

STANDARD ASSESSMENT FORM FOR PG COURSES YEAR 2018-19

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

SUBJECT – RADIO THERAPY***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
(RADIO-THERAPY)

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>
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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: _____

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	Recognised (Year:)	Permitted (Year:)	First LOP date when MBBS course was first permitted
(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				
Addl./Assoc Professor				
Asstt. Professor				
Senior Resident				

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

Signature of Dean

Signature of Assessor

6. Clinical workload of the Institution and Department concerned:

Parameter	Entire Hospital	Department of Radio-Therapy	
	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 Radio-Therapy	
		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 Dean

Signature of Assessor

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

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)

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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 Dean

Signature of Assessor

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 (superspecialities)		

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 Radio-therapy 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 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**

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES
(Radiotherapy)

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:
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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

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 Radiotherapy: _____
- Purchase of latest editions of books in last 3 years: Total: ___ Radiotherapy books _____
- Journals:

Journals	Total	Radiotherapy
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:
 - Investigative workload:
- (Approximate number of investigations done daily in entire hospital)

Radiology	On inspection day	Average (monthly)	Microbiology	On inspection day	Average (monthly)
Plain X-Rays			Bacteriology		
CT Scans			Serology		
MR Scans			Mycology		
Mammography			Parasitology		
Barium studies / IVP			Virology		
Ultrasonography			Immunology		
DSA					
Others					

Pathology	On inspection day	Average (monthly)	Biochemistry	On inspection day	Average (monthly)
Haematology			Blood chemistry		
Histopathology			Endocrinology		
FNAC			Other fluids		
Cytology					

In Radiotherapy Department	
Radiotherapy	
Teletherapy	
Brachy therapy	
Chemotherapy	

7. Operation Theatres:

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Day Care Caesarians Deliveries Total
Resuscitation arrangements	Adequate /Inadequate	Equipments	

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

Signature of Dean

Signature of Assessor

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

In the entire hospital		In the department of Radiotherapy	
OPD		OPD	
IPD (Total No. of Patients admitted)		IPD (Total No. of Patients admitted)	
Deaths		Deaths	

17. Total Number of Births in the Hospital during the last one year:
 Note: 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.*)
18. Recreational facilities: Available / Not available

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

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

21. Ethical Committee (Constitution):

22. 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: Radio-therapy

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 beds in the department:.....
- Number of Units in the department:.....
- Unit wise Teaching and Resident Staff (Annexed).....

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					Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Date wise teaching experience with designation & Institution						
													* 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. 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 Dean

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 Faculty joining and leaving after last inspection:

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

8 List of Non-teaching Staff in the department: -

S. No.	Name	Designation

9 Available Clinical Material: (Give the data only for the department of Radio-Therapy)

- No of units available for clinical service on inspection day:

	On inspection day	Average of 3 random days
• Daily OPD
• Daily admissions
• Daily admissions in Deptt. Through Casualty
- Average daily Brachytherapy
 - (1) Radiotherapy
 - (2) Teletherapy
 - (3) Brachytherapy
 - (4) TPS Plain
 - (5) Mould Room procedures
 - (6) Chemotherapy
- Bed occupancy in the Deptt.Percentage.....
- No. of Indoor patients on inspection day
- Weekly clinical work load for OPD & IPD -

Signature of Dean

Signature of Assessor

10 Year-wise available clinical materials (during previous 3 years) for department of Radio-Therapy

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Total number of patients given (a) Radiotherapy (b) Teletherapy (c) Brachytherapy (d) TPS Plain (e) Mould Room procedure (f) Chemotherapy			
Average daily investigative workload of the Department and its distribution • Radiology • Biochemistry • Pathology • Microbiology			
Average daily consumption of blood units in the department of Radio-Therapy			

Any other specialized services being provided by the department

11 Intensive Care facilities

I. ICU (High dependency beds)

- No. of beds:
- Beds occupied on inspection day:
- Average bed occupancy:
- Available equipment:

II. Dialysis section

III. Any other intensive care service provided:

12 Specialty clinics and number of patients in each, being run by the department.

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1					
2					
3					
4					
5					
6					
7					

Signature of Dean

Signature of Assessor

13. Services provided by the Department.**14. Departmental Library:**

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

15. Departmental Research Lab.

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

16. Departmental Museum

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

17. Departmental Space:

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

OPDIPD**18. 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

19. Accommodation for the Therapy Department

		Area (Sq.m.)	Functional status
1)	For Teletherapy		
2)	For Intracavitary		
3)	For Interstitial Implant		
4)	For Radio-Active-Material		
5)	For Radio-therapy Panning		
6)	For radio-Diagnosis section dedicated to Radiotherapy a) For similtor b) For Marker X-rays. c) For Ultrasonography d) For other imaging		
7)	Mould Room		
8)	Computer Room		
9)	Medical Physics Lab		
10)	Radio-Biology Lab		
11)	Medical Illustration and Photography		
12)	Dedicated O.T. (Major O.T.)		
13)	Minor O.T.		
14)	Indoor Beds		
15)	Daycare for Chemotherapy		

20. Clinico- Pathological conference

21. Death Review Meetings

22. Submission of data to national authorities if any -

Signature of Dean

Signature of Assessor

23. Details of the equipments available:

A) Equipments for Teletherapy

- Give the details of Radiotherapy Unit Stating Type of Unit Linear Accelerator (Electro/Photons). Cobalt Unit/Caesium units/Deep E-ray/superficial X-ray etc.
- EQUIPMENTS OF RADIO-SURGERY WITH DETAILS
- FACILITIES FOR INTRA OPERATIVE RADIOTHERAPY

B) Equipments for Brachytherapy

Specify dose rate (LDR/MDR/HDR), Manual/Remote, Pre-Loaded/After-Loading/Sources used.

- For Intracavitary
- For Interstitial
- For surface moulds
- For Ophthalmic applications
- For facilities for pre operative Radiotherapy

C) Equipments for Treatment Planning

Treatment planning done manually or with the help of Computerised Treatment Planning System. Furnish details of equipments

d) Facility for patient immobilisation-furnish details.

e) Facility for casting individualised shielding blocks-furnish details.

f) Facility for tissue compensation furnish details

g) Equipments for department of medical physics.

- Facilities for Dosimetry Equipments furnish details
- Facilities for Radiation Monitoring furnish details
- Facilities for Radiation Protection furnish details.
- Facilities for mould room equipment furnish details.

24. Safety Protocol followed for monitoring and prevention of Radiation Hazards

Protective measures

- What are the protective measures against radiation hazards.
- Are they strictly enforced.
- Is there any monitoring service
- What are the average doses received by the staff per year.
- Has anybody received any over dose during last year.
- What measures have been taken.

Signature of Dean

Signature of Assessor

25. AERB approval.
26. **Letter of Permission/Approval from the competent authority for Radiation Therapies ‘ (BARC)**

Are there any facilities for Radioactive isotope work, Diagnostic/Therapeutic give details.

27. **No. of patients treated in the department during the last three years.**

S.No.	Year I	Year II	Year III (Last year)
Total no. of patients registered			
Total no. of patients treated by Teletherapy			
Total no. of the patients treated by Brachytherapy			

Break-up of the patients disease wise

S.No.	Year I	Year II	Year III (Last year)
1. Head & Neck Cancer			
2. Cervix Cancer			
3. Breast Cancer			
4. Bronchogenic Cancer			
5. G.I.T. Malignancy			
6. Hodgkin's/Non-Hodgkin's Disease			
7. Leukaemia			
8. Urinary Tract Malignancy			
9. Testis.			
10. Ovary			
11. Bone Tumor			
12. Soft Tissue Sarcoma.			
13. Skin			
14. Others			
Total			

28. **Give numbers of Radiodiagnostic and imaging work in the department during last three years.**

Signature of Dean

Signature of Assessor

29. Academic outcome based parameters

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

30. 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 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 Dean

Signature of Assessor