>
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<th>Average bed occupancy/day (percentage of Teaching beds)</th>
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<tbody>
<tr>
<td><strong>(a) Medicine &amp; allied Specialties</strong></td>
<td>No. of teaching Beds</td>
<td>No. of units</td>
<td></td>
</tr>
<tr>
<td>(i) Gen. Medicine</td>
<td></td>
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<tr>
<td>(ii) Paediatrics</td>
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<tr>
<td>(iii) Tuberculosis &amp; Respiratory Diseases</td>
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<tr>
<td>(iv) Dermatology, Venereology &amp; Leprosy</td>
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<tr>
<td>(v) Psychiatry</td>
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<td><strong>Total</strong></td>
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<th></th>
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<th>Average bed occupancy/day (percentage of Teaching beds)</th>
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<tbody>
<tr>
<td><strong>(b) Surgery &amp; allied Specialities</strong></td>
<td>No. of teaching Beds</td>
<td>No. of units</td>
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<tr>
<td>(i) Gen. Surgery including Pediatric Surgery</td>
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<td>(ii) Orthopedics</td>
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<td>(iii) Ophthalmology</td>
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<td>(iv) Oto-rhino-laryngology</td>
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GRAND TOTAL

ANNUAL BUDGET OF THE HOSPITAL
(last 3 yrs) (I) (II) (III)

(a) Pay of Staff & establishment :
(b) Medicine & Stores :
(c) Diet :
(d) Non-recurring contingency :

CLINICAL MATERIAL (HOSPITAL WISE)
(attach a separate sheet if needed)

Outdoor – Average Daily patient Attendance

(a) Old Patients (b) New Patients (c) Total

Indoor - (a) Annual admissions :
(b) Average bed occupancy per day (percentage of teaching beds)

TEACHING/TRAINING FACILITIES (DEPARTMENT WISE)

(a) In O.P.D.
(b) In Indoor
REGISTRATION, MEDICAL RECORDS & STATISTICS DEPARTMENT

(a) Central and/or Departments :

(i) For in-patients :

(ii) For O.P.D. :

(b) Staff :

Medical Record Officer :

Statistician :

Coding Clerk :

Record Clerk :

Daftry :

Peons :

Stenographer :

(c) System of Indexing :

Computerized :

Manual :

(d) Follow up service :

CENTRAL CASUALTY SERVICES

(a) Whether working : Yes No

(b) Accommodation for staff on duty :

(a) Doctors

(b) Nurses

(c) Students

(d) Other paramedical staff

(c) No. of emergency beds in casualty
(d) Working arrangement of casualty services

(i) No. of casualty medical officers

(ii) Consultants services

(iii) Nature of services

(iv) Average daily attendance of patients

(e) Resuscitation services facilities :-

(i) Oxygen supply

(ii) Ventilation

(iii) Defibrillator

(v) Fully equipped disaster trolleys

(f) Facilities provided :-

(i) X-ray

(ii) Operation theatre

(iii) Laboratory facilities

(g) Ambulance service Yes/No Number

(h) Whether facilities for medico-legal examination exist or not?
   If yes, whether separate staff is posted or not.

(i) Posting of interns in casualty - Yes or No
If yes, No. of days

**CLINICAL LABORATORIES**

<table>
<thead>
<tr>
<th>No.</th>
<th>Speciality</th>
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<tbody>
<tr>
<td>(a)</td>
<td>Central</td>
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<td>(b)</td>
<td>Departmental</td>
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<tr>
<td>(c)</td>
<td>Ward side Laboratory</td>
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</table>

(a) Total no. of investigations (Average daily)  

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<tr>
<th>Bio</th>
<th>Clinical</th>
<th>Micro</th>
<th>Any other</th>
</tr>
</thead>
</table>

(i) O.P.D.

(ii) In-patients

(b) Staff & Supervision in each Laboratory

(i) Teaching Staff Number : 

(ii) Non-teaching Staff Number : 

(c) Equipment in each laboratory

**OPERATION THEATRE UNIT**

(1) Operation theatres -
(a) Number :

(b) Arrangement & Distribution :

(c) Equipment :
    (including Anesthesia equipment)

(d) Facilities available in each O.T. unit - Present/Absent

(i) Waiting room for patients
(ii) Soiled Linen room
(iii) Sterilisation room
(iv) Nurses duty room
(v) Surgeons & Anaesthetists room -
    • For Males
    • For Females
(vi) Assistants room
(vii) Observation gallery for students
(viii) Store room
(ix) Washing room for surgeons & Assistants
(x) Students washing up and dressing up room

(2) Arrangement of Anesthesia

(a) Pre-anaesthetic care :

(b) Nature of anesthesia used :
(c) Post-anesthetic care

Pre-operative ward (no. of beds) :

Post-operative ward (no. of beds) :

Resuscitation facilities and special equipment :

If any super specialty exists : Give details

<table>
<thead>
<tr>
<th>Intensive Care Area</th>
<th>No. of Beds</th>
<th>Specialized equipment’s in each</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU/ICCU</td>
<td></td>
<td></td>
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<tr>
<td>I.C.U. of Burn Unit</td>
<td></td>
<td></td>
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</tbody>
</table>

Surgical intensive care area

<table>
<thead>
<tr>
<th>No. of Beds</th>
<th>Specialised equipments in each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrics Intensive Care area</td>
<td></td>
</tr>
</tbody>
</table>
ICU for others like Respiratory Diseases etc.

Labour Room

Clean with number of beds : 
Septic with number of beds : 

RADIOLOGICAL FACILITIES

(a) Radio Diagnosis

No. of rooms & their Size :

<table>
<thead>
<tr>
<th>Machine</th>
<th>Strength</th>
<th>Fixed</th>
<th>Mobile</th>
</tr>
</thead>
</table>

(b) Workload per day Nos. per day

i. Screening

ii. Radiographics

iii. Special Radiographs (for example, Barium and Dye studies)

iv. Ultrasonographs

v. C.T. Scans

vi. Any other like mammographs etc

(c) **Protective Measures**

Adequate per BARC specification

Inadequate

PHARMACY
Organization set up

(a) Supervised by whom

Staff:

(b) Qualification of pharmacist Incharge:

(c) No. of other staff

(d) No. of prescription dispensed a day
   (i) Wards
   (ii) O.P.D.

CENTRAL STERILISATION SERVICES DEPARTMENT:

(a) Exclusive or with substerilisation centres also:

(b) Equipment scope and inservice arrangement:

(c) Volume of work/day:

(d) Arrangement for sterilisation of mattresses & blankets:

(d) Staff available in CSSD:
   
   • Matron
- Staff Nurses
- Technical Assistants
- Technicians
- Ward boys
- Sweepers

**CENTRAL LAUNDRY**

(a) Equipment :

(i) Mechanised - Bulk washing machine, Hydroextractor, Flat & Rolley Steam Press.

(ii) Manual

(b) Volume of work/day :

(c) Staff available :

Supervisor :

Dhobi/Washermen/Women :

Packers :

**KITCHEN**

(a) Type :

(i) Electrical :

(ii) L.P.G.

(iii) Coal/Wood

(b) Nature of food supplied :

(c) Daily No. of meals :
(d) Percentage of patients provided with free diet:

(e) Per capita expenses/day:

**CANTEEN**

(a) Type of catering:

(b) Whether subsidised?

(c) For staff only or for others also:

**INCINERATOR**

(a) No.:

(b) Capacity:

(c) Type:

**PARA MEDICAL/OTHER SERVICES STAFF IN THE WHOLE HOSPITAL**

<table>
<thead>
<tr>
<th>No. of posts sanctioned</th>
<th>No. in position</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nursing Superintendent</td>
<td></td>
</tr>
<tr>
<td>• Dy. Nursing Supdt.</td>
<td></td>
</tr>
<tr>
<td>• Matron</td>
<td></td>
</tr>
<tr>
<td>• Asstt. Nursing Supdt.</td>
<td></td>
</tr>
<tr>
<td>• Nursing sisters</td>
<td></td>
</tr>
<tr>
<td>• Staff Nurses</td>
<td></td>
</tr>
<tr>
<td>• Lab. Technicians</td>
<td></td>
</tr>
<tr>
<td>• Lab Assistants</td>
<td></td>
</tr>
<tr>
<td>• Lab Attendants</td>
<td></td>
</tr>
<tr>
<td>• Ward boys</td>
<td></td>
</tr>
</tbody>
</table>
• Ward Attendant
• Safaiwala/Sweepers
• Any other Category

QUARTERS

Categories   (a) Residents : Sanctioned No.       No. provided with quarters
           (b) House Staff : Sanctioned No.     No. provided with quarters

Nursing Staff   (i) Sisters : Sanctioned No.     No. provided with quarters
              (ii) Staff Nurses : Sanctioned No.  No. provided with quarters
              (iii) Pupil Nurses : Sanctioned No.  No. of provided with quarters

Other Categories Staff

Percentage of staff provided with quarters

.................................................. Teaching
.................................................. Non-teaching

INTERCOM AND PUBLIC ADDRESS SYSTEM IN THE HOSPITAL CAMPUS

Present/ Absent

Result of examination – given number and percentage of passes during proceeding years
<table>
<thead>
<tr>
<th>YEAR</th>
<th>YEAR</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULAR</td>
<td>SUPPLEMENTARY</td>
<td>REGULAR</td>
</tr>
<tr>
<td>NO.</td>
<td>%AGE</td>
<td>NO.</td>
</tr>
</tbody>
</table>

(a) First Professional :
(b) Second Professional :
(c) Final Professional :
   (a) Part I
   (b) Part II

**PARTICULARS OF PRE-REGISTRATION INTERNSHIP** :

(a) Period in each Department/discipline :
(b) Period of posting in a Rural Health Centre/Primary Health Centre/Urban Health Centre
(c) Method of assessment (Please attach a copy of the log book/assessment sheet)
(d) Whether MBBS degree is conferred only after successful completion of 12 months compulsory rotating internship.

**OTHER INFORMATION** :

1. Yearly research publications by the teaching staff :
   
<table>
<thead>
<tr>
<th>Ist Year</th>
<th>IInd Year</th>
<th>IIInd Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>National journals (No.) ________</td>
<td>International journals (No.) ________</td>
<td>(during the last 3 years)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ist Year</th>
<th>IInd Year</th>
<th>IIInd Year</th>
</tr>
</thead>
</table>

2. National Seminars/Conferences conducted by the Institution in the last 3 years
3. National Awards/recognition received by the college Faculty :
4. Any associated Institutions/Training courses : Yes No.
5. If yes, No. of Admissions/Yrs.

(i) Dental
(ii) Nursing
(iii) Pharmacy
(iv) Physiotherapy
(v) Lab Technician
(vi) Any other

For the medical colleges which are running other courses as mentioned above besides the undergraduate courses leading to MBBS, they will be required to have extra staff, space, laboratories and equipment’s as per the norms laid down by the bodies governing such courses.

