

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

Part A-II (2017-18)
(to be filled by the Assessors)

1.1 Type of Assessment

U/S 10A-regular/compliance: Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 11- Recognition - Regular/Compliance

Continuation of Recognition/ Compliance ()

Any Other: _____

Name of the Institution	:			
Address	:			
Telephone No.	:			
E-mail	:			
Council Letter No & Date	:			
Assessment Date:		Last Assessment Date :		
PG Courses	:	Yes/No		

Signatures of the Assessors

Date

Signatures of Dean/Principal

Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No	Email

1.2. The College has following

The campus plot is.	unitary/divided into _____ parts if divided, Please give details.
Building Plan approval from the competent authority.	Name----- No.----- Date-----
Building Use/ Occupancy Certificate from the competent authority.	Name----- No.----- Date-----

1.3 Dean/Principal: Dr. _____, M.D./M.S. with _____ years of teaching experience - _____ yrs of professor & _____ yrs of experience of Asso Prof and _____. He is also holding the post of Professor in the Department of _____.

Signatures of the Assessors

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Signatures of Dean/Principal

Dean Office is located in _____ of the college/building along with the administrative block. Adequate space (as per MSR guidelines by MCI) and other required facilities (as given in the table below) are provided/not provided to the administrative staff.

Office Space Requirement	Requirement Space (mts)	Available
Dean/Principal Office	36	
Staff Room	54	
College Council Room	80	

1.4 Medical Education Unit (MEU):

Available as per Regulations	:	Yes/No
Name of the MEU coordinator	:	
Name, Designation & Experience of affiliated faculty	:	
Name of the MCI Regional (Nodal) Centre where above training has been undertaken	:	
Details of the Orientation programme and Basic Course Workshop undergone by MEU(No. of programmes organized during Academic year, No. of People attended, proceedings (to be verified at the time of assessment)	:	
Date/s of the above workshops	:	

Signatures of the Assessors

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Signatures of Dean/Principal

Details & Duration of Workshops in Medical Education Technology conducted by MEU	:	
Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	
Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	
Feedback evaluation of workshops and action taken reports on the basis of feedback obtained	:	

1.5 Continuing Medical Education :

No and Details of CMEs/workshop organized by the college held in the past 1 year	:	
Details of the credit hours awarded for the past one year	:	

1.6 College Council :

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)	:	

Signatures of the Assessors

Date

Signatures of Dean/Principal

Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure II)		
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1.7 Pharmacovigilance Committee: Present/ Absent
 No of meeting in the previous yrs. _____(Minutes to be checked)

1.8 Examination Hall:

Requirement	Available
No - 1/2/3 Area - 250 Sq. mt. Capacity - 250	

1.9 Lecture Theatres:

	Medical college		Hospital		Comments
	Req	Available	Req	Available	
Number					
Capacity					
Type (Gallery)	Yes / No		Yes / No		
A.V. Aids	Yes / No		Yes / No		

Signatures of the Assessors

Date

Signatures of Dean/Principal

1.10 Library

Air-conditioned - Yes/No

Working Hours:

- a. Stack room : _____
 b. Reading room : _____

	Required	Available	Remarks
Area	_____ Sq.m.	_____ Sq.m.	
Student Reading Room (Inside)	_____ Capacity	_____ Capacity	
Student Reading Room (Outside)	_____ Capacity	_____ Capacity	
Staff Reading Room	_____ Persons	_____ Persons	
Room for Resident/PG reading room			
Particulars	Required Nos.	Available Nos.	Remarks
No of Books			
Journals (Indian)			
Journals (Foreign)			
Internet Nodes			

