

**STANDARD ASSESSMENT FORM FOR PG COURSES YEAR 2018-19**

(Report in this SAF prescribed for the year 2018-19 will only be accepted)

**SUBJECT – COMMUNITY MEDICINE*****INSTRUCTIONS TO DEANS & ASSESSORS***

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

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

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

Signature of Dean

Signature of Assessor

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

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

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

2. Particulars of the Assessor:-

Assessment Date \_\_\_\_\_

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

**A). Particulars of college**

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

**B). Particulars of Affiliated University**

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

Signature of Dean

Signature of Assessor

**SUMMARY**

Date of Assessment : \_\_\_\_\_

Name of Assessor : \_\_\_\_\_

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

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

<b>3. (a). Number of UG seats</b>	Recognised (Year: )	Permitted (Year: )	First LOP date when MBBS course was first permitted
<b>(b). Date of last inspection for</b>	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

4. Total Teachers available in the Department:

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Addl./Assoc Professor				
Asstt. Professor				
Senior Resident				

*Note: Count only those who are physically present.*

Signature of Dean

Signature of Assessor

## 6. Clinical workload of the Institution:

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

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

**Note:**

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

## 7. Investigative Workload of entire hospital.

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

Signature of Dean

Signature of Assessor

## 8. Details of field services provided by the Department:

S.No.	Parameters	RHTC	UHTC
1.	Location(Name of Place)		
2.	Distance from the institution		
3.	Ownership(whether fully owned by institution)		
4.	Whether full Administrative & financial control with Dean or not		
5.	Available mode of Transport		
6.	Residential or non Residential		
7.	Hostel for interns available or not		
8.	Number of Indoor beds		
9.	Mess faculty available or not		
10.	Available medical Staff (Give Number)		
11.	Available Paramedical staff (Given Names)		
12.	Average Daily OPD		
13.	OPD on inspection day		
14.	Average daily Bed Occupancy		
15.	Bed Occupancy on the day of inspection		
16.	Average Monthly Deliveries		
17.	Any Deliveries on inspection day		
18.	Arrange for immunization (Daily or otherwise)		
19.	Storage of vaccines- whether on site or carried from institution		
20.	Equipment available		
21.	Any other, remarks		

## 9. Investigative work load on the day of inspection (Entire hospital)

Radiology		Biochemistry	Pathology		Microbiology	Blood units consumed
MRI			Histopathology			
CT			FNAC			
USG			Haematology			
Mammography			Others			
IVP/ Barium etc						
Plain X-Rays						
DSA						
Any other						

## 10. Publications from the department during last 3 years

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

Signature of Dean

Signature of Assessor

<b>11</b>	<b>Blood Bank</b>	License valid	Yes / NO(enclose copy)
		Blood component facility available	Yes / NO(enclose copy)
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

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

<b>16</b>	<b>Library</b>		Central	Departmental
		Number of Books		
		Number of Journals		
		Latest journals available upto		

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

#### 18. Common Facilities

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsourced / any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used

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

In the entire hospital		In the department of Community Medicine	
OPD		OPD	
IPD (Total Number of Patients admitted)		IPD (Total Number of Patients admitted)	
Deaths		Deaths	

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

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

21. Accommodation for staff Available / Not available

<b>22</b>	<b>Hostel Accommodation No.</b>	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Students						
	No. of Rooms						
	Status of Cleanliness						

Signature of Dean

Signature of Assessor

<b>23</b>	<b>Total number of PG seats in the concerned subject</b>		Recognized seats	Date of recognition	Permitted seats	Date of permission
		Degree				
		Diploma				

**24** Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

<b>25</b>	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

**26.** Stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution
Ist Year		
IInd Year		
IIIrd Year		

27. List of Departmental Faculty joining and leaving after last inspection:

Designations	Number	Names	
		Joining faculty	Leaving faculty
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

**28.** Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Epidemiologist cum Asst Professor			
Statistician cum Asstt. Prof			
Tutor/ Demonstrator			
Any Other			