6. Total No. of PG students No. of students admitted
Admitted yearwise (in previous
3 years) (please attach separate
statement) Ist Yr. IInd Yr. IIIrd Yr.
Dip./Degree Dip./Degree Dip./Degree

Subjects

(i)
(ii)
(iii)
(iv)

Date of Inspection

Signature of
Dean/Principal

**OBSERVATIONS OF THE INSPECTORS/VISITORS**

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

ANATOMY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution .................................................................

Place .......................................................................................

Affiliated to the University of ..................................................

Name of the Head of the Department .......................................

Signature of the Dean/Principal (with seal) ............................

Signature of the Head of the Department ...............................

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)
1. Date of Inspection/Visitation : 
2. Names of Inspectors or Visitors : 
3. Date of last Inspection/Visitation : 
4. Names of last Inspectors/Visitors : 

Defects pointed out in the last Inspection / To what extent remedied Visitation

Observations of the assessors are to be made in assessment report only.
A. **Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Anatomy**

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<thead>
<tr>
<th>Post</th>
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<th>Name</th>
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</thead>
<tbody>
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<td></td>
<td>As Asst. Professor/Lecturer</td>
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<td>Date</td>
<td>College</td>
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<td>Instt. From To Total</td>
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<td>5</td>
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<tr>
<td>Associate/Professor/Reader</td>
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<tr>
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<tr>
<td>Demonstrator/Tutor</td>
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<td>Any other Category</td>
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<thead>
<tr>
<th>Post</th>
<th>Experience</th>
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<th>Grand Total of Teaching Experience</th>
<th>Remarks if any,</th>
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<tbody>
<tr>
<td></td>
<td>As Assoc. Professor/Reader</td>
<td>As Professor</td>
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<tr>
<td>Professor</td>
<td>Institution</td>
<td>From</td>
<td>To</td>
<td>Total</td>
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<tr>
<td>Associate/Professor/Reader</td>
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<td>From</td>
<td>To</td>
<td>Total</td>
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<td>From</td>
<td>To</td>
<td>Total</td>
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</table>
B. List of non-teaching staff:

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<th>Name(s) of staff members</th>
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<tr>
<td>a. Technical Assistant</td>
</tr>
<tr>
<td>b. Technicians</td>
</tr>
<tr>
<td>c. Modellers</td>
</tr>
<tr>
<td>d. Dissection Hall Attendants</td>
</tr>
<tr>
<td>e. Steno typist</td>
</tr>
<tr>
<td>f. Store Keeper – cum – clerk</td>
</tr>
<tr>
<td>g. Sweepers</td>
</tr>
<tr>
<td>h. Any other category</td>
</tr>
</tbody>
</table>
C. Give the various sub-section in the Department, if any, like Gross Anatomy, Neuro-Anatomy, Embrology and Histology.

- Is the teaching staff rotated in these sections and if so up to what level

D. BUILDINGS:

(j) Demonstration Room:

a) Number

b) Accommodation (of each demonstration room)
   i) Size
   ii) Capacity

c) Audio-visual equipment available.

ii) Departmental Library-cum-Seminar Room:

a) Is there a separate departmental library?
b) Accommodation
   
i) Size :
   
ii) Capacity :

c) Number of books in Anatomy and allied subjects :

d) List of Journals :

(iii) Practical Laboratories :

A) Dissection Hall :

a) Accommodation :
   
i) Size :
   
ii) Capacity :

B) Number and arrangement of tables
   
i) Big :
   
ii) Small :

C) Hygiene and Drainage facilities for Disposal of Discarded parts. Is there a burial ground?
a) Washing arrangement:

b) No. of wash basins provided:

c) No. of lockers provided for students:

d) Light and exhaust arrangements:

e) Special Instruments other than routine Dissection sets, such as Electric saw etc.:

f) Extra Learning Aids provided in the Dissection Hall (Skeleton, Charts, Black Board etc.):

g) Cadaver Preservation Facilities:
   i) Embalming room
      • Size
      • Location
   ii) Storage Tanks
      • Number
      • Size
   iii) Cold room/cooling cabinets
      • Size
      • Capacity
   iv) No. of Cadavers available
   v) No. of students allotted per cadaver

B) Histology Laboratory

   a) Accommodation
      • Size
      • Capacity
C) Working arrangement
   - Seats available
   - Cupboard for storage of microscope slides etc.
   - Number of Microscopes with 1/3, 1/6, & 1/12 objectives

D) Number of students to each Microscope

E) Preparation room
   - Size
   - Location

F) Whether Laboratory Manuals kept by students?
   - Yes
   - No

G) Close circuit TV/Demonstration Microscope/any other teaching aids:

IV) Research Laboratory
   a) Size
   b) Equipment
   c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy?
If so how many per year during the last three years?

1) Diploma
2) Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom?

(a statement may be furnished)

f) Do Undergraduate students in any way participate in them?

V) Museum :

a) Size :

b) How are the specimens arranged? :

c) Give Number of each :

(d) Coverage of various fields in Anatomy by Specimens

e) No. of catalogues of the specimens available to the students.
f) Specimens in Embryology, Neuro-Anatomy, Histology, Gross Anatomy:

g) Display of Microscopic sections of normal developing tissues – system wise.

h) Are the microscopic sections of the specimens available for study to the students.

i) Number of Microscope & X-ray view Boxes available to students in the Museum.

j) List of exhibits other than the specimens and their arrangement.

k) Radiological & specialized imaging exhibits:

  • Number
  • Type

l) Charts, Skeletons etc.
m) Seating arrangement for students

- Number
- Type

n) Preparation and storage rooms

o) Attached rooms

(VI) OFFICE ACCOMMODATION

a) Professor and HOD

b) Associate Professors/Readers

c) Asst. Professors/Lecturers

d) Tutors/Demonstrators

e) Non-teaching and clerical staff:
E) **TEACHING PROGRAMME**: 
(For duration of the entire course)

I. Curriculum of studies 
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?
II. Methodology
(for duration of the entire course)

1) Didaetic Lectures

2) Demonstrations

3) Tutorials

4) Seminars conducted during the year
   Number of students attending each

5) Practical

6) Any other teaching/training activities :

7) Is there any integrated teaching?
   If yes, details thereof :

8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department
F. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

PHYSIOLOGY INCLUDING BIO-PHYSICS

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution ..............................................................

Place ..............................................................................

Affiliated to the University of ..........................................

Name of the Head of the Department ................................

Signature of the Dean/Principal
(with seal)

Signature of the Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)
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<tr>
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<th>To what extent remedied</th>
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Observations of the assessors are to be made in assessment report only.
**A. Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Physiology including Bio-physics**

<table>
<thead>
<tr>
<th>Post No.</th>
<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td>As Demonstrator/Tutor</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Professor</td>
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<tr>
<td>Associate/Professor/Reader</td>
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<tr>
<td>Asst. Prof./Lecturer</td>
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<tr>
<td>Demonstrator/Tutor</td>
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<tr>
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<tr>
<td></td>
<td>15 16 17 18</td>
<td>19 20 21 22 23 24</td>
<td></td>
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<tr>
<td>Professor</td>
<td>Institution</td>
<td>From</td>
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<tr>
<td>Any other Category</td>
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<td></td>
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</tr>
</tbody>
</table>
B. List of non-teaching staff:

Name(s) of staff members

a. Technical Assistant

b. Technicians

c. Store Keeper-cum-Clerk

d. Laboratory Attendance

e. Steno-typist

f. Sweepers

g. Any other category

C. Buildings:

(i) Demonstration Room:

a. Number
b) Accommodation of each demonstration room:

Size

Capacity

c) Audio-Visual equipment available:
(ii) **Practical Laboratories**:

<table>
<thead>
<tr>
<th>Amphibian Laboratory</th>
<th>Mammalian Laboratory</th>
<th>Hematology Laboratory</th>
<th>Clinical Physiology Laboratory</th>
</tr>
</thead>
</table>

a) Accommodation
   - Size
   - Capacity

b) Working arrangement
   - Seats available
   - Water supply
   - Sinks
   - Electrical Points
   - Cupboard for storage of microscopes slides etc

c) Main Equipment available

d) Number of Microscopes
e) No. of students to each microscope

f) Preparation room :
   - Size
   - Location

g) Whether Laboratory Manuals kept by students?
   - Yes
   - No

(h) Close circuit TV/demonstration Microscope/any other teaching aids.
III) DEPARTMENTAL LIBRARY-CUM-SEMINARY ROOM:

a. Is there a separate departmental library?

b) Accommodation
   
   - Size
   
   - Capacity

c) Number of Books in Physiology including Biophysics:

d) List of Journals:

IV) RESEARCH LABORATORY:

a) Size

b) Equipment

c) Are there any students taken for M.D. or Ph.D. in Physiology Including Bio-physics?

   If so, how many per year during the last three years.

   1) Diploma

   2) Degree
d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom?
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f) Do Undergraduate students in any way participate in them?

V) OFFICE ACCOMMODATION

a) Professor and HOD:

b) Associate Professors/Readers:

c) Asst. Professors/Lecturers:

d) Tutors/Demonstrators:

e) Non-teaching and clerical staff:
D. TEACHING PROGRAMME:
(For duration of the entire course)

I. Curriculum of studies
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?
E. METHODOLOGY
(for duration of the entire course)

1) Didaetic Lectures

2) Demonstrations

3) Tutorials

4) Seminars conducted during the year.
   (Number of students attending each)

5) Practicals

6) Any other teaching/training activities :

7) Is there any integrated teaching?
   If yes,

8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department
F. OBSERVATIONS OF THE INSPECTORS/VISITORS :

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

BIOCHEMISTRY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution ...........................................................................................................

Place ................................................................................................................................

Affiliated to the University of ......................................................................................

Name of the Head of the Department ...........................................................................

Signature of the Dean/Principal
(with seal) .......................................................... Signature of the
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(This form shall be first filled in by the Principal/Dean of the college in
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Observations of the assessors are to be made in assessment report only.
A. **Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Biochemistry**

<table>
<thead>
<tr>
<th>Post</th>
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<th>Qualification with dates thereof &amp; Where obtained</th>
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<td>7    8    9    10   11 12 13 14</td>
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<tr>
<td>Professor</td>
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<tr>
<td>Professor</td>
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</table>
B. LIST OF NON-TEACHING STAFF:

Name(s) of staff members

a. Technical Assistant

b. Technicians

c. Store Keeper-cum-Clerk

d. Laboratory Attendance

e. Sweepers

f. Any other category

C. BUILDINGS:

(i) Demonstration Room:

a) Number

b) Accommodation
   - Size
   - Capacity
c) Audio-Visual equipment available:

II) PRACTICAL CLASS ROOM/LABORATORIES:

a) Accommodation
   - Size
   - Capacity

b) Working arrangement
   - Seats available
   - Water supply
   - Sinks
   - Electric points
   - Cupboard for storage of microscopes

c) Preparation room
   - Size
   - Capacity

d) Whether laboratory manual kept by students?
   - Yes
   - No

e) Close circuit T.V./Any other teaching aids.

III) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM:

a) Is there a separate departmental library?

b) Accommodation
   - Size
   - Capacity
c) Number of Books in Biochemistry and allied subjects.

d) List of Journals

(IV) RESEARCH LABORATORIES

a) Size

b) Equipment

c) Are there any students taken for M.D. or M.Sc. or Ph.D. in Biochemistry?

If so how many per year during the last three years.

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years.

e) Current problems in which research work is going on and by whom? (a statement may be furnished)
f) Do Undergraduate students in any way participate in them?

(V) OFFICE ACCOMMODATION

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Tutors/Demonstrators :

e) Non-teaching and clerical staff:

D. TEACHING PROGRAMME :
(For duration of the entire course)

I. Curriculum of studies
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?
• If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?

II. METHODOLOGY

(for duration of the entire course)

1) Didactic Lectures

2) Demonstrations

3) Tutorials

4) Seminars conducted during the year. (Number of students attending each)
5) Practical

6) Any other teaching/training activities:

7) Is there any integrated teaching?
   If yes,

8) Records Methods of Assessment thereof:

   (Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).
E. SERVICE LABORATORY IN THE TEACHING HOSPITAL/COLLEGE:

a) Is there separate biochemistry laboratory in the hospital?
   - Yes
   - No

b) If yes, control and supervision
   i) Whether departmental (college)
   ii) Under Medical Superintendent (Hospital)
   iii) If departmental, method of posting and rotation of medical & non-medical staff

c) Size of the laboratory:

d) Investigative equipment available (Attach list)

e) Staff

<table>
<thead>
<tr>
<th>Names</th>
<th>Qualifications</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
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<tr>
<td>Names</td>
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<td>Designation</td>
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<td>-------------</td>
</tr>
<tr>
<td>Non-Medical</td>
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</tbody>
</table>

f) Report giving details of work done during the last 1 year to be attached:

g) Are the students (UG/PG) posted in the hospital laboratory?
   - Yes
   - No
F. **IS THERE ANY EMERGENCY HOSPITAL BIOCHEMISTRY SERVICE**

If so give details of

a) Staff employed

b) Average no. of tests done during one month (in emergency laboratory)

c) Is a record of these tests maintained

Signature of Head of the Department
G. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

PATHOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution .................................................................

Place ...................................................................................................

Affiliated to the University of ....................................................

Name of the Head of the Department ...........................................

Signature of the Dean/Principal
(with seal) Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)
1. Date of Inspection/Visitation : 
2. Names of Inspectors or Visitors : 
3. Date of last Inspection/Visitation : 
4. Names of last Inspectors/Visitors : 

<table>
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<th>To what extent remedied</th>
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</table>

Observations of the assessors are to be made in assessment report only.
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Pathology

<table>
<thead>
<tr>
<th>Post</th>
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<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Professor</td>
<td></td>
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<tr>
<td>Associate Professor/Reader</td>
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<tr>
<td>Asst. Prof./Lecturer</td>
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<tr>
<td>Registrar/Sr. Resident/Demonstrator/Tutor</td>
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<td>Any other Category</td>
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</table>

As Demonstrator/Tutor/Sr. Res./Registrar | As Asst. Professor/Lecturer
(cont.)

<table>
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<th>Post</th>
<th>Experience</th>
<th>Grand Total of Teaching Experience</th>
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<td>To</td>
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</tbody>
</table>


B. LIST OF NON-TEACHING STAFF:

Name (s) of staff members

a. Artist

b. Technical Assistant

c. Technicians

d. Laboratory Attendants

e. Steno-typist

f. Clerk

g. Store Keeper

h. Record Clerk

i. Sweepers

j. Any other category
C. Give the various sub-section in the department like Morbid Anatomy, Hostopathology, Cytopathology, Clinical Pathology/Haematology and any other specialized section.

Is the teaching staff rotated in these sections?

If so, upto what level?

D. BUILDINGS:

(I) Demonstration Room:

a) Number

b) Accommodation

- Size
- Capacity

c) Audio-Visual equipment available
(ii) PRACTICAL LABORATORIES:

<table>
<thead>
<tr>
<th></th>
<th>Morbid/Anatomy</th>
<th>Histo-/Pathology</th>
<th>Cyto-/Pathology</th>
<th>Clinical/Pathology</th>
<th>Haematology</th>
</tr>
</thead>
</table>

a) Accommodation
   - Size
   - Capacity

b) Working arrangement
   - Seats available
   - Water supply
   - Sinks
   - Electrical Points
   - Cupboard for storage of microscopes slides etc

c) Main Equipment available

d) Number of Microscopes

e) No. of students to each microscope:
f) Preparation room:
   • Size
   • Location

g) Whether Laboratory Manuals kept by students?
   • Yes
   • No

h) Close circuit TV/demonstration Microscope/any other teaching aids.

iii) **Service Laboratory in the teaching hospital/college:**

<table>
<thead>
<tr>
<th></th>
<th>Histopathology</th>
<th>Cytopathology</th>
<th>Haematology</th>
<th>Any other Specialized Section like Immunology</th>
</tr>
</thead>
</table>

a) Are there separate service laboratories?
   • Yes
   • No

b) If yes, control and supervision:
   i) Whether departmental (college)
ii) Under Medical Superintendent (Hospital)

iii) If departmental, method of posting and rotation of medical & non-medical staff:

c) Size of laboratory

d) Investigate equipment available (Attach list)

e) Staff

<table>
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<tr>
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</table>

1. Medical
2. Non medical

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</table>

f) Report giving details of work done in each service laboratory separately during the last 1 year (to be attached).

g) Are the students (UG/PG) posted in the hospital laboratory.

- Yes
- No
(iv) Is there any emergency hospital Pathology service? If so give details of –
a) Staff employed

b) Average no. of tests done during one month in emergency hospital pathology laboratory.

c) Is a record of these tests maintained.

V) Is there a separate

a) Balance room
   - Yes
   - No

b) Store room
   - Yes
   - No

c) High speed centrifuge room
   - Yes
   - No

VI) MUSEUM:

a) Size

b) How are specimens arranged?

c) Give number of each:
   - Mounted
   - Unmounted
d) Are the microscopic section of Specimens available for study to the students?

If so, in the museum or in some other room

e) No. of microscope available to the students in the museum.

f) List of charts, photographs, models and other exhibits other than the specimens and their arrangements.

g) No. of catalogues of the specimens available to the students.

h) seating arrangement for students –
   • Type
   • Number

   i) Ante-room
   • Yes
   • No

VII) AUTOPSY BLOCK

a) distance from the department

b) size
c) student observation facilities
   1. level type
   2. gallery type
   3. capacity

d) No. of autopsy tables available:

e) Light, ventilation and exhaust arrangements:

f) Water supply, drainage, washing arrangements & disposal of waste.

g) Fly proofing

h) cold room/cooling cabinets:
   1. size
   2. Capacity

i) Equipment’s

j) No. of pathological autopsies
   1st year 2nd Year 3rd Year
Per year for the last 3 years:

k) Is there an emergency autopsy service?

l) How are the autopsy reports maintained in the department?

m) Do undergraduate students in any way participate in the conduction of autopsies?
n) Ante-room
   • Yes
   • No

o) Waiting hall and office

VIII) DEPARTMENTAL LIBRARY-CUM-SEMINAR ROOM :

a) Is there a separate departmental library?

b) Accommodation
   • Size
   • Capacity

c) Number of books in Pathology and allied subjects.

d) List of Journals

IX) RESEARCH LABORATORY :

a) Size

b) Equipment

c) Are there any students taken for Diploma in Pathology, M.D. or Ph.D. in Pathology?

   If so, how many per year during the last three years.

   1) Diploma

   2) Degree
d) List of publications by the members of the staff during the last 3 years

e) Current problems on which research work is going on and by whom? (a statement may be furnished)

f) Do Undergraduate students in any way participate in them?

**X) OFFICE ACCOMMODATION**

a) Professor & H.O.D.

b) Associate Professor/Reader

c) Asst. Professor/Lecturers

d) Tutors/Demonstrators

e) Non-teaching and Clerical Staff

**X) BLOOD BANK**

a) Is there any blood bank in the hospital?
   - Yes
   - No

b) If yes, is it approved and licensed by competent authority?
Please mention the validation period of the license:

c) Is it air-conditioned

- No
- Partly
- Completely

d) Control of Blood Bank

i) Is it under the department of pathology?

ii) Is it under the Medical Superintendent?

e) If departmental – method of posting and rotation of Medical and non-medical staff.

f) Number of issued units of blood per month:

g) Number of donors blood per month

h) Staff – details of both medical and non-medical.

i) List the number of tests done in the blood bank Hepatitis –B, Hepatitis – C, Syphilis, Malaria, Rh-testing, HIV, blood grouping etc. (Report giving details of work done during the last 1 year to be attached).
E) TEACHING PROGRAMME :
(For duration of the entire course)

I. Curriculum of studies
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?
II. Methodology

(for duration of the entire course)

1) Didaetic Lectures

2) Demonstrations

3) Tutorials

4) Seminars conducted during the year.  
(Number of students attending each)

5) Practicals

6) Any other teaching/training activities

7) Is there any integrated teaching?  
If yes, details thereof.

8) Records Methods of Assessment thereof

(Time table of lectures, demonstrations,  
seminars, tutorials, practical and  
dissection may be given).

