

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Starting /Enhancement of seats of MD
Radiotherapy/DMRT 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 st Renewal (2 nd Batch)	IInd Renewal (3rd Batch)	IIIRD Renewal (4 th Batch)	Ivth Renewal (5 th 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	Capacity					

	Hall	Number	
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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	
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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.	
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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	

PART II

STANDARD ASSESSMENT FORM FOR PG COURSES YEAR 2018-19

(Report in this SAF prescribed for the year 2018-19 will only be accepted)

SUBJECT – RADIO THERAPY

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES**(RADIO-THERAPY)****SUMMARY**

Date of Assessment: _____

Name of Assessor: _____

1. Name of Institution (Private / Government)	Director / Dean / Principal (Who so ever is Head of Institution)	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	
	Subject	

2. Department inspected	Head of Department	
	Name	
	Age & Date of Birth	
	Teaching experience	
	PG Degree (Recognized/Non-R)	

3. (a). Number of UG seats	Recognised (Year:)	Permitted (Year:)	First LOP date when MBBS course was permitted
(b). Date of last inspection for	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

4. Total Teachers available in the Department:

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Addl./Assoc Professor				
Asstt. Professor				
Senior Resident				

*Note: Count only those who are physically present.***5. Number of Units with beds in each unit:**

6	Number of patients on the day of inspection in the department concerned (ENT)	OPD	IPD	Casualty	Bed occupancy	Surgeries
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Signature of Dean

Signature of Assessor

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7. Year-wise available clinical materials (during previous 3 years) for department of ENT .
(Year means calendar year 1st January to 31st December)

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of patients in OPD			
Total number of patients admitted (IPD)			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Operations 1. Major 2. Minor 3. Daycare 4. Total No. of Histopathology specimens sent			
Average daily investigative workload of the Department and its distribution • Radiology • Biochemistry • Pathology • Microbiology			
Average daily consumption of blood units in the department			

Note : 1. Year means calendar year (1st January to 31st December)
2. IPD means total number of patients admitted (Not total occupancy of the year)

8 Investigative work load on the day of inspection (Entire hospital)

Radiology		Biochemistry	Pathology		Microbiology	Blood units consumed
MRI			Histopathology			
CT			FNAC			
USG			Haematology			
Mammography			Others			
IVP/ Barium etc						
Plain X-Rays						
DSA						
Any other						

9. Publications from the department during last 5 years : *(Give only full articles published in indexed journals. No case reports or abstracts be given)*

Signature of Dean

Signature of Assessor

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for signatures.

Signature of Dean

Signature of Assessor

10	Blood Bank	License valid	Yes / NO(enclose copy)
		Blood component facility available	Yes / NO(enclose copy)
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

11. Space (OPD, IPD, Offices, Teaching areas)

Adequate / Inadequate

12.	Library		Central	Departmental
		Number of Books		
		Number of Journals		
		Latest journals available upto		

13. Casualty Number of Beds _____ Available equipment _____ Adequate / Inadequate

14. Common Facilities

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsourced / any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD10 classification Used / Not used

15. Total number of OPD, IPD and Deaths in the Institution and department concerned during the last one year:

In the entire hospital		In the department of ENT	
OPD		OPD	
IPD (Total Number of Patients admitted)		IPD (Total Number of Patients admitted)	
Deaths		Deaths	

16. 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 obtained*)

Note : Year means calendar year (1st January to 31st December)

17. Accommodation for staff

Available / Not available

18	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
1	No.						
	No. of Students						
	No. of Rooms						

Signature of Dean

Signature of Assessor

19	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted Seats	Date of permission
		Degree				
		Diploma				

20. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

21	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

22. 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		

23.List of Departmental Faculty joining and leaving after last inspection:

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

24. Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Sr. Residents			
Jr. Residents			
Tutor/ Demonstrator			
Any Other			

Signature of Dean

Signature of Assessor

25. Final remarks by the Assessor.

(No recommendations regarding permission / recognition be made. Give only factual position).

(No separate confidential remarks be sent)

STANDARD ASSESSMENT FORM FOR POSTGRADUATE COURSES

(Radiotherapy)

1. Name of Institution: _____

MCI Reference No.: _____

2. Particulars of the Assessor:- _____ Assessment Date _____

Name Designation Specialty Name & Address of Institute/College	Residential Address (with Pin Code) Phone .(Off)(Resi.) (Fax)..... Mobile No. E-mail:
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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	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone			

Signature of Dean

Signature of Assessor

(Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Dean

Signature of Assessor

PART – I
(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
<i>Recognised / Not Recognized</i>				

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 Radiotherapy: _____
- Purchase of latest editions of books in last 3 years: Total: ___ Radiotherapy books _____
- Journals:

Journals	Total	Radiotherapy
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

Signature of Dean

Signature of Assessor

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					

In Radiotherapy Department	
Radiotherapy	
Teletherapy	
Brachy therapy	
Chemotherapy	

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

- ICD10 classification

Used / Not used

Signature of Dean

Signature of Assessor

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 Radiotherapy	
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						
	Status of cleanliness						

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)

Signature of Dean

Signature of Assessor

PART – II (Departmental Information)

1. **Department inspected:** **Radio-therapy**

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, 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	
2016			
2015			
2014			
2013			
2012			

5. **Departmental General facilities:**

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

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			Experience 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 Dean

Signature of Assessor

6. 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 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 Available Clinical Material: (Give the data only for the department of Radio-Therapy)