1.11 Common Room for Boys & Girls

	Area Required Sq. Mt.	Available Area Sq. Mt.	Toilet - Attached Y/N
Boys			
Girls			

Signatures of the Assessors

Date

Signatures of Dean/Principal

1.12 Central Photography Section: Available Yes/No.
 Staff Yes/No
 Equipments Yes/No

1.13 Hostel: Location – Within campus

Hostel Category	Required Capacity	Available Capacity (No Rooms X capacity of each room = Total capacity)	Furnished (Y/N)	Toilet Facility Adequate/ Inadequate	Mess (Y/N)	Hygiene of Hostel campus Y/N	Visitor room, AC Study room with internet & Computer, Recreation room with TV, Music, Indoor Games Y/N	Remarks
UG Students @ 75% Capacity								
Interns @ 100% Capacity								
Resident @ 100% Capacity including PG								
Nurses @ 20% Capacity								

Signatures of the Assessors

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Signatures of Dean/Principal

Residential Quarters:

Category	Required Nos.	Available Nos.	Remarks
Teaching Staff @ 20% Capacity			
Non-Teaching Staff @ 20% Capacity			

1:14 Recreational Facilities:

Outdoor games		Yes/No
Play field/s		
Type of games		
Indoor games facilities		Yes/No
Gymnasium		Available /Not available.

1.15 Gender Harassment Committee -: Yes/No (Documents to be seen at the time of assessment)

Signatures of the Assessors

Date

Signatures of Dean/Principal

TEACHING HOSPITAL**2.1** Name of the Hospital:

Owned by: Government/Trust/Society/Company

2.2 Name of the Medical Superintendent: _____, MD/MS (_____), with _____ years administrative experience.

	Space Requirement	Availability
Medical Supdt's Office	36 sq. mt.	
Administrative Office	150 sq. mt	

2.3 **Teaching and other facilities :**

OPD Timings	:	_____ A.M. to _____ P.M.
Separate Registration areas for male/female patients available	:	yes/no
Separate Registration counters for OPD/IPD	:	available/not available
Are the Registration counters computerized	:	yes/no

Signatures of the Assessors

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Signatures of Dean/Principal

Staff for registration center	:	adequate / inadequate (on the basis of OPD attendance)
Waiting areas for above patients available	:	yes/no
No. of rooms for examination of patients available	:	yes/no
Capacity of teaching area in each department	:	yes/no
Enquiry Desk	:	yes/no

2.4 Facilities available in OPD

-Medicine Injection room - Male - Female	Yes/No Yes/No	E.C.G. Room	Yes/No
Surgery Dressing room - - Male - Female	Yes/No Yes/No	Minor OT	Yes/No
Orthopaedics Plaster room Dressing room - - Male - Female	Yes/No Yes/No Yes/No	Plaster cutting room	Yes/No
Ophthalmology	Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room		Yes / no Yes / no Yes / no

Signatures of the Assessors

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Signatures of Dean/Principal

ENT	Audiometry (AC & Sound proof) Speech Therapy	Yes / no Yes / no
Pediatrics	Child Welfare Clinic Immunisation Clinic Child Rehabilitation Clinic	Yes / no Yes / no Yes / no Yes / no
OBS & GYN	Antenatal Clinic Sterility Clinic Family Welfare Clinic Cancer Detection Clinic	Yes / no Yes / no Yes / no Yes / no

Comments :

2.5 Total Number Of Teaching Beds & Admitted Patients - Distance between two beds should be 1.5 m.

Teaching Hospitals in Campus with Total Beds _____.

Teaching Hospitals in Outside the Campus (_____ Kms. from the campus) with Total Beds _____.

Department	Ward Nos.	Beds Required	Total Beds Available	Facilities Available in Each Ward						Remarks
				Nursing Station Y/N	Exam/Treat Room Y/N	Pantry Y/N	Store Room Y/N	Duty Room Y/N	Demo Room (25 Capacity) Y/N	
Gen. Medicine										
Pediatrics										
TB & Respiratory Medicine										
Psychiatry										
Dermatology										
Gen. Surgery										
Orthopedics										
Ophthalmology										

Signatures of the Assessors

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Signatures of Dean/Principal

Department	Ward Nos.	Beds Required	Total Beds Available	Facilities Available in Each Ward						Remarks
				Nursing Station Y/N	Exam/Treat Room Y/N	Pantry Y/N	Store Room Y/N	Duty Room Y/N	Demo Room (25 Capacity) Y/N	
ENT										
OB & GYN										
Total										

