

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



**Inspection Proforma for Starting /Enhancement of seats of  
MS in Obstetrics and Gynaecology / Diploma in Obstetrics and  
Gynaecology courses**

(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.	
		Working Hours.	
		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**

**KERALA UNIVERSITY OF HEALTH SCIENCES**  
**STANDARD ASSESSMENT FORM – PART II**

**1 Department inspected: OBST. & GYNAE.**

**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

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

**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	

**5 General Departmental facilities:**

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



# 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			Council Reg. No.	Experience Date wise teaching experience with designation & Institution					Signature of Faculty Member	
					Subject with Year of passing	Institution	University		Designation	Institution	From	To	Total Period		* Benefit of publications given in promotion Yes/No, if yes List publications

**Note:** Unit wise teaching/Resident Staff should be shown separately for each unit in the proforma.  
Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

\*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 unit wise distribution is given the faculty table above.

Signature of Assessor

Signature of Dean

**6** List of Non-teaching staff (paramedical) in the department: -

S.No.	Name	Designation
1	Nurses	
2	Technicians(OT, Lab. Etc.)	
3	Counsellors	
4	Others	

**7** Available Clinical Material: **(Give the data only for the department of OBST. & GYNAE)**

- No. of Units available for OPD service on inspection day:  
No. of Units available for OT service on inspection day:

	On inspection day		Average of 3 random days	
	Obst.	Gynae	Obst.	Gynae
Daily OPD cases				
Daily admissions from OPD				
Daily admissions through casualty				
Total daily admissions				
Operations Major Minor Day Care (Do not include caesarians in this)				
Deliveries: Normal (vaginal) Operative - Vaginal Operative - Caesareans				
Number of IPD on inspection day				
Bed occupancy in the Deptt.(%)				
Bed occupancy (total cases)				

8. Year-wise available clinical materials (during previous 3 years) for department of Obst. & Gynae.

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of patients in OPD			
Total number of patients in IPD			
Operations Major Minor Day Care (Do not include caesarians in this)			
Deliveries: Normal (vaginal) Operative - Vaginal Operative - Caesareans			
Investigative workload of the Department and its distribution (average daily) <ul style="list-style-type: none"> <li>• Radiology</li> <li>• Biochemistry</li> <li>• Pathology</li> <li>• Microbiology</li> </ul>			
Average daily consumption of blood units in the department			

**11** Intensive Care facilities

I. LABOUR ROOM

- \* Number of labour rooms .....
- \* Number of delivery tables .....
- \* AC/Non-AC .....
- \* Monitoring facilities .....
- \* Eclampsia room .....

II. ICU/HDU

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

III. NICU

- No. of Beds .....
- Equipment .....
- Average bed occupancy .....

IV. Any other intensive care service provided: .....

**9** Speciality clinics being run by the department and number of patients in each

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Ante-Natal Clinic				
2.	High Risk pregnancy Clinic				
3	Post Natal Clinic				
4	Cancer Clinic				
5	Infertility Clinic				
6	Gynae Endocrine Clinic				
7	Family Planning Clinic				
8	Menopausal Clinic				
9	Any other				

**10. Services provided by the Department.**

- \* Ultrasonography
- \* Pre-Natal Diagnosis
- \* High risk pregnancy management
- \* Endoscopy
- \* Colposcopy/Cancer Screening Programme
- \* Cryocautery/LEEP
- \* Oncology
- \* Intra Utrine Insemination
- \* Artificial Reproductive Technology
- \* Others

**11** Departmental Library:

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

**12.** Number of OBG Books and Journals available in Central library  
Books  
Journals  
E Journals

**13** Departmental Research Lab.

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

**14** Departmental Museum

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

**15** Space:

OPD

IPD

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

**16.** Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids: Adequate / Inadequate

**17** Office space:

Departmental Office

Office Space for Teaching

Faculty

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

HOD  
Professors  
Assoc. Prof  
Asstt Prof.  
Residents

**18.** Clinico- Pathological conference

**19.** Death Review Meetings

**20.** Submission of Data to national authorities

**21.** Publications from the department during the last 3 years in indexed journals.

- No. of publications from the department during the Indexed (Full Articles only, No case reports or Abstracts)

last three years.

**22 Equipments: List of important equipments available and their functional status**

*(List here only – NO annexure to be attached)*

Multiparameter Monitors	
Pulse Oxymeters	
Infusion pump	
CTG Machines	
USG machines	
Portable	
Non-portable	
Colposcope	
Laproscope	
Hysteroscope	
Cryo/LEEP Caутery	

Other equipments if any

**23. 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

24. Any other information.

**Director/Dean/Principal**

**Head of Department**

**Signature of Dean with date**

**Signature of Assessors**

1.

2.

3.