

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 2019 ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

Part A -I (2019-20)
(To be filled by the Institution)

1.1 Type of Assessment

~~U/S 10A Regular/Compliance: Letter of Permission (—), 1st renewal (—), 2nd renewal (—), 3rd renewal (—), 4th renewal(—)~~

~~U/S 10A Increase Admission Capacity: Regular/Compliance: Letter of Permission (—), 1st renewal (—), 2nd renewal (—), 3rd renewal (—), 4th renewal (—)~~

~~U/S 11: Recognition: Regular/Compliance~~

~~U/S 19 Continuation of Recognition: Regular/Compliance~~

Any Other: _____ 5th renewal _____

Note:

1. All rows/columns must be filled.
2. 'Not applicable' should be clearly written wherever a required information is not relevant.
3. All pages of the A-I are to be signed by Dean/Principal/Director.

Date: Signature with stamp Dean/Principal/Director

Signature
Principal/Director
Mount Zion Medical College
Chennai



Name of the Institution/ College : MOUNT ZION MEDICAL COLLEGE
Address of College : Mount Zion Medical College, Chayalode (p.o), Adoor 691556
Address of Hospital : Mount Zion Medical College hospital, Chayalode (p.o), Adoor 691556

Telephone No. : 04734 - 269500
E-mail : mountzionmedicalcollege@yahoo.com
Fax : 04734- 243070
Website : mountzionmedicalcollege@yahoo.com
Management : Government /Society/Trust/Company
Regn. No. of Society/Trust/Company: Q 373/83
Consent/Affiliation from University : Yes / No
: Ref. No. & Date: Ref. No & Date: No.2103/AC A/ Kuhs/ 2016 dated 05.09.2016
Period of Validity : 1
No. of seats as per Essentiality Certificate: 100
Period of Validity : Permanent.

Last Assessment Date: 8th and 9th November 2017

Date: Signature with stamp Dean/Principal/Director
 Mount Zion Medical College
 Chayalode, Adoor



1.2 Location: The applicant college is located in village (city/village) of Adoor taluka Pathanamthitta district of Kerala state.

(b) The College has following plots of land: List attached - Annexure 1

Plot #	Survey #	Place	Area	Remarks if any

(c) The campus is unitary/divided into unitary parts. If not unitary distance between parts. _____.

1.3 Building Plan approval from the competent authority: Chief town Planner Thiruvananthapuram- No.C3-2080-/2013 DDS date of approval 02/04/2013-

1.4 Buildings:

College: 13082 sq.mt.

Hospital (including OPD): 27935 sq.mt.

Hostel & Residential complex 4628 sq.mt.

1.5 Building Use/ Occupancy Certificate: approved by Enadimngalam Gram Panchayat order no: - No. C4 505/10 dated 03/05/2011.

1.6 Nearest Commercial airport: Trivandrum Distance in kms 95 Traveling time required: 2hrs

1.7 Nearest major Railway Station: Chenganoor Distance in kms 30km Traveling time required: 1hr

Date: Signature with stamp Dean/Principal/Director

PRINCIPAL
Chayalode, Adoor



1.7(a) Nearest major city is Adoor, distance in 10 km, Traveling time required: half hour

1.8 Water Supply: Through Municipal / Bore wells _____ bore well _____

1.9 Electric supply: Sanctioned Load _____ 650 x2 _____ KVA.

1.10 Generators: available/ load _____ 500 +200 _____ KVA

1.11 Drainage & sewage disposal _____ available

1.12 Working Hours:

1. OPD Timings: _____ 8 _____ am to _____ 4 _____ pm
2. College Timings: _____ 8 _____ am to _____ 4 _____ pm
3. Library Timings: _____ 8 _____ am to _____ 8 _____ pm

1.12 (A) Details of PG courses run by the college / Institution : NA

S. No.	Department / Speciality	Diploma / MD / MS/ M.Ch/ DM	Number of Seats	Status of Recognition		Number of Seats filled in last Academic year
				Permitted	Recognized	

1.12 (B) Details of other academic colleges available in the campus : [Yes/ No]