Signature of Head of the Department
F. **OBSERVATIONS OF THE INSPECTORS/VISITORS**:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

MICROBIOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution

Place

Affiliated to the University of

Name of the Head of the Department
(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)

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</table>

Defects pointed out in the last Inspection / Visitation

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To what extent remedied

Observations of the assessors are to be made in assessment report only.
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

### Department of Microbiology

<table>
<thead>
<tr>
<th>Post</th>
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<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
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</tr>
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<tbody>
<tr>
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<td></td>
<td></td>
<td>As Demonstrator/Tutor</td>
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<tr>
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</tbody>
</table>

- Professor
- Associate Professor/Reader
- Asst. Prof./Lecturer
- Demonstrator/Tutor
- Any other Category
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<th>Grand Total of Teaching Experience</th>
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<td>As Professor</td>
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<tr>
<td>Professor</td>
<td>Institution From To Total</td>
<td>Institution From To Total</td>
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<tr>
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<tr>
<td>Any other Category</td>
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</tbody>
</table>
B. List of non-teaching staff:

- Technical Assistant
- Technicians
- Laboratory Attendance
- Store keeper
- Record clerk
- Steno-typist
- Sweepers
- Any other category

C. Buildings:

(i) Demonstration Room:

- Number
- Accommodation
  - Size
  - Capacity
c) Audio-Visual equipment available:

ii) **Practical laboratories:**
   a) Accommodation
      - Size
      - Capacity
   
   b) Working arrangement
      - Seats available
      - Water supply
      - Sinks
      - Electric points
      - Cupboard for storage of microscopes
   
   c) Main equipment’s available

   d) Number of Microscopes

   e) Number of students to each microscopes

   f) preparation room
      - Size
      - Location

   g) Whether laboratory manual kept by students?
      - Yes
      - No

   h) Close circuit T.V./any other teaching aids.
iii) SERVICE LABORATORY IN THE TEACHING HOSPITAL/COLLEGE:

<table>
<thead>
<tr>
<th>Bacteriology</th>
<th>Serology</th>
<th>Virology</th>
<th>Para-Serology</th>
<th>Mycology</th>
<th>Tuberculosis</th>
<th>Immunology</th>
<th>Any other</th>
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<td>Anaerobic</td>
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</tr>
</tbody>
</table>

a) Are there separate Service Laboratories
   - Yes
   - No

b) If yes, control and supervision:

i) Whether departmental (college)

ii) Under Medical Superintendent (Hospital)

iii) If departmental, method of Posting and rotation of Medical & non-medical Staff
e) Size of the laboratory

c) Investigative equipment available  
(Attach list)

e) Staff  

<table>
<thead>
<tr>
<th>Names</th>
<th>Qualifications</th>
<th>Designation</th>
</tr>
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<tbody>
<tr>
<td>Medical</td>
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</table>

1. Medical
### Non-Medical

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Qualifications</th>
<th>Designation</th>
</tr>
</thead>
</table>

f) Report giving details of work done during the last 1 year to be attached.

g) Are the students (UG/PG) posted in the hospital laboratory.

- Yes
- No
IV) **Is there any emergency hospital microbiology service.**

If so give details of –

a) Staff employed

b) Average no. of tests done during one Month in the emergency hospital Microbiology laboratory.

c) Is a record of these test maintained

V) **a. Is there a separate media preparation and storage area?**

<table>
<thead>
<tr>
<th></th>
<th>Size</th>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
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</table>

b. Autoclaving room

<table>
<thead>
<tr>
<th></th>
<th>Size</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
<td></td>
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</tbody>
</table>

c. Washing and drying room

Yes

(VI) **Departmental Library-cum-Seminar Room :**

a) Is there a separate departmental Library-cum-Seminar room?

b) Accommodation

- Size
- Capacity
c) Number of Books in Microbiology and allied subjects.

d) List of Journals

VI) RESEARCH LABORATORIES:

a) Size

b) Equipment

c) Are there any students taken for M.D. or M.Sc. or Ph.D. in Microbiology?

If so how many per year during the last three years.

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years.

e) Current problems on which research work is going on and by whom?  
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f) Do Undergraduate students in any way participate in them?

(VII) OFFICE ACCOMMODATION

a) Professor and H.O.D.

b) Associate Professor/Reader

c) Asst. Professor/Lecturers

d) Tutors/Demonstrators.

e) Non-teaching and Clerical staff

D. TEACHING PROGRAMME.
(for duration of the entire course)

I. Curriculum of studies
(To be filled by the Dean/Principal along with the Head of department).
Curriculum in the subject as prescribed by MCI (A copy of detailed curriculum along with the departmental and educational objectives of the subject may be appended).

Is the above curriculum followed in totality?

If not, what are the variations and reasons thereof?
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If so what are the variations and what are your observations regarding them?

II. Methodology
   (for duration of the entire course)

   1) Didactic Lectures

   2) Demonstrations

   3) Tutorials

   4) Seminars conducted during the year.
      (Number of students attending each)

   5) Practical

   6) Any other teaching/training activities
      :

   7) Is there any integrated teaching?
      If yes,
8) Records Methods of Assessment thereof:

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department
F. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

PHARMACOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution .................................................................

Place .......................................................................................

Affiliated to the University of ..................................................

Name of the Head of the Department ......................................

Signature of the Dean/Principal 
(with seal) ..............................................................................

Signature of the 
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**Department of Pharmacology**

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</table>

**Professor**

**Associate Professor/Reader**

**Asst. Prof./Lecturer**

**Demonstrator/Tutor**

**Any other Category**
(cont.)

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<tr>
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<tr>
<td>Demonstrator/ Tutor</td>
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<tr>
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B. **List of non-teaching staff:**

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<th>Name (s) of staff members</th>
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<tr>
<td>a. Pharmaceutical Chemist</td>
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<td>b. Technical Assistant</td>
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<td>c. Technicians</td>
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<tr>
<td>d. Store keeper-cum-clerk</td>
</tr>
<tr>
<td>e. Steno-typist</td>
</tr>
<tr>
<td>f. Laboratory Attendants</td>
</tr>
<tr>
<td>g. Sweepers</td>
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<td>h. Any other category</td>
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C. **Buildings:**

(i) **Demonstration Room:**

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<tr>
<td>• Size</td>
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<tr>
<td>• Capacity</td>
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</table>

c) Audio-Visual equipment available:
(ii) PRACTICAL LABORATORIES:

<table>
<thead>
<tr>
<th>Experimental Pharmacology</th>
<th>Clinical Pharmacology &amp; Pharmacy</th>
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</thead>
<tbody>
<tr>
<td>a) Accommodation</td>
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<tr>
<td>• Size</td>
<td></td>
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<tr>
<td>• Capacity</td>
<td></td>
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<tr>
<td>b) Working arrangement</td>
<td></td>
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<tr>
<td>• Seats available</td>
<td></td>
</tr>
<tr>
<td>c) Main Equipment available</td>
<td></td>
</tr>
<tr>
<td>d) Ante-room/preparation room</td>
<td></td>
</tr>
<tr>
<td>• Size</td>
<td></td>
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<tr>
<td>• Location</td>
<td></td>
</tr>
<tr>
<td>e) Whether Laboratory Manuals Kept by students?</td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td></td>
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<tr>
<td>• No</td>
<td></td>
</tr>
<tr>
<td>f) Close circuits TV/any other teaching aids</td>
<td></td>
</tr>
</tbody>
</table>
(iii) **Museum** :

a) Size :

b) How are the drug sample arranged?

c) Number of catalogues of the samples available to the students :

d) Total number of drug samples :

e) List of charts, photograph and other exhibits and their arrangement

f) Is there any section depicting “History of Medicine”? 

**IV) Departmental Library-cum-Seminar Room** :

a) Is there a separate departmental library?

b) Accommodation
   
   - Size
   
   - Capacity
c) Number of Books in Pharmacology?

d) List of Journals

(6) Research Laboratory:

a) Size

b) Equipment

c) Are there any students taken for M.D. or Ph.D. in Pharmacology?

If so how many per year during the last three years.

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years?
e) Current problems on which research work is going on and by whom? (a statement may be furnished)

f) Do Undergraduate students in any way participate in them?

(VII) OFFICE ACCOMMODATION

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Tutors/Demonstrators :

e) Non-teaching and clerical staff:
D. TEACHING PROGRAMME

(For duration of the entire course)

I. Curriculum of studies

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?
II. Methodology

(for duration of the entire course)

1) Didaetic Lectures

2) Demonstrations

3) Tutorials

4) Seminars
   - conducted during the year.
   - Number of students attending each

5) Practicals

6) Any other teaching/training activities : 

7) Is there any integrated teaching? 
   If yes, 

8) Records Methods of Assessment thereof : 

   (Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department
F. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

FORENSIC MEDICINE

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution .................................................................

Place ............................................................................................

Affiliated to the University of .............................................

Name of the Head of the Department .................................

Signature of the Dean/Principal
(with seal) ..............................................................................

Signature of the
Head of the Department ....................................................

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)
1. Date of Inspection/Visitation : 
2. Names of Inspectors or Visitors : 
3. Date of last Inspection/Visitation : 
4. Names of last Inspectors/Visitors : 

<table>
<thead>
<tr>
<th>Defects pointed out in the last Inspection / Visitation</th>
<th>To what extent remedied</th>
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</thead>
</table>

Observations of the assessors are to be made in assessment report only.
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Forensic Medicine

<table>
<thead>
<tr>
<th>Post</th>
<th>No.</th>
<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td>As Demonstrator/Tutor</td>
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</tbody>
</table>

Professor

Associate Professor/Reader

Asst. Prof./Lecturer

Demonstrator/Tutor

Any other Category
<table>
<thead>
<tr>
<th>Post</th>
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<td>Associate Professor/Reader</td>
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<td>f. Sweepers</td>
</tr>
<tr>
<td>g. Any other category</td>
</tr>
</tbody>
</table>

C. Buildings:

(i) Demonstration Room:

a) Number
b) Accommodation

- Size
- Capacity

c) Audio-Visual equipment available:

Video Camera, TV & VCR etc.

ii) Museum:

a) Size

b) How are specimens arranged?

c) Give number of each:

- Mounted
- Unmounted

d) Proto-type fire and other arms.

e) Wax Models

f) Poisons

g) List of charts, photographs, models and other exhibits other than the specimens and their arrangements.
h) No. of catalogues of the specimens available to the students.

i) seating arrangement for students –

   • Type
   • Number

(iii) **Department of Radiology**

a. Do adequate facilities exist for taking skiagrams of living and dead persons.

b. Do adequate facilities in the department of Biochemistry, Histopathology, Bacteriology & Serology exist for Undertaking the examination of medico-legal materials?

(IV) **Casualty Department :**

a) Accommodation

b) Are the facilities for reception, Examination, treatment of medico-legal emergencies and cases of poisoning adequate?
c) The number of cases of medico-legal Trauma, Sexual assault, age and poisoning etc. dealt by the casualty department during the last one year may be indicated.

(V) **Mortuary Block**

a) Distance from the department

b) Size

c) student observation facilities
   
   1. level type
   2. gallery type
   3. capacity

d) No. of autopsy tables available:

e) light, ventilation and exhaust arrangements:

f) Water supply, drainage, washing arrangements & disposal of waste.

g) Fly proofing

h) Cold room/cooling cabinets:
   
   1. Size
   2. Capacity
i) Equipment’s

j) No. of medico – legal postmortems done during the last 3 years:

1st year  2nd year  3rd year

k) No. of students attending one postmortem

l) No. of postmortem done by a student during the course

n) Whether record of postmortem Cases kept by students?

(VI) Laboratory:

a) Accommodation

   • Size

   • Capacity
b) Working arrangement
   • Seats available
   • Water supply
   • Sinks

c) Main equipment available

d) Number of Microscopes

e) Any other teaching aids

(VII) Departmental Library-cum-Seminar Room:

a) Is there separate departmental library?

b) Accommodation
   i) Size :
   ii) Capacity :

c) Number of books in Anatomy and allied subjects :

d) List of Journals :
(VIII) **Research Laboratory**

a) Size

b) Equipment

c) Are there any students taken for D.F.M./M.D. or Ph.D. in Forensic Medicine?