2.6 Clinical material (*Random verification to be done by the Assessor).

Assessor should randomly verify the monthly data and fill accordingly in the daily average columns, specifying the months

Item	On Day of assessment	Remarks
O.P.D. attendance at 2.00 PM On first day		
Casualty attendance (24 hrs. data)		
No of admissions		
No. of discharges		
Bed occupancy% at 10.00AM on first day		
<u>Operative Work</u>		
No, of major surgical operations		
No. of minor surgical operations		
No. of normal deliveries		
No. of caesarian sections		

Signatures of the Assessors

Date

Signatures of Dean/Principal

Item	On Day of assessment		Remarks
	O.P. D	I.P.D	
Radiological Investigations			
X-ray			
Ultrasonography			
Barium, IVP etc.			
C.T. Scan			

Item	Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations - No. of Tests			
Biochemistry			
Microbiology			
Serology			
Hematology			
Histopathology			
Cytopathology			

Signatures of the Assessors

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Signatures of Dean/Principal

2.7 Medical Record Section:

Manual / Computerized _____

ICD X classification of diseases followed for indexing : **yes/no**

2.8 Central casualty services :

No of Beds: Required _____ **Available** _____

- Number of doctors posted / Shift : _____ CMO - Required _____ Available _____
- Number of nurses posted / Shift: _____
- Separate casualty for OBGY cases: **available, if yes No. of beds** _____ / **not available,**

Equipment	Availability Y/N	Number
Central Oxygen & suction facility		
Pulse oximeter		
Ambu bag		
Disaster trolley		
Crash Cart		
Emergency Drug Tray		
Defibrillator		
Ventilator		
X-ray Unit - (Mobile)		
Minor OT		

Comments:

2.9 Clinical Laboratories

Central Clinical Laboratory: Under control of department of : _____.

Separate sections for pathology, microbiology, hematology & biochemistry: **available/not available.**

2.10 Operation theatres

Type	Requirement	Available	Remarks
Major			
Minor			

2.11 Equipment available in O. T. Block (Specify numbers)

Dept	Theatres Nos.	A/C Y/N	Central Oxy/ Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N	Remarks
Gen Surgery								
ENT								
Ophthal								
Ortho								
OBS & GYN								
Emergency								
Septic								

Pre-Anaesthetic/Pre-operative Beds : Available_____ Post Operative Recovery room beds : Available_____

Signatures of the Assessors

Date

Signatures of Dean/Principal

2.12 Intensive Care: Following intensive areas are available –

Type	Beds (Required)	Beds (Available)	Patients on day of assessment	AC Y/N	Central Oxygen/Suction Y/N	Major Equipment (Monitor, Ventilator, ABG, Pulse Oximeter etc.) Y/N	Remarks if any
ICCU	5						
ICU	5						
SICU	5						
NICU/PICU	5						

2.13 Labour Room

Rooms	Beds	Remarks
Clean Cases		
Septic Cases		
Eclampsia		

Signatures of the Assessors

Date

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2.14 Radiological Facilities:

Equipment	Required no.	Available no.	AERB Approval Y/N	Functional Status at the time of assessment Y/N	Remarks if any
Mobile X Ray 60 mA 100 mA					
Static X Ray 300 mA 600mA 800/1000 mA					
CT Spiral Minimum 16 slice					

Equipment	Required no.	Available no.	PNDT Approval Y/N	Functional Status at the time of assessment Y/N	Remarks if any
USG					

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2.15 Blood Bank:

Available and functional: **Yes/No**

Number of units dispensed in a day _____

Number of units stored on day of assessment _____

License valid up to: _____ (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

Blood Separation Facility - Available/Not available

2.16 Pharmacy : Pharmacist/Staff available: List to be included

- No. of sub-stores located in different parts of hospital: _____

2.17 Central sterilization Department :

- Timings _____ & Shifts: _____
- Equipment: Horizontal autoclaves _____ / Vertical autoclaves _____, ETO Sterilisers: _____ No.
- Separate receiving and distribution points - Yes/No

