

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



**Inspection Proforma for Starting /Enhancement of seats –  
MD Microbiology 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) 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**  
**(DEPARTMENTAL INFORMATION)**

**1 Department inspected: Microbiology**

**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				
Any Other		Grand Total		

a) **Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats /  
Renewal of recognition/Compliance Verification

b) Date of last KUHS inspection of the department: \_\_\_\_\_  
(Write Not Applicable for first KUHS inspection)

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

d) Result of last Inspection: \_\_\_\_\_  
(Copy of KUHS 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	

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			<u>Experience</u> Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period	* 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 Assessor

5. 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 Non-teaching Staff in the department: -

S.No.	Name	Designation

8. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

9. Investigative workload

(a) Year-wise available operative workload (during previous three years) for the entire hospital

Parameters	Year 1	Year 2	Year 3 (Last Year)
Bacteriology			
Serology/Immunology			
Mycology			
Parasitology			
Virology			
Molecular			
Others			

- 10 Departmental Library:

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

- 11 Departmental Research Lab.

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

Signature of Dean

Signature of Assessor

12 Departmental Museum (Wherever applicable).

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

13 Space:

	OPD	IPD
No. of rooms in		

- Patient Exam. arrangement:
- Equipments
- Teaching Space
- Waiting area for patients.

14 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	

15. Clinico- Pathological conference

16. Submission of data to national authorities if any -

17. **Equipments: List of important equipments available and their functional status**  
(List here only – No annexure to be attached)

S.No.	Particulars	Available	Not-available	Functional	Non-Functional
1	Binocular Microscopes				
2	BOD Incubator				
3	Bacterio incubator				
4	Autoclave				
5	Centrifuge				
6	VDRL Shaker				
7	Eliza – Waslier				
8	Eliza – Reader				
9	20 C Deep Freezer				
10	Laminan flow Honi 2				
11	Laminan flow veit				
12	Bio Saftey cabinet				
13	Digital Water bath				

Signature of Dean

Signature of Assessor

**18. 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 |

**19. Any other information.**

Signature of Dean

Signature of Assessor