If so how many per year during the last three years?

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom?

(a statement may be furnished)

f) Do Undergraduate students in any way participate in them?
IX) OFFICE ACCOMMODATION

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Tutors/Demonstrators :

e) Non-teaching and clerical staff:

D) TEACHING PROGRAMME :
(For duration of the entire course)

1. Curriculum of studies
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).
• Is the above curriculum followed in totality?

• If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?

II. Methodology
(for duration of the entire course)

1) Didactic Lectures

2) Demonstrations

3) Tutorials
4) Seminars conducted during the year.  
(Number of students attending each)

5) Practicals

6) Any other teaching/training activities :

7) Is there any integrated teaching?  
If yes, details thereof.

8) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).

Signature of Head of the Department
E. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

COMMUNITY MEDICINE/PREVENTIVE AND SOCIAL MEDICINE

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution .................................................................

Place ..................................................................................

Affiliated to the University of .............................................

Name of the Head of the Department .................................

Signature of the Dean/Principal (with seal)

Signature of the Head of the Department

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Observations of the assessors are to be made in assessment report only.
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

Department of Community Medicine/Preventive and Social Medicine

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<tr>
<td>Registrar/Sr. Resident/Demonstrator/Tutor</td>
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<td>From  To</td>
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B. List of non-teaching staff:

<table>
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<tr>
<th>Name(s) of staff members</th>
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<tbody>
<tr>
<td>a. Medical Social Worker</td>
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<td>b. Technical Assistant</td>
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<td>c. Technicians</td>
</tr>
<tr>
<td>d. Stenographer</td>
</tr>
<tr>
<td>e. Record Clerk</td>
</tr>
<tr>
<td>f. Storekeeper</td>
</tr>
<tr>
<td>g. Sweepers</td>
</tr>
<tr>
<td>h. Any other category</td>
</tr>
</tbody>
</table>
C. STAFF FOR RURAL TRAINING HEALTH CENTRE :
(including field work and epidemiological studies)

Name(s) of staff members

a. Medical Officer of Health –cum-Lecturer/
   Assistant Professor

b. Lady Medical officer

c. Medical Social Worker

d. Public Health Nurse

e. Health Inspectors

f. Health Educators

g. Technical Assistant

h. Technician

i. Peon

j. Van-driver

k. Store keeper

l. Record Clerk
D.) **STAFF FOR UBRAN TRAINING HEALTH CENTRE**

(Including field work and epidemiological studies.)

**Name(s) of staff members**

a. Medical Officer of Health –cum-Lecturer/
   Assistant Professor

b. Lady Medical officer

c. Medical Social Worker

d. Public Health Nurse

e. Health Inspectors

f. Health Educators

g. Technical Assistant

h. Technician

i. Peon

j. Van-driver

m. Sweeper

n. Any other category
k. Store keeper

l. Record Clerk

m. Sweeper

n. Any other category

E. BUILDINGS:

(j) Demonstration Room:

a) Number

b) Accommodation (of each demonstration room)
   i) Size
   ii) Capacity

c) Audio-visual equipment available.

(ii) Laboratory:

a) Accommodation
   • Size
   • Capacity

b) Working arrangement
   • Seats available
   • Water supply
• Sinks
• Electric points
• Cupboard for storage of microscope, slides etc

c) Number of Microscopes

d) Whether Laboratory Manuals kept by students?
   • Yes
   • No

d) Close circuit TV/any other teaching aids.

(iii) Museum:

a) Size:

b) How are the specimens arranged?:

c) Give Number of each:

d) Coverage of various fields in Community Medicine by charts, Models etc.

e) No. of catalogues of the specimens available to the students.
f) List of exhibits, Charts, Photographs & other materials and their arrangement.

g) Seating arrangement for students
   • Type
   • Number

(IV) Departmental Library-cum-Seminar Room:

a) Is there a separate departmental library?

b) Accommodation
   i) Size
   ii) Capacity

c) Number of Books in Community Medicine and allied subjects.

d) List of journals
(V) Research Laboratory :

a) Size

b) Equipment

c) Are there any students taken for DPH/M.D./Ph.D. in Community Medicine? If so how many per year during the last three years?

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom? (a statement may be furnished)

f) Do Undergraduate students in any way participate in them?

VI) OFFICE ACCOMMODATION

a) Professor and HOD :
b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Statistician-cum-Lecturer :

e) Epidemiologist-cum-Lecturer :

f) Tutors/Demonstrators/Sr. Residents :

g) Departmental Office-cum-Clerical room :

h) Non-teaching staff :

(vii) HEALTH CENTRES (Rural and Urban)


<table>
<thead>
<tr>
<th>R.H.C./P.H.C.</th>
<th>URBAN HEALTH CENTRE</th>
</tr>
</thead>
<tbody>
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<tr>
<td>I</td>
<td>II</td>
</tr>
</tbody>
</table>

a) Names of the Centers :

b) Location of each Center :
c) Population covered by each center :

d) Distance from the college :

e) Transport facilities for :

1. Students & Interns
   - Staff
   - Supportive Staff

2. (i) Number of Vehicles
    (ii) Capacity of each Vehicle

3. Control of Vehicles
   - Departmental
   - Central

f) Staff of the Centers :
g) Hostel facilities at the Rural Health Centres:

h) Messing facilities available or not.

(i) Working arrangement/type of control of Health Centres:

(i) Total (Admn. & Financial) control with the college

(ii) Partial (only for training) control

F.) **TEACHING PROGRAMME** :
(For duration of the entire course)

I) **Curriculum of studies**
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?
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(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?

**II. Methodology**

(For duration of the entire course)

<table>
<thead>
<tr>
<th>Number</th>
<th>1st yr.</th>
<th>2nd yr.</th>
<th>3rd yr.</th>
<th>4th yr.</th>
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</table>

1) Didaetic Lectures

2) Demonstrations

3) Tutorials

4) Seminars conducted during the year. (Number of students attending each)
5) Practicals

a) Rural Practice Field:

<table>
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<tr>
<th>Subject</th>
<th>Time Spent</th>
<th>Year of the student in Medical College</th>
<th>Type of instruction</th>
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b) Urban Practice Field:

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<th>Time Spent</th>
<th>Year of the student in Medical College</th>
<th>Type of instruction</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Observation</td>
</tr>
</tbody>
</table>


c) What field visits and of what duration are organized by the department for the following subject and how far the following subjects and how far have the students participated in the program?

1. Vital statistics
2. Environmental sanitation
3. Communicable/non-communicable Diseases.
4. Public Health Laboratory Service
5. Maternal & Child Health & Family Welfare planning
6. School Health Service
7. Others (Specify)

d) Clinical Social Case reviews – How many are reviewed by a student during his/her career in the Medical College – How are the records kept?

e) Study of Family & Community Health Survey

f) Family case studies

6. TEACHING HOSPITAL

1. **In patient department**
   No. of Beds used in each specialty for teaching the subject of preventive and Social Medicine/Community Medicine.

   a. Tuberculosis
   b. Venereal Diseases
• Leprosy
• Poliomyelitis
• Infectious & Communicable diseases
• Non-Communicable diseases
• Hypertension
• Diabetes
• Goiter
• Rheumatism
• Cancer &
• Other

2. Is the hospital teaching program in Community Medicine/Preventive & Social Medicine organized and Co-ordinate by the Dean/Principal of the college and other college staff?

3. Average no. of students posted at a time:
   To which year do they belong?

   (a list of posting for clerkship in preventive and social medicine/community medicine may be furnished)

4. Clinical Teaching
   a. bedside clinics
   b. by whom given
   c. How often during a week?
   d. Do students writes case histories in a prescribed book?
e. Are they corrected, if so by whom?

f. Do students conduct clinical social case reviews by actual visit to the family? If so, how many and how they are supervised?

g. Are these reviews assessed by the staff of the department?

h. Are there facilities for teaching and demonstration for preventive health services in any infectious diseases?

i. If so what type of cases are available for teaching and demonstration and how much time is allotted for this during the course of study?

5. Record and filing system at the rural and urban field practice areas.

Are family folders introduced or in the maintenance of records?

6. Outpatient Department

a. Arrangement for case study for students

b. Clinical outpatient teaching

c. No. of demonstrations given by the Preventive and Social Medicine/Community Medicine department in collaboration with other clinical departments in the outpatient department and on what subjects.
d. Is the department running immunization clinic?
   
   - Yes
   - No.

   If yes, frequency per week.

   Are Undergraduate students posted in the clinic?

7) Any other teaching/training activities:

8) Is there any integrated teaching/ If yes, details thereof.

9) Records:
   Methods of Assessment thereof:

   (Time table of lectures, demonstrations, seminars, tutorials, practical and field activities may be given)
10) INTERNSHIP TRAINING

1. Period of posting in the department

2. Pattern of posting
   
   a. Rural Health Centre/Primary Health Centre
   b. Urban Health Centre
   c. Other postings like
      - National Health Programmes
      - Clinics
      - Immunization
      - School Health
      - Family Welfare Planning
      - Any other postings

3. Method of Assessment for Internship
   (Please attach a copy of logbook/assessment sheet).

Signature of Head of the Department
G. **OBSERVATIONS OF THE INSPECTORS/VISITORS**

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

GENERAL MEDICINE

INCLUDING TUBERCULOSIS AND RESPIRATORY DISEASES, DERMATOLOGY,
VENEREOLOGY AND LEPROSY & PSYCHIATRY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution .................................................................

Place ...................................................................................

Affiliated to the University of ..............................................

Name of the Head of the Department ..............................

Signature of the Dean/Principal ............................... Signature of the
(with seal) ............................... Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in
collaboration with the Head of the Department and handed over to the
Inspector, who shall examine the information already furnished & gather
such additional information as may be necessary to fill in the spaces
provided for within)
1. Date of Inspection/Visitation : 
2. Names of Inspectors or Visitors : 
3. Date of last Inspection/Visitation : 
4. Names of last Inspectors/Visitors : 

<table>
<thead>
<tr>
<th>Defects pointed out in the last Inspection / Visitation</th>
<th>To what extent remedied</th>
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Observations of the assessors are to be made in assessment report only.
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A1: Department of General Medicine

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**A. Teaching Staff:** In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A2 : Department of Tuberculosis & Respiratory Diseases**

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A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A3: Department of Dermatology, Venercology and Leprosy

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Professor

Associate Professor/Reader

Asst. Prof./Lecturer

Registrar/Sr. Resident

Jr. Resident

Any other Category
Post Experience

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Professor

Associate Professor/Reader

Asst. Prof./Lecturer

Registrar/Sr. Resident

Jr. Resident

Any other category
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A4: Department of Psychiatry**

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(1) Professor

(2) Associate Professor/Reader

(3) Asst. Prof./Lecturer

(4) Registrar/Sr. Resident

(5) Jr. Resident

(6) Any other Category

(cont.)
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B. List of non-teaching staff:
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<td>b. Technical Assistant</td>
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<td>c. Technician</td>
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<td>d. Lab. Attendants</td>
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<tr>
<td>e.</td>
<td>Steno-typist</td>
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<td>f.</td>
<td>Record Clerk</td>
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<td>g.</td>
<td>TB &amp; Chest Diseases Health visitor</td>
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<td>h.</td>
<td>Psychiatric Social Workers</td>
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C. BUILDINGS:

|---------------------|---------------|---------------|-------------------|------------|

(i) Clinical Demonstration Room

a) Number

b) Accommodation (of each demonstration room)

i) Size

ii) Capacity

c) Audio-visual equipment available.