Signature of Dean

Signature of Assessor

**29. REMARKS OF ASSESSOR**

1. *Please do not repeat information already provided*
2. *Please do not make any recommendation regarding granting permission/recognition*
3. *If you have noticed or come across any irregularity during your assessment like fake or dummy faculty, fake or dummy patients, fudging of data of clinical material etc., please mention them here)*

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



**PART – I**  
**(Institutional Information)**

**1 Particulars of Director / Dean / Principal:***(Who so ever is Head of Institution)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree	Subject	Year	Institution	University
<i>Recognised / Not Recognized</i>				

**Teaching Experience**

Designation	Institution	From	To	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
Any Other		Grand Total		

**2. Central Library**

- Total number of Books in library: \_\_\_\_\_
- Books pertaining to Community Medicine: \_\_\_\_\_
- Purchase of latest editions of books in last 3 years: Total: \_\_\_\_\_  
Community Medicine books \_\_\_\_\_
- Journals:

Journals	Total	Community Medicine
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: \_\_\_\_\_
- Year / Month up to which latest Foreign Journals available: \_\_\_\_\_
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: \_\_\_\_\_
- Reading facility out of routine library hours: available / not available  
*(obtain list of books & journals duly signed by Dean)*

**3. Casualty/ Emergency Department**

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

**4 Blood Bank**

(i)	Valid License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital ( give distribution in various specialties)	Average daily	On Inspection day

Signature of Dean

Signature of Assessor

**5. Central Research Lab:**

- Whether it exists? Yes No
- Administrative control:
- Staff:
- Equipment:
- Workload:

**6. Central Laboratory:**

- Controlling Department:
- Working Hours:

<b>Radiotherapy (Optional)</b>	
Radiotherapy	
Teletherapy	
Brachy therapy	

- 7. Central supply of Oxygen / Suction: Available / Not available
- 8. Central Sterilization Department Adequate / Not adequate
- 9. Laundry: Manual/Mechanical/Outsourced:
- 10. Kitchen Gas / Fire
- 11. Incinerator: Functional / Non functional Capacity: Outsourced
- 12. Bio-waste disposal Outsources / any other method
- 13. Generator facility Available / Not available
- 14. Medical Record Section: Computerized / Non computerized
  - ICD10 classification Used / Not used

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

<b>In the entire hospital</b>		<b>In the department of Community Medicine</b>	
OPD		OPD(RHTC + UHTC)	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted) (RHTC + UHTC)	
Deaths		Deaths	

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

*Note: (1) The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (Photocopy of all such forms be provided.)*

17. Recreational facilities: Available / Not available

Play grounds	Gymnasium
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18	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						
	No. of Students						
	Status of Cleanliness						

Signature of Dean

Signature of Assessor

19. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate

20. Ethical Committee (Constitution):

21. Medical Education Unit (Constitution)  
*(Specify number of meetings held annually & minutes thereof)*

**Signature of Dean**

**Signature of Assessor**

**PART - II**  
**(Departmental Information)**

**1 Department inspected:** COMMUNITY MEDICINE

**2 Particulars of HOD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

**Teaching Experience**

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
			Grand Total	

a) **Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats / Renewal of recognition/Compliance Verification

b) **Date of last MCI inspection of the department:** \_\_\_\_\_

(Write Not Applicable for first MCI inspection)

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

d) **Result of last Inspection:** \_\_\_\_\_

(Copy of MCI letter be attached)

**3 Mode of selection** (actual/proposed) of PG students.

**4 If course already started, year-wise number of PG students admitted and available PG teachers during the last 5 years:**

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

**5 Departmental General facilities:**

- Total number of Laboratories in the department of Comm. Medicine

Nomenclature	Museum	Research Lab.	Demo. Rooms	Seminar Rooms	Any other lab.
Size (Area)					
Capacity					
Water Supply					
Sinks					
Electric points					
Cupboards for storage & Microscopes					
List of equipments					

Signature of Dean

Signature of Assessor

**Unit wise Teaching and Resident Staff:**

Unit \_\_\_\_\_

Bed Strength \_\_\_\_\_ :

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)	

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
  2. Use only the Format provided. **DO NOT** devise your own format otherwise the information will not be considered. Fill up all columns
  3. \*Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
  4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
  5. Experience of Defence services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

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

Signature of Dean

Signature of Assessor

- 6 Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college during last 2 years. If yes, give details.