- (a) Dental College : _____ no _____
- (b) Nursing College : _____ yes _____

Date: _____ Signature with stamp Dean/Principal/Director

 Zion Medical College
 Chayalode, Adoor

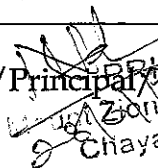


- (c) Physiotherapy College : no
- (d) Pharmacy College : yes
- (e) Ayush College : no
- (f) Engineering College : yes
- (g) Any other : na

1.12 (C) Details of any other medical college being run by same management / Trust / Society / Company, anywhere(not applicable for Govt. colleges): NA

1.13 Annual Budget: College& Hospital LIST ATTACHED (Annexure II)

Year	Current Financial Year		Previous financial year As per Audited report	
	College	Hospital	College	Hospital
Salary				
- Doctors				
- Resident Doctors				
- Other Staff				
Technical Training				
Library & Education				

Date: Signature with stamp Dean/Principal/Director College

 Principal
 Zonal Medical College
 Chayalode, Adoor



Maintenance				
Contingencies				
Others				
Total				

1.14 Paramedical staff (Nos.): Give details of technicians department wise: LIST ATTACHED (Annexure III)

Department	Technician	Assistant	Attendant	Other
Radiology				
General medicine				
Pediatrics				
OT				
Anesthesia				
Blood Bank				
Labour Room				
Emergency Room				
CSSD				
Mortuary				
Laundry				

Date: Signature with stamp Dean/Principal/Director College

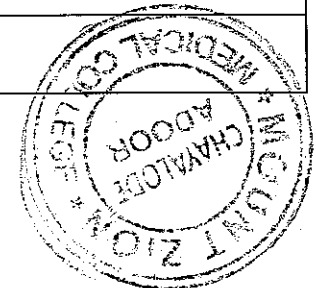
PRINCIPAL
 CHAYALODE
 (Chayalode, Adoor)



Electrical				
Housekeeping				
psychiatry				
Biomedical Waste Man.				
Pharmacy				
ENT				
Orthopedics				
Ophthalmology				
TB & chest				

General surgery				
Anatomy				
Biochemistry				
Physiology				
Microbiology				
Pathology				
Forensic Medicine				
Community Medicine				
Pharmacology				

Date: Signature with stamp Dean/Principal/Director
 [Signature] PRINCIPAL
 Zion Medical College
 Chayalode, Adoor



UHC				
RHC				

1.15 Nursing Staff available:

Category	No of Beds <u>470</u>	
	Required Nos.	Available Nos.
Staff Nurses	203	215
Sister Incharge	33	33
ANS	7	7
DNS	3	3
Nursing Suptd	1	1
Total	247	259

1.16 Medical Education Unit (MEU):(Information not required for LOP inspection)

Available as per Regulations : Yes

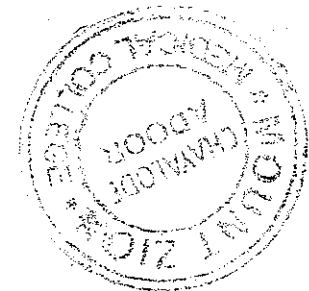
Name of the MEU coordinator : Dr. R SHARADA

Details of affiliated faculty : List attached (Annexure IV)

Details of the Orientation programme and Basic Course Workshop undergone by MEU: 5
Coordinator

Date: Signature with stamp Dean/Principal/Director

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor



Name of the MCI Regional Centre where
Above training has been undertaken : __Kottayam__

Date/s of the above workshops : __List attached__ (Annexure V)

Details & Duration of Workshops in Medical Education Technology conducted by MEU: --- list attached (Annexure IV)

Details of faculty who have undergone basic course workshop in *Medical Education Technology* at the allocated MCI Regional Centre

Dr. Shirly

Dr. Murali BM

Dr. Jayasabarinathan

Mrs. Anusha Murali

Dr. Sharada

Feedback evaluation of workshops and action taken reports on the basis of feedback obtained : Discussion weekly in CME Programme to improve teaching methodology

1.17 Continuing Medical Education:(Information not required for LOP inspection)

Details of CMEs/ workshop organized by the college held in the past 1 year: ___ LIST ATTACHED (Annexure VI)

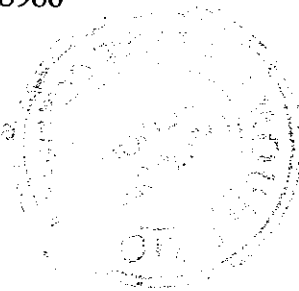
Details of the credit hours awarded for the past one year (details/comments in annexure) (Annexure VI)