(ii) Departmental Library-cum Seminar Room:

a) Is there a separate Departmental library?

b) Accommodation

i) Size

ii) Capacity

c) Number of Books in General Medicine.

- TB & Resp. dis.
- Derm., Ven. & Lep.
- Psychiatry and allied subjects
### List of Journals

d) List of Journals

### Research Laboratory

(iii) **Research Laboratory**

a) Size

b) Equipment

c) Are there any students taken for Diploma/M.D./Ph.D. in Gen. Med./TB & RD/DVD/Psy?

If so how many per year

During the last three years

i) Diploma

ii) Degree

d) List of publications by the members of the staff during the last 3 years.
e) Current problems  
Research work is going on  
and by whom? (a statement  
may be furnished)

f) Do Undergraduate students  
In any way participate in  
them?

(iv) **OFFICE ACCOMMODATION**

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Registrars/Sr. Residents : 


e) Jr. Residents

f) Non-teaching and Clerical staff.
D. TEACHING HOSPITAL

1) Inpatient department:  Number of Teaching Beds  Number of Units  Number of beds  Unit wise staff composition With names Qualification & Designation of staff

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<td>b) Tuberculosis &amp; Respiratory Diseases</td>
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<tr>
<td>c) Dermatology, Venereology &amp; Leprosy</td>
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<td>d) Psychiatry</td>
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2. **Indoor admissions**

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<th>DVD</th>
<th>Psychiatry</th>
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1. Annual admissions

2. Average Bed occupancy per day  
   (Percentage of Teaching beds)
3) **INTENSIVE CARE**

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<td>b)</td>
<td>Intensive Coronary Care Unit (I.C.C.U.)</td>
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<td>Intensive Care in TB &amp; Respiratory diseases</td>
</tr>
<tr>
<td>d)</td>
<td>Other intensive Care Areas, if any.</td>
</tr>
</tbody>
</table>
4) MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:

Names of equipment

a) General Medicine

b) Tuberculosis & Respiratory Diseases

c) Dermatology, Venearology & Leprosy

d) Psychiatry
5) **OUT-PATIENT DEPARTMENT:**

a) Building – General layout

b) Is outpatient service Department wise

c) Arrangement for clinical Instructions to student in General Medicine & Allied specialties

d) Average Daily OPD Attendance

<table>
<thead>
<tr>
<th></th>
<th>General Medicine</th>
<th>TB &amp; RD</th>
<th>DVD</th>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Old Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. New Patients</td>
<td></td>
<td></td>
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<tr>
<td>3. Total</td>
<td></td>
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</table>
Teaching and training facilities:

<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td><strong>A. In O.P.D.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td></td>
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<tr>
<td>b) Number of rooms in the OPD For seeing the patients by various faculty members and resident staff</td>
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<tr>
<td><strong>B. In-door</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a) Bedside teaching</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b) Clinical demonstration room/ seminar room</td>
<td></td>
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</tr>
</tbody>
</table>

A. **TEACHING PROGRAMME**:  
(For duration of the entire course)

1. Curriculum of studies  
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subjects of Gen. Med., T.B. & RD, Derm., Ven. & Leprosy and Psychiatry as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).
Is the above curriculum followed in totality?

If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by Medical Council of India.

If so what are the variations and what are your observations regarding them?

II. **Methodology**
(for duration of the entire course)

<table>
<thead>
<tr>
<th>Number</th>
<th>General Medicine</th>
<th>TB &amp; RD</th>
<th>DVD</th>
<th>Psychiatry</th>
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</thead>
<tbody>
<tr>
<td>1)</td>
<td>Total of clinical postings</td>
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<tr>
<td>2)</td>
<td>Didactic Lecturers</td>
<td></td>
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<td></td>
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</tbody>
</table>
3) Demonstrations

<table>
<thead>
<tr>
<th>General Medicine</th>
<th>TB &amp; RD</th>
<th>DVD</th>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

4) Tutorials

5) Seminars conducted during the year

   Number of students attending each

6) Practical

7) Bedside Clinics

8) How many hours does a student spend daily in the wards for clerkship.

9) Average number of students posted at a time for indoor/OPD postings.

10) Do students write case histories in a prescribed book?

11) Are they corrected?
<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
</tr>
</tbody>
</table>

12) If so, by whom

13) Is the clinical work done
    In the wards by the Students assessed Periodically?

14) If so, how often and by whom?

15) Total period of attendance in OPD by a student throughout clinical training.

16) Is it done concurrently with The inpatients ward postings?

17) Who gives them training to attend to casualties?
18) How is the outpatients Teaching organized?

19) Do students attend Clinicoathological Conferences?

20) If so, on an average, how Often during the whole period Of medicine and allied specialties postings?

21) Any other teaching/training activities:

22) Is there any integrated teaching? If yes, details thereof.
23) Records Methods of Assessment thereof

(Time table of lecturers, demonstrations, seminars, tutorials, practicals, OPD and indoor postings etc. may be given).

24) Internship Training Programme

a) Period of posting
   In the department

b) Method of assessment of Internship (please attach a Copy of log book/assessment Sheet)

**Signature of Head of the Department**  
**Signature of Dean/Principal**

General Medicine :

Tuberculosis and Respiratory diseases :

Dermatology, Venereology & Leprosy

Psychiatry
F. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

PAEDIATRICS

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution ...........................................................................................................

Place ..................................................................................................................................

Affiliated to the University of .........................................................................................

Name of the Head of the Department ............................................................................

Signature of the Dean/Principal
(with seal)  Signature of the
Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill in the spaces provided for within)
1. Date of Inspection/Visitation : 
2. Names of Inspectors or Visitors : 
3. Date of last Inspection/Visitation : 
4. Names of last Inspectors/Visitors : 

<table>
<thead>
<tr>
<th>Defects pointed out in the last Inspection / Visitation</th>
<th>To what extent remedied</th>
</tr>
</thead>
</table>

Observations of the assessors are to be made in assessment report only.
A. **Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Pediatrics**

<table>
<thead>
<tr>
<th>Post</th>
<th>No.</th>
<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>As Resident/Registrar</td>
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<tr>
<td></td>
<td>Date</td>
<td>College</td>
<td>Univ.</td>
<td>Inst.</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Professor**

**Associate Professor/Reader**

**Asst. Prof./Lecturer**

**Sr. Resident/Registrar**

**Jr. Resident**

**Any other Category**
Post | Experience | Grand Total of Teaching Experience | Remarks if any,
--- | --- | --- | ---
| | As Assoc. Professor/Reader | As Professor | 
| Institution | From | To | Total | Institution | From | To | Total |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |

Professor

Associate/Professor/Reader

Asst. Prof./Lecturer

Sr. Resident/Registrar

Jr. Resident

Any other category

(cont.)
B. List of non-teaching staff:

<table>
<thead>
<tr>
<th>Name (s) of staff members</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Child Psychologist</td>
</tr>
<tr>
<td>b. Health Educator</td>
</tr>
<tr>
<td>c. Technical Assistant</td>
</tr>
<tr>
<td>d. Technician</td>
</tr>
<tr>
<td>e. Laboratory Attendants</td>
</tr>
<tr>
<td>f. Store Keeper</td>
</tr>
<tr>
<td>g. Steno-typist</td>
</tr>
<tr>
<td>h. Record Clerk</td>
</tr>
<tr>
<td>i. Social Worker</td>
</tr>
<tr>
<td>j. Any other category</td>
</tr>
</tbody>
</table>
C. Buildings :

(i) Clinical Demonstration Room :

a) Number

b) Accommodation (of each demonstration room)
   i) Size
   ii) Capacity

c) Audio-Visual equipment available.

(ii) Departmental Library – cum- Seminar Room :

a) Is there a separate departmental library?

b) Accommodation
   i) Size :
   ii) Capacity :

c) Number of books -
in Pediatrics including Neonatology :

d) List of Journals :
iii) Research Laboratory

a) Size

b) Equipment

c) Are there any students taken for Diploma/M.D. in Pediatrics

If so how many per year during the last three years?

1) Diploma
2) Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom? (a statement may be furnished)

f) Do Undergraduate students in any way participate in them?
(IV) **OFFICE ACCOMMODATION**

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Registrars/Sr. Residents :

e) Jr. Residents

f) Non-teaching and Clerical Staff :
### D. TEACHING HOSPITAL

1) **Inpatient department:**

<table>
<thead>
<tr>
<th>Number of Teaching Beds</th>
<th>Number of Units</th>
<th>Number of beds per unit</th>
<th>Unitwise staff composition With names Qualification &amp; Designation of staff</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Pediatrics**
2). Indoor admissions

a. Annual admissions

b. Average Bed occupancy per day (Percentage of Teaching beds)

3) INTENSIVE CARE

<table>
<thead>
<tr>
<th>No. of beds</th>
<th>Equipment’s available</th>
<th>Temperature Controlled Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

a) Pediatric Intensive Care Unit (I.C.U.)

b) Intensive Care (Nursery)
4) MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:

5) OUT-PATIENT DEPARTMENT:

a) Building – General layout

b) Is outpatient service Department wise

d) Arrangement for clinical Instructions to student in General Medicine & Allied specialties

d) Average Daily OPD Attendance

1. Old Patients

2. New Patients

3. Total
6) **CLINICS** :

<table>
<thead>
<tr>
<th>Frequency Per Week</th>
<th>Are U.G. students posted in these Clinics</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

1. Well Baby/Child Welfare Clinic

2. Immunization Clinic

3. Child Guidance Clinic

4. Child Rehabilitation Clinic including Facilities for speech therapy and occupational therapy.

5. Any other clinic

7) **NEW BORN NURSERY** :

i) No. of beds :

ii) Does it have facilities for temperature and humidity control?

iii) Staff posted

   - Medical

   - Staff Nurses

iv) Equipment available
(v) Are the undergraduate students posted in delivery room?