Date of Inspection	Subject	Institution

7. List of Non-teaching Staff in the department: -

S.No.	Name	Designation

- 8 Departmental Library:

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

- 9 Departmental Research Lab.

- Space
- Equipment
- Research projects utilizing Deptt research lab.

- 10 Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

- 11 Departmental Space:

- No. of rooms
- Patient Exam. arrangement:
- Equipments
- Teaching Space
- Waiting area for patients.

- 12 Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	
Staff (Steno /Clerk).	Yes/No	Professors	
Computer/ Typewriter	Yes/No	Associate Professors	
Storage space for files	Yes/No	Assistant Professor	
		Residents	

Signature of Dean

Signature of Assessor

**13 Paramedical Sections**

Provide brief information on staff and activities of the following sections of Community Medicine Department:-

- Medico-Social Work Section
- Family Care Study Section
- Health Education Section
- Epidemiological unit
- Bio-statistics Section
- Others

14. Availability of Transport – Type & no.

15. Placement of PGs in other departments etc. with durations-

- a) Departments
- b) Other institutions
- c) District/State/Health Organization.

16. Equipments:

**List of important equipments available and their functional status.**

S.No.	Particulars	Available	Not Available	Functional	Non-Functional
1	Spirometry				
2	Ophthalmo				
3	Glucometer				
4	Calipers				
5	Weigh with Height Ma				
6	Infanlometer				

17. Field Practice Area.

Urban/Slum: (UHTC) whether Owned and controlled by Institution : *(Attach proof of ownership)*

Name :

Population covered :

Since when started :

Schedule of P.G. posting :

Field Staff posted there : M.O.      L.M.O.      Para-Medics

Distance from Medical College :

Residential/Non-residential :

Signature of Dean

Signature of Assessor

Any special activity undertaken. :

- OPD
- Immunisation
- Ante-Natal Clinic
- Family visits
- Deliveries

Rural: (RHTC) whether under Administrative control of Dean or not : *(Attach proof of ownership or full administrative control of Dean)*

Name :

Population covered :

Since when started :

Schedule of P.G. posting :

Field Staff posted there : M.O.      L.M.O.      Para-Medics  
(Give Names)

Distance from Medical College :

Residential/Non-residential :

Any special activity undertaken. :

- OPD
- Immunisation
- Ante-Natal Clinic
- Family visits
- No. of indoor beds & patients
- Deliveries

18. Details of staff of field Training Units supporting the educational activities of the Department of Community Medicine.

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**Urban Slum Training Centre**

Staff: M.O.  
L.M.O  
Para-Medics  
Class IV

Population Covered:

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**Rural Health Training Centres**

Staff: M.O.  
L.M.O  
Para-Medics  
Class IV

Population Covered:

Signature of Dean

Signature of Assessor



19. Submission of data to national authorities, if applicable

**20. Academic outcome based parameters**

- |                                                                                                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| (a) Theory classes taken in the last 12 months –<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet) | Number _____<br>Available & Verified/<br>Not available |
| (b) Clinical Seminars in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)          | Number _____<br>Available & Verified/<br>Not available |
| (c) Journal Clubs held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)         | Number _____<br>Available & Verified/<br>Not available |
| (d) Case presentations held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)    | Number _____<br>Available & Verified/<br>Not available |
| (e) Group discussions held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)     | Number _____<br>Available & Verified/<br>Not available |
| (f) Guest lectures held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)        | Number _____<br>Available & Verified/<br>Not available |

21. Any other information.

**Signature of Dean**

**Signature of Assessor**

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

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

Degree Course -----

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

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