# <u>Kerala University of Health Sciences</u> <u>Thrissur</u>



# Inspection Proforma for Starting /Enhancement of seats of MD Pharmacology

(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 -		

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:

# <u>B)</u> **DETAILS OF THE COURSES CONDUCTED BY THE COLLEGE** (UG/PG DEGREE/DIPLOMA/SUPER SPECIALITY)

S1 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)

## <u>C)</u> 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)
  - 2. Requirements for admission

Sl no	Infrastructu	re facilities	LOP(In Batch)	st nd 1 Renewal (2 Batch)	IInd Renewal (3rd Batch)	IIIrd Renewal th (4 Batch)	Ivth Renewal th (5 Batch)	Recognition
1	Lecture Theatre	a) Number						
	(A) In College Building	b)Capacity						
	Dunding	c) Type						
	(b) In Hospital	a) Number						
	Building	b)Capacity						
		c) Type						
2	Examination	Capacity						
	Hall	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.			
		a) Boys/ Girls		 	
	TT / 1	capacity			
	Hostel	b) Residents			
4		capacity			
		c) Nurses accommodation @			
	(Hostel/Qtr)	20%			
		d) Interns Hostel @ 100%			
		a) Teaching @20%			
5	Residential				
	Quarters	b) Non-Teaching @20%			
6	Bed distribution				Bed Occupancy on the day of Inspection
		a) General	Bed		
		Medicine	unit		
		b)Paediatrics	Bed		
			unit		
	Medicine &	c) TB & Chest	Bed		
7	Allied		unit		
		d) Skin V D	Bed		
			unit		
		e) Psychiatry	Bed		
		,	unit		
		Total			
		a) General surgery	Bed		
			unit		
		b) Orthopaedics	Bed		
8	Surgery & Allied	b) Orthopaedies	unit		
0	Surgery & Ameu	c)Ophthalmology	Bed		
		e) o primario ogg	unit		
		d) ENT	Bed		
			unit		
		Total			
		a)Obstetrics &ANC			
			unit		
9	OBG	b) Gynaecology	Bed	 	
		Total	unit		
		Grand Total			
10	OPD				
10	Bed Occupancy				
	%				
10	07	a)AC/Non AC			
12	OT	b)Numbers			
		c)Equipment(s)			
		d) Pre-Anaesthetic Clinic			
		e) Post-anaesthetic c	are		
		area.	uit		
		f) Resuscitation arrangement adequa inadequate	te/		
		g) Pain Clinic			
		h) Total Anaesthesi	a		
		staff			

		i) Average No. of cases operated daily	Major
			Minor
		a) ICCU ICU	
13	ICU	PICU/NICU SICU	
		b) Causality Beds	
		a) Static unit-i))300mA	
		ii)600mA iii)800mA	
		IITV Fluoroscopy	
		b) Mobile Unit-i)60mA ii)-100mA	
14	Dedialarea	c)USG (Color)	
14	Radiology	d)CTScan(Minimum-16	
		Slice-Spiral) Any other	
		Mammography	
		Ba Studies/IVP	
		Others	
		Radiotherapy	
15	Radiotherapy	Teletherapy	
		Brachy therapy	
		Haematology	
16	Pathology	Histopathology	
		FNAC	
		Cytology	
	Microbiology	Bacteriology	
		Serology	
17		Mycology	
		Parasitology	
		Virology	
		Immunology	
18	Biochemistry	Blood Chemistry Endocrinology	
10	Biochemistry	Other fluids	
19	Paramedical & No		
15		a)Nursing Supdt.	
		b)Dy. Nursing Supdt.	
20	Nursing Staff	c)Asstt. Dy.Nursing Supdt.	
		d)Nursing Sister	
		e)Staff Nurse	
		Total	
21	Practical Laborato	ries(College Building)	
		Controlling	
22	Central Laboratory Wor	Department.	
22	(Hospital)	king Hours.	
		Investigative workload	
		No. of blood units	
	Blood Bank	available:	
23	Licence No. & Date	Average blood units consumed daily:	
25	Average daily consumption of	Facilities of blood	
	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	
		Whether there is any Central Research Lab.	
		Administrative Control	
24	Central Research Lab	Staff	
		Equipment	
		Work load.	
-		OPD	
		IPD	
		Average of bed	
0.5	Average daily	occupancy rate	
25	patients attendance	Year-wise average	
		daily patient attendance (during	
		previous period three years)	
26	College Council (	-	
20	PG Committee (Co		
27	Ethical Committee		
28		n Unit (Constitution).	
2)		of meetings of these	
		ly & minutes thereof)	
30		stration/Photography	
	(Artist, Modellor,		
		Available Space	
		No. of beds	
		Equipment(s)	
		Available staff	
		(Medical/Paramedical)	
21	Emergency/	No,.of cases (Average	
31	Casualty Department	daily attendance of	
		patients)	
		Investigative facilities	
		available (round the	
		clock)	
		Facilities available	
32	Central Supply of C Available/ Not ava	Dxygen/Suction: ailable	
		Available/ Not available.	
33	Incinerator	Functional/ not functional	
		Capacity	
34	Generator Facility Available/ Not avai		
	Capacity:		
35	Medical Record S	ection:	
	Computerized/ Not		
36	Animal House Av	ailable/	
	not available adeq	uate /	
	inadequate.		
37	Central Workshop available adequate		
		······································	
		Play grounds.	
38	Recreational facilities:	Gymnasium	
	racinues:	Auditorium	