If yes, who supervises their training for neonatal resuscitation?

a) Deptt. of Obst. & Gynae. Faculty

b) Faculty of Pediatrics

c) Any other

8) **TEACHING AND TRAINING FACILITIES :**

A. In OPD

a) Clinical demonstration room :

b) Number of rooms in the OPD for seeing the Patients by various faculty members and Resident staff :

B. In-door

a) Bedside teaching

b) Clinical demonstration room/seminar room
D. **Teaching Programme:**

(for duration of the entire course)

1. **Curriculum of studies**

(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject of Paediatrics including Neonatology as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?
II. Methodology

(for duration of the entire course)

1) Total duration of Clinical Postings

2) Didactic Lectures

3) Demonstrations

4) Tutorials

5) Seminars conducted during the year. (Number of students attending each)

6) Practicals

7) Bedside Clinics

8) How many hours does a student spend daily at the wards for clerkship
9) Average Number of students posted at a time for indoor OPD postings:

10) Do students write case histories in a prescribed book.

11) Are they corrected?

12) If so, by whom?

13) Is the clinical work done in the wards by the students assessed periodically?

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15) Total period of attendance in OPD by a student throughout clinical training.

16) Is it done concurrently with the inpatients ward postings?

17) Who gives them training to attend to causalities?
18) How is the outpatients teaching organized?

19) Do students attend clinico-pathological conferences?

20) If so, on an average, how often during the whole period of pediatrics postings?

21) Any other teaching/training activities:

22) Is there any integrated teaching? If yes, details thereof:

23) Records: Methods of Assessment thereof:
24) Internship training programme

a) Period of posting in the department


Time table of lectures, demonstrations, seminars, tutorials, practical, OPD and indoor postings etc. may be given.)
E. **OBSERVATIONS OF THE INSPECTORS/ VISITORS**:  

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

Surgery
(INCLUDING GENERAL SURGERY, ORTHOPAEDICS, OTO-RHINO-LARYNGOLOGY, OPHTHALMOLOGY, RADIO-DIAGNOSIS, RADIO-THERAPY, ANAESTHESIOLOGY, PHYSICAL MEDICINE & REHABILITATION AND DENTISTRY)

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution ........................................................................................................

Place ..........................................................................................................................

Affiliated to the University of .....................................................................................

Name of the Head of the Department ............................................................................

Signature of the Dean/Principal (with seal) Signature of the Head of the Department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill-in the spaces provided for within)
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3. Date of last Inspection/Visitation : 
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Observations of the assessors are to be made in assessment report only.
**A. Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A1: Department of General Surgery (Including Pediatric Surgery)**

<table>
<thead>
<tr>
<th>Post</th>
<th>No.</th>
<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
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<tbody>
<tr>
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<td>As Sr. Resident/Registrar</td>
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<td>Date</td>
<td>College</td>
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</tbody>
</table>

- **Professor**
- **Associate Professor/Reader**
- **Asst. Prof./Lecturer**
- **Registrar/Sr. Resident**
- **Jr. Resident**
- **Any other Category**
<table>
<thead>
<tr>
<th>Post</th>
<th>Experience</th>
<th>Grand Total of Teaching Experience</th>
<th>Remarks if any,</th>
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<tbody>
<tr>
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</tbody>
</table>
A. **Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A2: Department of Orthopedics**

<table>
<thead>
<tr>
<th>Post</th>
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<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
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<td>Asst. Prof./Lecturer</td>
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<td>Grand Total of Teaching Experience</td>
<td>Remarks if any,</td>
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</tbody>
</table>
A. **Teaching Staff**: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**A3: Department of Ophthalmology**

<table>
<thead>
<tr>
<th>Post</th>
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<th>Name</th>
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<th>Experience</th>
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<td>As Sr. Respd/Registrar</td>
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<td>Date</td>
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<td>5</td>
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</tbody>
</table>

- Professor
- Associate Professor/Reader
- Asst. Prof./Lecturer
- Registrar/Sr. Resident
- Jr. Resident
- Any other Category
(cont.)

<table>
<thead>
<tr>
<th>Post</th>
<th>Experience</th>
<th>Grand Total of Teaching Experience</th>
<th>Remarks if any,</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Professor</td>
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<td>Associate Professor/Reader</td>
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<td>Any other category</td>
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</table>
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

A4 : Department of Oto-Rhino-Laryngology

<table>
<thead>
<tr>
<th>Post</th>
<th>No.</th>
<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>As Sr.</td>
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Grand Total of Teaching Experience

Remark if any,
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Professor

Associate Professor/Reader

Asst. prof. /Lecturer

Registrar/Sr. Resident

Jr. Resident

Any other category
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C. **BUILDINGS**:  

|----------------|--------------|--------|-------------------|-------|-------------|

(i) Clinical Demonstration Room  
   a) Number  
   b) Accommodation (of each demonstration Theatre)  
      i) Size  
      ii) Capacity  
   c) Audio-visual equipment available.
(ii) **Departmental Library-cum-Seminar Room** : 

<table>
<thead>
<tr>
<th>Department</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen. Surgery</td>
<td>Available</td>
</tr>
<tr>
<td>Ortho.</td>
<td>Available</td>
</tr>
<tr>
<td>Oto-Rhino-Laryngology</td>
<td>Available</td>
</tr>
<tr>
<td>Ophth.</td>
<td>Available</td>
</tr>
<tr>
<td>Radio Diag.</td>
<td>Available</td>
</tr>
</tbody>
</table>

a) Is there a separate departmental library?

b) Accommodation
   - Size
   - Capacity

c) Number of Books in Physiology including Biophysics :

d) List of Journals :
(iii) Research Laboratory

a) Size

b) Equipment

c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy?

If so how many per year during the last three years?

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years?
e) Current problems on which research work is going on and by whom?  
(a statement may be furnished)

f) Do Undergraduate students in any way participate in them?
(IV) OFFICE ACCOMMODATION

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Registrars/Sr. Residents :

e) Jr. Residents :

e) Non-teaching and clerical staff:
C. TEACHING HOSPITAL

1) **Inpatient department**

<table>
<thead>
<tr>
<th>Number of Teaching Beds</th>
<th>Number of Units</th>
<th>Number of beds</th>
<th>Unitwise staff composition with names qualification &amp; designation of staff</th>
</tr>
</thead>
</table>

Surgery and allied specialities:

a) General Surgery  
   including Paediatric Surgery  
   A separate sheet may be attached

b) Orthopaedics  
   _______do_____

c) Oto-Rhino-Laryngology  
   _______do_____

d) Ophthalmology  
   _______do_____
2. **Indoor admissions**

   a) Annual admissions

   b. Average Bed occupancy per day  
      (Percentage of Teaching beds)
3) **INTENSIVE CARE**  
Is there any Intensive Care Unit  
For surgery and allied specialties:

If yes, please indicate a number of Beds and equipment’s available for each specialty.

<table>
<thead>
<tr>
<th>Names of speciality</th>
<th>No. of beds</th>
<th>Equipment’s available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4) **MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:**

a) General Surgery

b) Orthopedics

c) Oto-Rhino-Laryngology

d) Ophthalmology

**Names of equipment**
Names of equipment’s

e) Radio-diagnosis

f) Radio-therapy

g) Anesthesiology

h) Physical Medicine & Rehabilitation

i) Dentistry
5) **Outpatient Department:**

a) Building – General layout

b) Is out patient service department wise

c) Arrangement for clinical Instructions to student in General Surgery & Allied specialties

d) Average Daily OPD Attendance

<table>
<thead>
<tr>
<th></th>
<th>General Surgery</th>
<th>Ortho.</th>
<th>Oto-Rhino-Laryngology</th>
<th>Ophth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Old Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. New Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 6) Teaching and training facilities:

<table>
<thead>
<tr>
<th>General Surgery</th>
<th>Ortho.</th>
<th>Oto-Rhino-Laryngology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A. In O.P.D.

- a) Clinical demonstration room:

- b) Number of rooms in the OPD
  For seeing the patients
  by various faculty members
  and resident staff

### B. In-door

- a) Bedside teaching

- b) Clinical demonstration room/
  seminar room
7) **FACILITIES AVAILABLE IN OUT-PATIENT DEPARTMENT:**

1. In Surgery and allied specialty
   - a) Dressing room for men
   - b) Dressing room for women
   - c) Operation theatres
      For out patient surgery

2. In Orthopedics
   - a) Plaster room
   - b) Plaster cutting room
   - c) Outpatient X-ray facilities

3. In Oto-Rhino-Laryngology
   - a) Sound proof air-conditioned audiometery room
   - b) ENG Laboratory
c) Speech therapy facilities

4. In Ophthalmology
   a) Refraction room
   b) Dark room
   c) Dressing room

8. **OPERATION THEATRE UNIT:**

   (1) Operation theatres -

   (a) Number :
   (b) Arrangement & Distribution :
   (c) Equipment :
      (including Anesthesia equipment)
(d) Facilities available in each O.T. unit -

(i) Waiting room for patients

(ii) Soiled Linen room

(iii) Sterilization room

(iv) nurses duty room

(v) Surgeons & Anesthetists room -
   - For Males
   - For Females

(vi) Assistants room

(vii) Observation gallery for students

(viii) Store room

(xi) Washing room for surgeons & Assistants

Present/Absent
(xii) Students washing up and dressing up room

(3) Arrangement of Anesthesia

(a) Pre-anaesthetic care : 

(b) Nature of anesthesia used : 

(c) Post-anaesthetic care : 

Pre-operative ward (no. of beds) : 

Post-operative ward (no. of beds) : 

Resuscitation facilities and special equipment : 

If any super specialty exists : 
Give details
9) Number of surgeries performed during the last one year.

<table>
<thead>
<tr>
<th>Names of the department</th>
<th>Major</th>
<th>Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) General Surgery including Pediatric Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Vasectomies performed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Orthopaedics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Oto-Rhino-Laryngology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Ophthalmology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E) **TEACHING PROGRAMME** :
(For duration of the entire course)

1. Curriculum of studies
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subject of Gen. Surgery, Ortho., Oto-Rhino-Laryngology, Ophth., Radio-diag., Anaes. & Dentistry as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).
Is the above curriculum followed in totality?
If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?

III. Methodology
(for duration of the entire course)

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>1)  Total of clinical postings</td>
</tr>
<tr>
<td>2)  Didactic Lecturers</td>
</tr>
</tbody>
</table>
3) Demonstrations

4) Tutorials

5) Seminars conducted during the year.
   (Number of students attending each)

6) Practical

7) Duration of operation theatre postings.

8) Bedside Clinics.

|--------|-----------------|----------------|------|--------------------------|-------|--------|-----------|

<table>
<thead>
<tr>
<th>Number</th>
<th>General Surgery</th>
<th>Ortho. Surgery</th>
<th>Oto-</th>
<th>Ophth Rhinolaryngology</th>
<th>Radio</th>
<th>Anaes.</th>
<th>Dentistry</th>
</tr>
</thead>
</table>

9) How many hours does a student spend daily at the wards for clerkship

10) Average Number of students posted at a time for indoor OPD postings:

11) Do students write case histories in a prescribed book.

