

STANDARD ASSESSMENT FORM FOR PG COURSES YEAR 2018-19

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

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

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

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

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

Signature of Assessor

Signature of Dean

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES
(NUCLEAR MEDICINE)

1. Name of Institution: _____

MCI Reference No.: _____

2. Particulars of the Assessor:- _____ Assessment Date _____

| | |
|--|---|
| Name Designation..... Specialty..... Name & Address of Institute/College | Residential Address (with Pin Code) Phone .(Off)(Resi.) (Fax)..... Mobile No. E-mail: |
|--|---|

3. **Institutional Information**

A). **Particulars of college**

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

B). **Particulars of Affiliated University**

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

Signature of Assessor

Signature of Dean

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES
(NUCLEAR MEDICINE)

1. Name of Institution: _____

MCI Reference No.: _____

2. Particulars of the Assessor:- _____ Assessment Date _____

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

3. **(Institutional Information)**

A). **Particulars of college**

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

B). **Particulars of Affiliated University**

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

Signature of Assessor

Signature of Dean

SUMMARY

Date of Assessment: _____ Name of Assessor: _____

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

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

| | | | |
|---|------------------------|-----------------------|---|
| 3. (a). Number of UG seats | Recognized (Year:) | Permitted (Year:) | First LOP date when MBBS course was first started |
| | | | |
| (b). Date of last inspection for | UG | PG | |
| | Purpose: | Purpose: | |
| | Result: | Result: | |

4. Total Teachers available in the Department:

| Designation | Number | Name | Total Teaching Experience | Benefit of Publications in Promotion |
|------------------|--------|------|---------------------------|--------------------------------------|
| Professor | | | | |
| Assoc Professor | | | | |
| Asstt. Professor | | | | |

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

Signature of Assessor

Signature of Dean

6. Clinical workload of the Institution and Department concerned :

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

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

Note:

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

7. Investigative Workload of entire hospital and Department Concerned.

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

Signature of Assessor

Signature of Dean

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

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

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

9. Publications from the department during last 3 years:

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

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

| | | | |
|-----------|-------------------|--|------------------------|
| 10 | Blood Bank | License valid | Yes / NO(enclose copy) |
| | | Blood component facility available | Yes / NO(enclose copy) |
| | | Number of blood units stored on the inspection day | |
| | | Average units consumed daily (entire hospital) | |

11. Specialized services provided by the department:

Adequate / not adequate

12. Specialized Intensive care services provided by the Dept:

Adequate / not adequate

13. Specialized equipment available in the department:

Adequate / Inadequate

14. Space (OPD, IPD, Offices, Teaching areas)

Adequate / Inadequate

Signature of Assessor

Signature of Dean

| 15 | Library | | Central | Departmental |
|----|---------|---|---------|--------------|
| | | Number of Books pertaining to orthopedics | | |
| | | Number of Journals | | |
| | | Latest journals available upto | | |

16. Casualty Number of Beds_____ Available equipment ____ Adequate / Inadequate

17. Common Facilities

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

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

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

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

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

20. Accommodation for staff Available / Not available

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

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

Signature of Assessor

Signature of Dean

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

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

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

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

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

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

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

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

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

| DESIGNATIONS | NUMBER | NAMES | |
|------------------|--------|-----------------|-----------------|
| | | JOINING FACULTY | LEAVING FACULTY |
| Professor | | | |
| Associate Prof. | | | |
| Assistant Prof. | | | |
| SR/Tutor/Demons. | | | |
| Others | | | |

28. Faculty deficiency, if any

| Designation | Faculty available (number only) | Faculty required | Deficiency, if any |
|---------------------|---------------------------------|------------------|--------------------|
| | | | |
| Professor | | | |
| Assoc Professor | | | |
| Asstt. Professor | | | |
| Sr. Residents | | | |
| Jr. Residents | | | |
| Tutor/ Demonstrator | | | |
| Any Other | | | |

Signature of Assessor

Signature of Dean

29. REMARKS OF ASSESSOR

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

Signature of Assessor**Signature of Dean**

a) Purpose of Present Application:

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

b) Relevant Background Information of the department:

Date of last MCI inspection of the department: _____
 (Write Not Applicable for first MCI inspection)

Purpose of Last Inspection: _____

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

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

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

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

9. Central Library:

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

| Nuclear Medicine Books | Other Books |
|------------------------|-------------|
| | |

- Journals:

| | Total | Nuclear Medicine |
|--------|-------|------------------|
| Indian | | |

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| | | |
|---------|--|--|
| Foreign | | |
|---------|--|--|

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

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

- For P.G. students

11. Ethical Committee (Constitution)

12. Medical Education Unit (Constitution).

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

13. Emergency/
Casualty
Department

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

14. Blood bank

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

15. Central Laboratory

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

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16. Central Research Lab.

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

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

I. Nuclear Medicine Equipments along with functional status

- Gamma Camera * (mandatory) : _____
 Plannar * (mandatory) : _____
 SPECT * (mandatory) : _____
 SPECT /CT * (mandatory) : _____

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

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

II. Radiology

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

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Signature of Dean

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

III. Radiotherapy

- Radiotherapy
- Teletherapy
- Brachy therapy

IV. Pathology

- Haematology
- Histopathology
- FNAC
- Cytology

V. Microbiology

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

VI. Biochemistry

- Blood Chemistry
- Endocrinology
- Other fluids

18. Central Supply of Oxygen/Suction:

19. Central Sterilization Deptt.

20. Laundry :

21. Kitchen

22. Incinerator along with functional status.

23. Generator Facility:

24. Medical Record Section: Computerized/ Not computerized.

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25. Animal House

26. Recreational facilities:

- Play grounds.
- Gymnasium
- Auditorium

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PART – II (Departmental Information)

General Departmental facilities:

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

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

Signature of Assessor

Signature of Dean

Unit wise Teaching and Resident Staff:

Unit _____

Bed Strength _____ :

| S. No. | Designation | Name with Date of Birth | Nature of employment Full time/part time/Hon. | PAN Number TDS deducted | PG QUALIFICATION | | | Experience | | | | | Signature of Faculty Member | |
|--------|-------------|-------------------------|---|-------------------------|------------------------------|-------------|------------|--|--|--|--|--|-----------------------------|--|
| | | | | | Subject with Year of passing | Institution | University | Date wise teaching experience with designation & Institution | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

- 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. Incase of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 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 Assessor

Signature of Dean

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

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

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

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

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

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

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

5. Teaching facilities:

| | Number | Size | Sitting capacity |
|---------------------|--------|------|------------------|
| Seminar Rooms | | | |
| Demonstration Rooms | | | |

Signature of Assessor

Signature of Dean

Audiovisual Aids: Adequate / Inadequate.

6. Departmental Library:

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

7. Departmental Research Lab.

- Space
- Equipment.

8. Space:

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

9. Office Accommodation:

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

Office Space for Teaching Faculty:

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

10. Other Equipments (attach list):

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

12. Any other information.

Signature of Assessor

Signature of Dean

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

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

Degree Course -----

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

Signature of Assessor

Signature of Dean