- No of units available for clinical service on inspection day:

	On inspection day	Average of 3 random days
• Daily OPD
• Daily admissions
• Daily admissions in Deptt. Through Casualty
- Average daily Brachytherapy
 - (1) Radiotherapy
 - (2) Teletherapy
 - (3) Brachytherapy
 - (4) TPS Plain
 - (5) Mould Room procedures
 - (6) Chemotherapy
- Bed occupancy in the Deptt.Percentage.....
- No. of Indoor patients on inspection day
- Weekly clinical work load for OPD & IPD -

Signature of Dean

Signature of Assessor

10 Year-wise available clinical materials (during previous 3 years) for department of Radio-Therapy

Parameters	Year 1	Year 2	Year 3 (Last Year)
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Total number of patients given (a) Radiotherapy (b) Teletherapy (c) Brachytherapy (d) TPS Plain (e) Mould Room procedure (f) Chemotherapy			
Average daily investigative workload of the Department and its distribution • Radiology • Biochemistry • Pathology • Microbiology			
Average daily consumption of blood units in the department of Radio-Therapy			

Any other specialized services being provided by the department

11 Intensive Care facilities

I. ICU (High dependency beds)

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

II. Dialysis section

III. Any other intensive care service provided:

12 Specialty clinics and number of patients in each, being run by the department.

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1					
2					
3					
4					
5					
6					
7					

Signature of Dean

Signature of Assessor

13. Services provided by the Department.

14. Departmental Library:

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

15. Departmental Research Lab.

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

16. Departmental Museum

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

17. Departmental Space:

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

OPD

IPD

18. 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	

Signature of Dean

Signature of Assessor

19. Accommodation for the Therapy Department

		Area (Sq.m.)	Functional status
1)	For Teletherapy		
2)	For Intracavitary		
3)	For Interstitial Implant		
4)	For Radio-Active-Material		
5)	For Radio-therapy Panning		
6)	For radio-Diagnosis section dedicated to Radiotherapy a) For simulators b) For Marker X-rays. c) For Ultrasonography d) For other imaging		
7)	Mould Room		
8)	Computer Room		
9)	Medical Physics Lab		
10)	Radio-Biology Lab		
11)	Medical Illustration and Photography		
12)	Dedicated O.T. (Major O.T.)		
13)	Minor O.T.		
14)	Indoor Beds		
15)	Daycare for Chemotherapy		

20. Clinico- Pathological conference

21. Death Review Meetings

22. Submission of data to national authorities if any -

Signature of Dean

Signature of Assessor

23. Details of the equipments available:

A) Equipments for Teletherapy

- Give the details of Radiotherapy Unit Stating Type of Unit Linear Accelerator (Electro/Photons). Cobalt Unit/Caesium units/Deep E-ray/superficial X-ray etc.
- EQUIPMENTS OF RADIO-SURGERY WITH DETAILS
- FACILITIES FOR INTRA OPERATIVE RADIOTHERAPY

B) Equipments for Brachytherapy

Specify dose rate (LDR/MDR/HDR), Manual/Remote, Pre-Loaded/After-Loading/Sources used.

- For Intracavitary
- For Interstitial
- For surface moulds
- For Ophthalmic applications
- For facilities for pre operative Radiotherapy

C) Equipments for Treatment Planning

Treatment planning done manually or with the help of Computerised Treatment Planning System. Furnish details of equipments

d) Facility for patient immobilisation-furnish details.

e) Facility for casting individualised shielding blocks-furnish details.

f) Facility for tissue compensation furnish details

g) Equipments for department of medical physics.

- Facilities for Dosimetry Equipments furnish details
- Facilities for Radiation Monitoring furnish details
- Facilities for Radiation Protection furnish details.
- Facilities for mould room equipment furnish details.

24. Safety Protocol followed for monitoring and prevention of Radiation Hazards

Protective measures

- What are the protective measures against radiation hazards.
- Are they strictly enforced.
- Is there any monitoring service
- What are the average doses received by the staff per year.
- Has anybody received any over dose during last year.
- What measures have been taken.

Signature of Dean

Signature of Assessor

25. AERB approval.
26. **Letter of Permission/Approval from the competent authority for Radiation Therapies ‘ (BARC)**

Are there any facilities for Radioactive isotope work, Diagnostic/Therapeutic give details.

27. **No. of patients treated in the department during the last three years.**

S.No.	Year I	Year II	Year III (Last year)
Total no. of patients registered			
Total no. of patients treated by Teletherapy			
Total no. of the patients treated by Brachytherapy			

Break-up of the patients disease wise

S.No.	Year I	Year II	Year III (Last year)
1. Head & Neck Cancer			
2. Cervix Cancer			
3. Breast Cancer			
4. Bronchogenic Cancer			
5. G.I.T. Malignancy			
6. Hodgkin's/Non-Hodgkin's Disease			
7. Leukaemia			
8. Urinary Tract Malignancy			
9. Testis.			
10. Ovary			
11. Bone Tumor			
12. Soft Tissue Sarcoma.			
13. Skin			
14. Others			
Total			

28. **Give numbers of Radiodiagnostic and imaging work in the department during last three years.**

Signature of Dean

Signature of Assessor

29. 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 |

30. Any other information.

Signature of Dean

Signature of Assessor

PART III

POSTGRADUATE EXAMINATION
(Only 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 1st 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 appoint three external examiners.

Signature of Dean

Signature of Assessor