12) Are they corrected?

13) If so, by whom?
14) Is the clinical work done in the wards by the students assessed periodically?

15) If so, how often and by whom?

16) Total period of attendance in OPD by a student throughout clinical training.

17) Is it done concurrently with the inpatients ward postings?

18) Who gives them training to attend to casualties?
19) How is the outpatients teaching organized?

20) Do students attend clinico-pathological conferences?

21) If so, on an average, how often during the whole period of pediatrics postings?

22) Any other teaching/training activities:
23) Is there any integrated teaching?
   If yes,

24) Records Methods of Assessment thereof :

(Time table of lectures, demonstrations, seminars, tutorials, practical and dissection may be given).
<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
</table>

25) Internship training programme

a. Period of posting in the department

b. Method of Assessment for Internship (Please attach a copy of logbook/assessment sheet).

**Signature of Head of the Department**

**Signature of Dean/Principal**

General Surgery

Oto-Rhino-Laryngology

Ophthalmology

Radio-Diag.

Radio-therapy

Anaesthesiology

Physical Medicine & Rehabilitation

Dentistry
F. OBSERVATIONS OF THE INSPECTORS/VISITORS:

Observations of the assessors are to be made in assessment report only.
MEDICAL COUNCIL OF INDIA

STANDARD INSPECTION FORM

FORM – B

On the
Facilities for teaching in the subject of

OBSTETRICS AND GYNAECOLOGY

For the Course of study leading up to
M.B.B.S. Examination

Name of Institution ..............................................................................................................

Place ....................................................................................................................................

Affiliated to the University of ..............................................................................................

Name of the Head of the Department ....................................................................................

Signature of the Dean/Principal Signature of the (with seal)
Head of the department

(This form shall be first filled in by the Principal/Dean of the college in collaboration with the Head of the Department and handed over to the Inspector, who shall examine the information already furnished & gather such additional information as may be necessary to fill-in the spaces provided for within)
1. Date of Inspection/Visitation : 
2. Names of Inspectors or Visitors : 
3. Date of last Inspection/Visitation : 
4. Names of last Inspectors/Visitors : 

<table>
<thead>
<tr>
<th>Defects pointed out in the last Inspection / Visitation</th>
<th>To what extent remedied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Observations of the assessors are to be made in assessment report only.
A. Teaching Staff: In case this space is less a statement showing the following information may be attached in this format. (to be filled in by the Dean/Principal of the college).

**Department of Obstetrics and Gynecology**

<table>
<thead>
<tr>
<th>Post</th>
<th>No.</th>
<th>Name</th>
<th>Qualification with dates thereof &amp; Where obtained</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>As Res./Registrar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date</td>
<td>College</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- Professor
- Associate Professor/Reader
- Asst. Prof./Lecturer
- Registrar/Sr. Resident
- Jr. Resident
- Any other Category
<table>
<thead>
<tr>
<th>Post</th>
<th>Experience</th>
<th>Grand Total of Teaching Experience</th>
<th>Remark s if any,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As Assoc. Professor/Reader</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td>From</td>
<td>To</td>
<td>Total</td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Nomenclature</td>
<td>Name(s) of staff members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Antenatal Medical Officer-cum-lecturer/Asst. Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Maternity and Child Welfare Officer –cum- Lecturer/Asst. Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Social Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Technical Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nomenclature</strong></td>
<td><strong>Name(s) of staff members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Lab Attendants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Stenographer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Record Clerk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Store Keeper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Any other Category</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Buildings:

(i) Clinical Demonstration Room:

a) Number

b) Accommodation (of each demonstration room)
   i) Size
   iii) Capacity

c) Audio-Visual equipment available.

(ii) Departmental Library – cum- Seminar Room:

a) Is there a separate departmental library?

b) Accommodation
   i) Size :
   ii) Capacity :

c) Number of books in Obstetrics & Gynecology and allied subjects

d) List of Journals :
(iii) Research Laboratory

a) Size

b) Equipment

c) Are there any students taken for M.S. or M.Sc. or Ph.D in Anatomy?

If so how many per year during the last three years?

1) Diploma

2) Degree

d) List of publications by the members of the staff during the last 3 years?

e) Current problems on which research work is going on and by whom? (a statement may be furnished)

f) Do Undergraduate students in any way participate in them?
(iv) **OFFICE ACCOMMODATION**

a) Professor and HOD :

b) Associate Professors/Readers :

c) Asst. Professors/Lecturers :

d) Registrars/Sr. Residents :

e) Jr. Residents :

f) Non-teaching and Clerical Staff :
### D. TEACHING HOSPITAL

1) **Inpatient department:**

<table>
<thead>
<tr>
<th>Number of Teaching Beds</th>
<th>Number of Units</th>
<th>Number of beds</th>
<th>Unitwise staff composition With names Qualification &amp; Designation of staff</th>
</tr>
</thead>
</table>

**OBSTETRICS AND GYNAECOLOGY AND ALLIED SPECIALITIES:**

a) Obstetrics

A separate sheet may be attached

b) Gynaecology

----do----

c) Postmartum

----do----
2. **Indoor admissions**

<table>
<thead>
<tr>
<th>General</th>
<th>TB &amp; RD</th>
<th>DVD</th>
<th>Psychiatry</th>
</tr>
</thead>
</table>

a. Annual admissions

b. Average Bed occupancy per day
   (Percentage of Teaching beds)
3) **INTENSIVE CARE**
   Is there any Intensive Care Unit For Obst. & Gynae.

   If yes, please indicate number of beds and equipments available:

<table>
<thead>
<tr>
<th>No. of beds</th>
<th>Equipments available</th>
</tr>
</thead>
</table>

4) **Nursery**
   a) No. of cots
   b) No. of beds
   c) Does it have facilities for temperature and humidity control.
c) Staff posted
   - Medical
   - Staff Nurses

d) Equipment available

5) **MAJOR EQUIPMENT AVAILABLE IN THE DEPARTMENT:**

   [Names of equipment]
6) **Outpatient Department:**

a) Building – General layout

b) Is out patient service department wise

c) Arrangement for clinical Instructions to student in General Surgery & Allied specialties

d) Average Daily OPD Attendance

1. Old Patients

2. New Patients

3. Total
7) **Teaching and training facilities:**

A. **In O.P.D.**
   
a) Clinical demonstration room:

   b) Number of rooms in the OPD
      For seeing the patients
      by various faculty members
      and resident staff

B. **In-door**
   
a) Bedside teaching

   b) Clinical demonstration room/
      seminar room
8) **FACILITIES AVAILABLE IN OUT-PATIENT DEPARTMENT:**

1. In Obst. & Gynae. and allied speciality  
   - **Yes**  
   - **No**
   
   a) Antenatal Clinic  
      Frequency and run by whom
   
   b) Family Welfare Clinic  
      Frequency and run by whom
   
   c) Postnatal Clinic  
      Frequency and run by whom
   
   d) Sterility Clinic  
      Frequency and run by whom
   
   e) Cancer Detection Clinic  
      Frequency and run by whom
   
   f) Are the Medical Students posted in these clinics?

9. **OPERATION THEATRE (with Obst. & Gynae. Deptt.)**

   (a) Number :
   
   (b) Size & design
   
   (c) Equipment
d) Lightning arrangement, air-conditioning etc.

e) Arrangement for students to watch operations.

f) Anaesthetic room

g) Preparation room

h) Sterilizing room

i) Recovery room

j) Postoperative wards

k) Resuscitation & blood Transfusion service

l) Any other remarks.

10) **Labour Room** :

a) Clean
b) Septic

c) Number of beds in each

d) Arrangement of lights & for operative interference

e) Arrangement for Sterilization

f) Preparation room

g) Waiting wards

h) Anaesthesia staff & facilities for administration Of anaesthesia

i) Baby room

11) POSTMARTUM UNIT

a) Is there a postmortem unit attached to the department?

- Yes
- No
b) If yes, staff under the postmortem unit.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Qualification</th>
</tr>
</thead>
</table>

1. Medical

2. Non-Medical

c) Number of beds

d) Population attached with the postmortem unit

e) Number of eligible couples in population attached with the postmortem unit.

f) Couple protection rate in the Population attached with the Population unit.
12. **OPERATIONS & LABOURS FOR THE LAST ONE YEAR:**

   a) Gynecological Operations
      
      | Major | Minor |
      |-------|-------|

   b) Total number of labours

   c) Abnormal labours

   d) Antenatal cases seen in OPD

   e) Total number of sterilization’s
      
      1) Tubectomies
      
      2) Medical Termination of Pregnancies (MTP)
D.  **TEACHING PROGRAMME**:  
(For duration of the entire course)

I.  Curriculum of studies  
(To be filled by the Dean/Principal along with Head of the department). Curriculum in the subjects of Obst. & Gynae. as prescribed by MCI (a copy of the detailed curriculum along with the departmental and educational objectives of the subject may be appended).

- Is the above curriculum followed in totality?

- If not, what are the variations and reasons thereof?

(To be filled in by the Inspectors/Visitors). Does the curriculum of studies adopted by the training center differ materially from that recommended by the Medical Council of India.

If so what are the variations and what are your observations regarding them?

II.  **Methodology**
(for duration of the entire course)

Number

1) Total duration of clinical postings

2) Didactic Lectures

3) Demonstrations

4) Tutorials

5) Seminars conducted during the year.
   (Number of students attending each)

6) Practicals

7) Duration of operation theatre postings

8) Duration of labour postings and the number
    of cases observed/conducted by a student

9) Bedside Clinics

10) How many hours does a student spend
    Daily in the wards for clerkship.

11) Average number of students
    Posted at a time for indoor/OPD postings

12) Do students write case histories &
    Delivery notes in a prescribed book.
13) Are they corrected?

14) If so, by whom?

15) Is the clinical work done in the wards by the students assessed periodically?

16) If so, how often and by whom?

17) Total period of attendance in OPD by a student throughout clinical training

18) Is it done concurrently with the inpatients Wards postings?

19) Who gives them training to attend to casualties?

20) How is the outpatient teaching organised?

21) Do students attend clinico-pathological conferences?

22) If so, on an average how often during the whole period of Obst. & Gynae. Postings?

23) Any other teaching/training activities :

24) Is there any integrated teaching? If yes, details thereof :
25) Records: Methods of Assessment thereof?

(Time table of lectures, demonstrations, seminars, tutorials, practical, OPD and indoor postings etc. may be given)

26) Internship training programme

a) Period of posting in the department


Signature of Head of the Department

Signature of Dean/Principal
E. **Observations of the Inspectors/Visitors:**

Observations of the assessors are to be made in assessment report only.