# D. Cardinal Deficiencies (*if any*)

#### a) Infrastructure

- b) Equipments
- c) Clinical material
- d) Faculty and Residents(Separately)
- e) Academic training

# <u> PART – II (Departmental Information)</u>

1	Department inspected:	Pharmacology
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2 Particulars of HOD

 Name:
 \_\_\_\_\_\_Age:
 (Date of Birth)

PG Degree	Year	Institution	University
Recognised/ Not Recognized			

### **Teaching Experience**

Designation	Institution	From	ТО	Total
				experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
		G	rand 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 N		No. of PG Teachers available in the dept.
	Degree	Diploma	(give names)
2016			
2015			
2014			
2013			
2012			

#### 5 General Departmental facilities:

Total number of Laboratories in the department:.....

Nomenclature	Clinical Pharma cology	Pharma cy	Experi mental Pharma cology	Research Lab.	Demo. room	Seminar Room	Any other lab.
Size (Area)							
Capacity							
Water Supply							
Sinks							
Electric points							
Cupboards for Storage & No. of Microscopes							

FORM-MCI-13((PHARMACOLOGY)

## Unit wise Teaching and Resident Staff:

Unit \_\_\_\_\_

Bed Strength\_\_\_\_\_

11

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	То	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)	

Note: 2. 3.

1. 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 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. Experience of Defence services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

5.

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

7. 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

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

S.No.	Name	Designation

- 9. Services provided by the Department
  - Special Diagnostic facilities being provided by the department, if any.
- 10. Departmental Library:
  - Total No. of Books.

Purchase of latest editions in last

3 years. Number of Journals

11. Departmental Museum

Space:

No. of

specimens

Charts/

Diagrams.

- **12.** Departmental Research Lab.
  - Space

Equipme

nt

#### **13.** Office Accommodation:

Departmental Office

Space

Staff (Steno /Clerk).

Computer/ Typewriter:

**14.** Office Space for Teaching Faculty:

HOD

Professor

Assoc. Prof./ Reader

Lecturer/ Asstt.

Professor

Demonstrator

15.	Equipments:	
List of important equipments available and their functional status.		

S.No.	Particulars	Available	Not Available	Functional	Non- Functional
1	Analgesiometer				
2	Assembly perfusion Operator for Mammalian Heart				
3	Physiograph				
4	Cook's pole Climbing apparatus /any other equipments for behavioral studies				
5	Digital pH meter				
6	Electronconulsiometer				
7	Flame photometer				
8	Photoectometer				
9	Rota Rod				
10	Phethysmograph				

**16.** Facilities for Practical's/Research.

Facilities to carry out theory and practical classes for UG students as per the recommendations of Medical Council of India. YES/NO

Facilities to carry out additional classes and practical at PG level. YES/NO

Laboratories and other facilities to carry out research work. YES/NO

#### **17.** Animal House

CPCSEAguidelines followedYES/NOAnimal Ethics Committee in place?YES/NO AdditionalTechnology used to minimize animal ExperimentationYES/NO

#### **18.** Academic outcome based parameters

(a)	Theory classes taken in the last 12 month Designation Available & Ve			
	of teachers, Attendance sheet)	Not available		
(b)	Clinical Seminars in last 12 months Designation Available & Vo	Number_(Dates, Subjects, Name & erified/		
	of teachers, Attendance sheet)	Not available		
(c)	Journal Clubs held in last 12 months Designation Available & Ve of teachers, Attendance sheet)	Number (Dates, Subjects, Name & erified/ Not available		

(d) Case presentations held in last 12 months Number (Dates, Subjects, Name &

#### Signature of Dean

Designation Available & Verified/ of teachers, Attendance sheet) Not available

- (e) Group discussions held in last 12 months Number (Dates, Subjects, Name & Designation Available & Verified/
   of teachers, Attendance sheet) Not available
- (f) Guest lectures held in last 12 months Designation Available & Verified/
   of teachers, Attendance sheet) Not available

**<sup>19.</sup>** Any other information.

#### РАКТ Ш

#### **POSTGRADUATE EXAMINATION** (Unly 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 1<sup>st</sup> 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