

E-mail :
Fax :
Website :
Management : Government /Society/Trust/Company
Regn. no. of Society/Trust/Company: :

Consent/Affiliation from University :
Period of Validity :

No. of seats as per Essentiality Certificate :
(Information not required for renewal/recognition inspection)
Period of Validity :

Assessment Date:

Last Assessment Date:

1.2

(a) Location: The applicant college is located in _____ (city/village) of _____ talluka _____ district of _____ state.

Date:

Signature with stamp Dean/Principal/Director

(b) The College has following plots of land:

Plot #	Survey #	Place	Area	Remarks if any

(c) The campus is unitary/divided into _____parts. If not unitary distance between parts. _____.

1.3 **Building Plan approval from the competent authority:** _____ (name of the authority and date of approval).

1.4 **Buildings:**

College: _____sq.mt.

Hospital (including OPD): _____sq.mt.

Hostel & Residential complex -----sqmt.

1.5 Building Use/ Occupancy Certificate: approved by ____order no: _____dated _____.

1.6 **Nearest Commercial airport:** _____kms. **Traveling time required:** _____

1.7 **Nearest major Railway Station:** _____kms. **Traveling time required:** _____

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

Date:

Signature with stamp Dean/Principal/Director

1.8 Water Supply: Through Municipal _____ / Borewells. (Information not required for renewal/recognition inspection)

1.9 Electric supply: Sanctioned Load _____KVA. (Information not required for renewal/recognition inspection)

1.10 Generators: available/not available, Available load _____KVA

1.11 Drainage & sewage disposal (Information not required for renewal/recognition inspection):

1.12 Working Hours:

1. OPD Timings: _____am to _____pm
2. College Timings: _____am to _____pm
3. Library Timings: _____am to _____pm

1.13 Annual Budget: College & Hospital

Year	Current Financial Year	
	College	Hospital
Salary		
- Doctors		
- Resident Doctors		
- Other Staff		

Date:

Signature with stamp Dean/Principal/Director

Technical Training		
Library & Education		
Maintenance		
Contingencies		
Others		
Total		

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

Department	Technician	Assistant	Attendant	Other
Radiology				
Biochemistry				
Microbiology				
Serology				
Heamatology				

Date:

Signature with stamp Dean/Principal/Director

Histo-pathology				
Cytopathology				
OT				
Anesthesia				
Blood Bank				
Labour Room				
Emergency Room				
CSSD				
Mortuary				
Laundry				
Electrical				
Housekeeping				
Bio-medical				
BWM				
Pharmacy				

Department	Technician	Assistant	Attendant	Other
Anatomy				
Biochemistry				

Date:

Signature with stamp Dean/Principal/Director

Physiology				
Microbiology				
Pathology				
Forensic Medicine				
Community Medicine				
Pharmacology				
UHC				
RHC				

1.15 Nursing Staff available:

Category	No of Beds _____	
	Required Nos.	Available Nos.
Staff Nurses		
Sister Incharge		
ANS		
DNS		
Nursing Suptd		
Total		

Date:

Signature with stamp Dean/Principal/Director

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

Available as per Regulations : Yes/No

Name of the MEU coordinator :

Details of affiliated faculty :

Details of the Orientation programme and Basic Course Workshop undergone by MEU } : _____
Coordinator

Name of the MCI Regional Centre where
above training has been undertaken : _____

Date/s of the above workshops : _____

Details & Duration of Workshops in Medical Education Technology conducted by MEU: ---

Details of faculty who have undergone basic course workshop in *Medical Education Technology* at the allocated MCI Regional Centre

Feedback evaluation of workshops and action taken reports on the basis of feedback obtained (comments in the annexure 1)

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

Details of CMEs/workshop organized by the college held in the past 1 year: _____

Date:

Signature with stamp Dean/Principal/Director

Details of the credit hours awarded for the past one year (details/comments in annexure)

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

- Name, designation, contact no. and address of the President & Secretary.
- Composition of the Council (HODs as members & Principal / Dean as chairperson)
- No. of times the College Council meets per year (min 4) :_____
- Action taken report on College Council Meetings (details / comments in annexure II)

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

Sr No.	Subject	No. of Permitted sets	No. of recognized seats

1.20 Clinical Material

Item	Daily average (of last 12 months)as provided by institute
O.P.D. attendance (At the end of OPD timing)	
Casualty attendance (24 hrs. data)	

Date:

Signature with stamp Dean/Principal/Director

Item	Daily average (of last 12 months)as provided by institute	
No of admissions		
No. of discharges		
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %		
<u>Operative Work</u>		
No, of major surgical operations		
No. of minor surgical operations		
No. of normal deliveries		
No. of caesarian sections		
<u>Radiological Investigations</u>	O.P.D	I.P.D
X-ray		
Ultrasonography		

Date:

Signature with stamp Dean/Principal/Director

Item	Daily average (of last 12 months)as provided by institute	
	O.P.D	I.P.D
Barium, IVP etc.		
C.T. Scan		
<u>Laboratory Investigations - No of Tests</u>	O.P.D	I.P.D
Biochemistry		
Microbiology		
Serology		
Haematology		
Histopathology		
<u>Cytopathology</u>		
<u>Others</u>		
Any other (HIV/AIDS, DOTs, Malaria etc)		

Date:

Signature with stamp Dean/Principal/Director

1.21 College Website

Sr. No.	Details of information	Provided or not (with no & date)
1	Dean, Principal & M.S.	
2	Staff-Teaching & non Teaching*	
3	CME, Conference, academic activity conducted	
4	Awards, achievements received by the faculty.	
5	Affiliated university and its VC & Registrar.	
6	<p>Details of the MCs infrastructure</p> <p>a) Academic Facilities (LT, Demo rooms, Common rooms, Labs, Library, Skill lab, Computer Lab, Auditorium):</p> <p>b) Hospital:</p> <p>c) Residential Facilities: Hostel, Cafeteria, Mess,</p> <p>d) Recreation Facilities: Indoor & Outdoor</p> <p>e) Medical Facilities for Students & Staff</p>	
7	Citizen Charter	
8	List of students admitted category wise (UG & PG) in current and previous year.	
9	Results of all examinations in previous year.	
10	Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc..	

Date:

Signature with stamp Dean/Principal/Director

Sr. No.	Details of information	Provided or not (with no & date)
11	Toll free number to report ragging.	
12	No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee.	

Undertaking - To be given by the Dean/Principal of the Institute

I hereby given an undertaking that :

- (i) The college will admit students only after obtaining the permission from Central Govt.
- (ii) In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for any such misdeclaration or misstatement.
- (iii) In case, the declaration made by me is found to be false in any material point then necessary Civil / Criminal proceedings, including prosecution under Section 199 of the Indian Penal Code, 1860, may be initiated against me by the Competent Authority.
- (iv) The college has obtained all requisite statutory approvals.
- (v) The college has fulfilled all requirements as per the applicable Minimum Standard Requirement for the Medical College Regulations, 1999.
- (vi) The mandatory requirements laid down by the Persons with Disabilities Act are met by the college

Date:

Signature with stamp Dean/Principal/Director