2.18 Intercom: Available : **yes/no**

No. of incoming lines _____ No. of extension lines: _____

2.19 Central laundry/Alternative Arrangements:

In House/Outsourced:

Type of Laundry: Mechanized / Manual

2.20 Kitchen/ Alternative Arrangements

- In-House/Outsourced _____
- Food free of charge: yes/no Number of patients ____
- Provision of special diet: yes/no
- Services of a nutritionist/dietician: available/not available

2.21 Total no. of Canteens: For staff _____, For students _____.

2.22 Arrangements for Biomedical Waste Management.

- Outsourced/ in-house : (if outsourced, append MOU) (If in-house, please specify details of facilities available)

2.23 Central Research Lab:

- Available - Yes/No
- Facilities - Adequate/Not Adequate
- Research Projects:
 - Completed Nos _____
 - Ongoing Nos _____

2.24 Nursing and Paramedical staff :

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

Paramedical And Non teaching staff	Required Nos.	Available Nos.

Signatures of the Assessors

Date

Signatures of Dean/Principal

MEDICAL COLLEGE

3.1 College Website:

Sr. No.	Details of information	Yes/No
1.	Dean, Principal & M.S.	
2.	Staff-Teaching	
3.	Affiliated university and its VC & Registrar.	
4.	Citizen Charter	
5.	List of students admitted category wise (UG & PG) in current and previous year.	
6.	Results of all examinations in previous year.	
7.	Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc..	
8.	Details of members of the Gender Harassment Committee Members with contact details including landline Ph. mobile, email etc..	
9.	Toll free number to report ragging.	

3.2 Teaching Programme:

Didactic teaching	Yes/no
Demonstration	Yes/no
Integrated teaching (Horizontal/Vertical teaching)	Yes/no
Clinical posting	Yes/no
Clinical Pathological Conference	Yes/no
Grand Rounds	Yes/no
Statistical Meeting	Yes/no
Seminars	Yes/no

Signatures of the Assessors

Date

Signatures of Dean/Principal

Teaching Facilities:**3.3 Anatomy**

Required	Available	Required	Available
Demonstration Room/s • No ____ • Capacity - 75 to 100 students		AV Aids:	
• Number of practical laboratory/ies - 1 • Number of Lab seats ____ • Number of microscopes ____ Dissection Microscopes ____		Museum: ____ seating capacity • Mounted specimens • Models - Wet & Dry • Bone Sets - Articulated-__ & Disarticulated- __ • MRI & CT	
Number of dissection tables - ____ (Half Standard Size)		Number of cadavers - ____	
Cold store / cooling chambers - __ Bodies		Storage tank - __	
Embalming room -		Band saw	
Lockers - ____		Departmental Library- (80-100 Books.)	

Adequate exhaust, light, water supply and drainage facilities - Available/not available.

3.4 Physiology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____		AV Aids:	
Mammalian laboratory - 1		Haematology laboratory	
Departmental Library - 80-100 Books		Clinical Physiology	
Preparation rooms -			

3.5 Biochemistry

Required	Available	Required	Available
Demonstration Room/s • No _____ • Capacity - _____		AV Aids:	
Number of practical laboratory/ies -		Library / Seminar rooms - 80-100 Books	
Number of Lab seats - _____			

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Signatures of Dean/Principal

3.6 Pathology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____		AV Aids:	
Practical labs - • Morbid Anatomy/Histopath./ Cytology - _____ Microscopes • Clinical Pathology/Hematology - _____ Microscopes		Museum: _____, Seating Capacity- _____ students Specimens: • Mounted • Unmounted • Catalogues	
Departmental library - 80-100 Books			

3.7 Microbiology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Number of practical laboratory/ies - _____ Number of Lab seats - _____ Number of microscopes/laboratory - _____		Media preparation facility Autoclaving, Washing and drawing room	
Number of service laboratories - _____		Museum: Specimen, Charts, Models & Catalogue seating capacity- _____	
Departmental library - 80-100 Books,			

