

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



**Inspection Proforma for Starting/Enhancement of seats of  
MD Radiodiagnosis/Diploma in Medical Radiodiagnosis 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 (3 <sup>rd</sup> 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) Causality 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)CTScan(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

Standard Assessment Form for Postgraduate courses

### **(Radio-Diagnosis)**

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

KUHS 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				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

#### B). Particulars of Affiliated University

Item	University
Name	
Address	
State	

**Signature of Director/Dean/Principal**



**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		

- **Central Library**

- Total number of Books in library:
- Books pertaining to Radio-Diagnosis:
- Purchase of latest editions of books in last 3 years: Total:  
Radio-Diagnosis books:
- Journals:

Journals	Total	Radio-Diagnosis
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)*

- **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).

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

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

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

**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  
 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	
OPD	
IPD (Total No. of Patients admitted)	
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
--------------	-----------

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: Radio-Diagnosis**

**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, 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	
2018			
2017			
2016			
2015			
2014			

**5 Details of Teaching and Resident Staff (Annexed).....**

### Unit wise Teaching and Resident Staff:

Unit \_\_\_\_\_

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 :** 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 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 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 Daily investigative workload :

- Total number of plain X-rays daily:
- Daily Ultrasound
- Daily CT Scan
- Daily MRI
- Special Investigations like Barium study/IVP etc.
- Mammography
- CT guided procedures like FNAC
- Ultrasound guided/procedures like FNAC/Aspirations.
- DSA
- Others

10 Year-wise investigative workload (during previous 3 years) for department of Radio-Diagnosis.

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of Conventional Radiology (X-Rays.)			
Total number of Contrast Radiology(Ba.IVP)			
Total number of Ultrasound (Gray Scale)			
Total number of USG (Colour Doppler)			
Ultrasound guided FNAC/Biopsy			
CT Scans			
CT guided Biopsy/FNAC			
• Ultrasound guided FNAC/Aspirations etc.			
MRI(Plain & contrast)			
Angiography (conventional/DSA)			
Mammography			

Any other specialized services being provided by the Department .....

11. Specialty clinics being run by the department, if any.

12. Services provided by the Department, if any.

13. Departmental Library:

6. Total No. of Books.

7. Purchase of latest editions in last 3 years.
8. No. of Journals
14. Departmental Research Lab.
- Space
  - Equipment
  - Research projects utilizing Deptt research lab.
15. Departmental Museum (Wherever applicable).
- Space:
  - No. of specimens
  - Charts/ Diagrams.
16. Space: No. of rooms
- Patient Exam. Arrangement for FNAC etc.:
  - Equipments
  - Teaching Space
  - Waiting area for patients.
17. Office space:
- |                          | <u>Departmental Office</u> | <u>Office Space for Teaching Faculty</u> |
|--------------------------|----------------------------|------------------------------------------|
| • Space                  |                            | HOD                                      |
| • Staff (Steno / Clerk). |                            | Professors                               |
| • Computer/ Typewriter:  |                            | Assoc. Prof<br>Asstt Prof.<br>Residents  |
18. Clinico- Pathological conference
19. Death Review Meetings
20. Submission of PNDT Data to authorities
21. Publications from the department during the last three years. Indexed
- (Give only full articles published in indexed journals. No case reports or abstracts be given.)
22. Equipments: List of important equipments available and their functional status  
(List here only - NO annexure to be attached)
- X-ray Machines:  
Number of Static Machines with capacity :
- Number of portable Machines with capacity
- X-ray machines with T.V. imaging facility :



Fluroscopy/Image intensifier unit  
CT Scan                              Year of manufacture  
(16 slice or above)  
MRI(How many Tesla):      Year of manufacture  
Mammography Machine:  
Ultrasound Machine (Grey scale)  
Ultrasound Machines with Colour Dopplar.  
DSA  
P.E.T. Scan (Optional)  
M.R.I (1.5 Tesla or more)

23. Radiation Protection Measures being taken or not?  
- No. of TLD Badges issued and renewed upto .....
- AERB Sanction obtained or not

**24. 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 |

25. Any other information.

**Signature of Director/Principal/Dean      Signature of Head of Department**

## **Signature of Assessors**

**1.**

**2.**

**3.**