

**Kerala University of Health Sciences**  
**Thrissur**



**Inspection Proforma for Starting /Enhancement of seats of  
M.D. Immuno Haematology and Blood Transfusion course**

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

Reference\_\_\_\_\_

Particulars of the Assessor:-

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

- |                     |                     |
|---------------------|---------------------|
| 1. Name - .....     | 2. Name - .....     |
| Speciality - .....  | Speciality - .....  |
| Designation - ..... | Designation - ..... |
| 3. Name - .....     |                     |
| Speciality - .....  |                     |
| Designation - ..... |                     |

**Part-I (Institutional Information)**

**A). General Information**

1. Name of Institution: .....
- 2.. Particulars of Head  
of the Institution  
(Director/Dean/Principal  
whosoever is head)
  - ◆ Name:
  - ◆ Age :

- ◆ PG Degree } University  
Institution  
Year
- ◆ Total teaching experience(give details)

3. Previous Assessment of the college by MCI and KUHS if any (Attach copy): -

- Date
- Purpose, (for starting/increase of seats/ for recognition)
- Deficiencies pointed out, if any.

4. Purpose of present Assessment:

5. Mode of selection of students:

**B) DETAILS OF THE COURSES CONDUCTED BY THE COLLEGE**

(UG/PG DEGREE/DIPLOMA/SUPER SPECIALITY)

Sl No	Name of the course	No of seats	Year of commencement of course

(Details of courses should be attached in separate sheet in the specified proforma if necessary)

**C) Institutional facilities:**

1. Annual Plan & Non-plan budget allotted and utilized in the last three years.  
(separate list should be attached)
2. Statement of Salary paid to the faculty staff during the last three years.  
(separate list should be attached)

1. Requirements for admission

Sl no	Infrastructure facilities	LOP(In Batch)	1 <sup>st</sup> Renewal (2 <sup>nd</sup> Batch)	IInd Renewal (3rd Batch)	IIIrd Renewal (4 <sup>th</sup> Batch)	Ivth Renewal (5 <sup>th</sup> Batch)	Recognition
1	Lecture Theatre (A) In College Building	a) Number					
		b)Capacity					
		c) Type					
	(b) In Hospital Building	a) Number					
		b)Capacity					
		c) Type					
2	Examination Hall	Capacity					
		Number					

3	Central Library(Air Conditioned)	a)Area(sq.m)		
		b)Seating capacity		
		c)Books		
		d)Journals (Indian+Foreign)		
		e) Purchase of latest editions in last 3 years.		
		f)Year/month upto which Journals available		
		g)Internet /Medlar/ Photocopy facilities available/ not available		
		h) Library opening timings:		
		i)Reading facility out of route library hours		
		j)Library staff.		
4	Hostel	a) Boys/ Girls capacity		
		b) Residents capacity		
	(Hostel/Qtr)	c) Nurses accommodation @ 20%		
		d) Interns Hostel @ 100%		
5	Residential Quarters	a) Teaching @20%		
		b) Non-Teaching @20%		
6	Bed distribution		Bed Occupancy on the day of Inspection	
7	Medicine & Allied	a) General Medicine	Bed	
			unit	
		b)Paediatrics	Bed	
			unit	
		c) TB & Chest	Bed	
			unit	
		d) Skin V D	Bed	
			unit	
		e) Psychiatry	Bed	
			unit	
	Total			
8	Surgery & Allied	a) General surgery	Bed	
			unit	
		b) Orthopaedics	Bed	
			unit	
		c)Ophthalmology	Bed	

			unit		
		d) ENT	Bed		
			unit		
		Total			
9	OBG	a) Obstetrics & ANC	Bed		
			unit		
		b) Gynaecology	Bed		
			unit		
		Total			
		Grand Total			
10	OPD				
11	Bed Occupancy %				
12	OT	a) AC/Non AC			
		b) Numbers			
		c) Equipment(s)			
		d) Pre-Anaesthetic Clinic			
		e) Post-anaesthetic care area.			
		f) Resuscitation arrangement adequate/ inadequate			
		g) Pain Clinic			
		h) Total Anaesthesia staff			
		i) Average No. of cases operated daily	Major		
			Minor		
13	ICU	a) ICCU ICU PICU/NICU SICU			
		b) Casualty Beds			
14	Radiology	a) Static unit-i) 300mA ii) 600mA iii) 800mA IITV Fluoroscopy			
		b) Mobile Unit-i) 60mA ii) 100mA			
		c) USG (Color)			
		d) CT Scan (Minimum-16 Slice-Spiral) Any other			
		Mammography			
		Ba Studies/IVP			
		Others			
15	Radiotherapy	Radiotherapy			
		Teletherapy			
		Brachy therapy			
16	Pathology	Haematology			
		Histopathology			
		FNAC			

		Cytology	
17	Microbiology	Bacteriology	
		Serology	
		Mycology	
		Parasitology	
		Virology	
		Immunology	
18	Biochemistry	Blood Chemistry	
		Endocrinology	
		Other fluids	
19	Paramedical & Non Teaching Staff		
20	Nursing Staff	a)Nursing Supdt.	
		b)Dy. Nursing Supdt.	
		c)Asstt. Dy.Nursing Supdt.	
		d)Nursing Sister	
		e)Staff Nurse	
		Total	
21	Practical Laboratories(College Building)		
22	Central Laboratory Working Hours (Hospital)	Controlling Department.	
		Investigative workload	
23	Blood Bank Licence No. & Date Average daily consumption of blood	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	
24	Central Research Lab	Whether there is any Central Research Lab.	
		Administrative Control	
		Staff	
		Equipment	
		Work load.	
25	Average daily patients attendance	OPD	
		IPD	
		Average of bed occupancy rate	