Signatures of the Assessors

Date

Signatures of Dean/Principal

3.8 Pharmacology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Experimental Pharmacology		Museum: _____ seating capacity • Specimens • Charts • Models • History of Medicine • Catalogues	
Clinical pharmacology/pharmacy			
Departmental Library - 80-100 Books			

3.9 Forensic Medicine

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Forensic histopathology, Serology, Anthropology & Toxicology - for examination of specimen ,tests		Museum : • Medico-Legal Specimens • Charts • Prototype fire arms • Slides • Poisons • Photographs • Catalogues	
Autopsy room - Location - In/Near hospital in a separate structure.			
Cold storage -			
Departmental library - 80-100 Books			

Signatures of the Assessors

Date

Signatures of Dean/Principal

3.10 Community Medicine

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Museum: • Charts • Models • Specimens • Catalogues		Practical lab	
Departmental Library - 80-100 Books			

3.11 Health Centers (Department of Community Medicine)

RHTC: _____(place) _____ (Distance from the college)

Population covered by the RHTC	
It is affiliated to College Yes/No	
Students and interns posted in batches of _____ throughout the year	
Separate blocks for accommodating boys in _____rooms having _____beds. Girls _____ rooms having _____ beds.	
Facilities for cooking & dining - Yes/No	
Daily OPD	
Specialist visits if any	

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Signatures of Dean/Principal

Cold chain equipment available	
Survey/MCH/Immunization/FP registers	
Activities under the National Health Programmes	

3.12 Details of U.H.T.C.: _____ Place_____ Distance from college

Population covered by the UHC	
It is affiliated to College Yes/No	
Students and interns posted in batches of	
Daily OPD	
Survey/MCH/Immunization/FP registers	
Specialist visits if any	
Deficiency if any	

3.13 CONDUCT OF III MBBS EXAMINATION *(only for recognition under 11(2))*

- University which conducts Examination:
- No. of Candidates appeared in Examination:

Signatures of the Assessors

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Signatures of Dean/Principal

- The III MBBS examination (Part-II) was conducted satisfactorily: **yes/no**
- Centre for written/practical examination: _____.
- Was the standard sufficient for MBBS Examination as required by Regulations of the Medical Council of India? _____

3.14

Medical College-Staff Strength:

Name of College:

Number of students - PG Courses (Yes/No)

Calculation Sheet (Date: _____)

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

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Signatures of Dean/Principal

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

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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Tuberculosis & Respiratory Diseases	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
Dermatology, Venereology & Leprosy	Jr. Resident					
	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
Psychiatry	Sr. Resident					
	Jr. Resident					
	Professor					
	Assoc. Prof.					
General Surgery	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
	Professor					
Orthopaedics	Assoc. Prof.					
	Asstt.Prof.					

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

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Signatures of Dean/Principal

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

Notes:
For purpose of working out the deficiency:
(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.
(A) For Teaching Faculty:
(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together.
(b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
(c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.
(d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.
(B) For Resident Doctors:
(a) Excess of SR can be compensated to the deficiency of JR of the same department only.
(b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department.
(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.
(d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR.

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e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.
(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/ city and run by the same management.
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations - 2000.

3.15 Details of Faculty/Residents not counted/accepted.

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

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

3.16 1) Deficiency of Teaching Faculty: _____%

2) Deficiency of Resident doctors: _____%

Signatures of the Assessors

Date

Signatures of Dean/Principal

Summary of Assessment

1. _____(College Name),
is run by Government/ Trust/ Society/Company
2. The college has got LOP from GOI/MCI with intake of ___ seats for last academic year 2016-17.
3. Type of assessment: _____ No. of seats: _____
4. PG courses : Yes/ No
5. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise;
6. Deficiency of clinical material If any: Pl mention category wise;
7. Deficiency of teaching staff if any:
Shortage of teaching faculty is ____%
8. Deficiency of resident doctors if any:
Shortage of resident doctors is ____%
9. Any other Remarks

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Signatures of Dean/Principal