		Year-wise average daily patient attendance (during previous period three years)	
26	College Council (Constitution)		
27	PG Committee (Constitution)		
28	Ethical Committee (Constitution)		
29	Medical Education Unit (Constitution). (Specify number of meetings of these bodies held annually & minutes thereof)		
30	Department of Illustration/Photography (Artist, Modeller, Photographer)		
31	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	
32	Central Supply of Oxygen/Suction: Available/ Not available		
33	Incinerator	Available/ Not available.	
		Functional/ not functional	
		Capacity	
34	Generator Facility Available/ Not available. Capacity:		
35	Medical Record Section: Computerized/ Not computerized.		
36	Animal House Available/ not available adequate / inadequate.		
37	Central Workshop: Available/not available adequate / inadequate.		
38	Recreational facilities:	Play grounds.	
		Gymnasium	
		Auditorium	

#### **D. Cardinal Deficiencies (if any)**

##### 1. Infrastructure

2. Equipments

3. Clinical material

4. Faculty and Residents(Separately)

5. Academic training

**PART II**

**Standard Assessment Form for Postgraduate courses**

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

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

**2. Particulars of the Assessor:-** \_\_\_\_\_ **Assessment Date** \_\_\_\_\_

**3. (Institutional Information)**

**A). Particulars of college**

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				

<b>State</b>				
<b>Pin Code</b>				
<b>Phone (Off) (Res) (Fax)</b>				
<b>Mobile No.</b>				
<b>E.mail:</b>				

**B). Particulars of Affiliated University**

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

**Signature of Dean/Principal**



## **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
Recognised / Not Recognized				

### **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 IHBT: \_\_\_\_\_
- Purchase of latest editions of books in last 3 years: Total:\_\_\_ IHBT books \_\_\_\_
- Journals:

Journals	Total	IHBT
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

#### 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					

#### Radiotherapy (Optional)

Radiotherapy	
Teletherapy	
Brachy therapy	

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**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 cases 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  
 6. ICD10 classification Used / Not used

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 IHBT	
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						

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)

**Director/Dean/Principal**

**Departmental Information**

1 **Department inspected: Immuno Haematology and Blood Transfusion**

(i) When was the independent department of Immuno Haematology and Blood Transfusion started (Give copy of Administrative order from competent authority)

(ii) List full time faculty members working in this department since the inception of department.

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				
			<b>Grand Total</b>	

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, yearwise 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	

**5. 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		
IVth Year		

**6 General Departmental facilities:**

- Total number of Laboratories in the department of IHBT

Nomenclature	Donor bleeding room	Testing Lab.	Component lab.	Research Lab.	Demo. room	Seminar Room
Size (Area)						
Capacity						
Water Supply						
Sinks						
Electric points						
Cupboards for storage & Microscopes						
List of equipments						

Give details of activity/services which the department provide beyond routine blood and component supply:

**Teaching and Resident Staff:**

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

**Note:** \*Publications : Give only full articles in indexed Journals published during the period of promotion

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

6. Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college after 01.03.2015. If yes, give details.

7 List of Faculty who joined and left after last inspection:

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

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

S.No.	Name	Designation

9. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids available: Adequate / Inadequate.

10. Departmental Library:

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

11. Departmental Museum

- Space
- No. of specimens
- Charts/ Diagrams

12. Office Accommodation:

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

13. Office Space for Teaching Faculty:

- HOD
- Professor
- Assoc. Prof./ Reader
- Lecturer/ Asstt. Professor
- Residents room

14. Investigative workload

Year-wise available investigative workload (during previous three years) for the department of IHBT)

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of Blood units supplied			
Total number of Blood components supplied			
Average daily total blood units and components supplied			
Specialized services provided by the department. Give details.			

15. Equipments:

List of important equipments available and their functional status.

.....  
.....  
.....  
.....

16. Facilities for Practicals/Research.

- Details of facilities to carry out theory and practical classes for UG students as per the recommendations of Medical Council of India.
- Details of facilities to carry out additional classes and practicals at PG level.
- Details of laboratories and other facilities to carry out research work.

17. List of different services provided by the department (other than routine supply of blood and components) and activities in which the department remains engaged.

18. Haematology :

- No. of samples per year .....
- No. of following investigations :  
Complete Blood count ..... E.S.R. ....  
Reticulocyte count ..... Absolute eosinophil count .....  
Bone marrow aspiration ..... B.M. Biopsy .....
- PT                      APTT                      TT
- Facilities available for work up of :Name the investigation done and number/y  
-Coagulation disorders .....  
-Leukemia .....  
-Nutritional anaemia .....  
-Hemolytic anaemia .....  
-Thalassemia.....

19. **Blood banking :**

- No. of units issued per year .....
- No. of units collected per year .....  
Voluntary                      Replacement
- No. of ABO grouping .....



- No. of Rh grouping .....
- No. of cross matching .....
- No. of cases of difficulty in blood grouping, matching:
- Further investigations done in them:
- No. of samples in which antibodies identified .....
- No. of samples tested for - HIV .....
- HB .....
- HC .....
- VDRL .....
- Malaria .....
- Facilities available for preparation of blood components.....  
(List the components supplied)

20 . List of publications from the department during the last 3 years in indexed journals.

21. Any submission of data to national authorities , if applicable

**22. 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 |

3. Any other information

**Director / Dean / Principal**

**Head of Department**

**PART III**

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

1. Minimum prescribed period of training.
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 Annexure 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 1<sup>st</sup> batch pass out (mention name of previous/existing University)

Degree Course -----

**Signature of Dean/Principal/Director**

**Signature of Assessors**

- 1.
- 2.
- 3.