1.18(a) College Council: (Information not required for LOP inspection) LIST ATTACHED (Annexure VII)

- Name, designation, contact no. and address of the President & Secretary. President: Dr. N Sreedevi, Principal - 9446469560
 ▪ Secretary: Dr. Sunil Rao Padmaraj - 9945808960
- Composition of the Council (HODs as members & Principal / Dean as chairperson)
- No. of times the College Council meets per year (min 4) : _____

Date: Signature with stamp Dean/Principal/Director

(Handwritten Signature)
 23/3
 PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor



Action taken report on College Council Meetings (details / comments in annexure II) (Annexure VII)

1.18(b) Curriculum Committee LIST ATTACHED (Annexure VIII)

Name of the Chairman/ Members

1.19 PG Course: If the college is running PG course; Please mention the intake of PG seats subject wise NA

Sr No.	Degree/Diploma	Subject	No. of Permitted sets	No. of recognized seats

1.20 Clinical Material

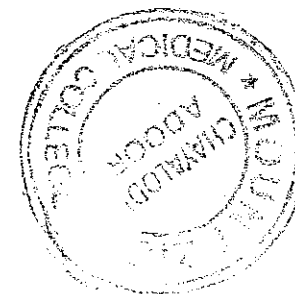
Item	Daily average (of last 12 months) as provided by institute
O.P.D. attendance (At the end of OPD timing)	827
Casualty attendance (24 hrs. data)	157
No of admissions	58
No. of discharges	59

Date: Signature with stamp Dean/Principal/Director
 PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor



Item	Daily average (of last 12 months) as provided by institute	
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %	85% 401/470	
<u>Operative Work</u>		
No, of major surgical operations	14-18	
No. of minor surgical operations	35-45	
No. of normal deliveries	2	
No. of caesarian sections	1	
<u>Radiological Investigations -</u> No of patients.	O.P.D	I.P.D
X-ray	151	32
Ultrasonography	59	20
Barium, IVP etc.	2	2
C.T. Scan	12	5
<u>Laboratory Investigations - No</u> <u>of patients/samples</u>	O.P.D	I.P.D

Date: Signature with stamp Dean/Principal/Director
 28/12/19
 MOUNT ZION MEDICAL COLLEGE
 CHAYALODE, ADOOR



Item	Daily average (of last 12 months) as provided by institute	
Biochemistry	202	189
Microbiology	39	28
Serology	65	38
Haematology	202	185
Clinical pathology	207	187
Histopathology	2	5
Cytopathology	12	5
<u>Others Clinical pathology</u>	207	185
Any other (HIV/AIDS, DOTs, Malaria etc)	25 - 40	

Date: Signature with stamp Dean/Principal/Director


Principal
Mount Zion Medical College
Chayalode, Adoor

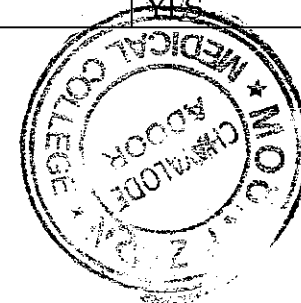


1.21 College Website:

Sr. No.	Details of information	Yes/No
1.	Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc.	YES
2.	Teaching staff, Resident doctors ,non-teaching staff , Technical staff , Nursing staff--- (a)department & designation wise with joining date (b) Unit wise faculty & resident list	YES
3.	Details of the affiliated university and its Vice-Chancellor and Registrars.	YES
4.	Citizen Charter	YES
5.	List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.	YES
6.	Result of all the examinations of last one year.	YES
7.	Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc...	YES
8.	Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc...	YES
9.	Toll free number to report ragging.	YES
10.	Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (with the scan copies of permission letter)	YES
11.	Any research publication during the last one year.	YES
12.	Details of any CME programmes, conferences and/or any academic activities conducted by the institution.	YES
13.	Details of any awards and achievements received by the students or faculty.	YES
14.	Detailed status of recognition of all the courses(with the scan copies of permission letter)	YES
15.	Details of clinical material in the hospital	YES
16.	unit /dept .wise beds distribution	YES

Date: Signature with stamp Dean/Principal/Director


 Director
 Mount Zion Medical College
 Chayalode, Adoor



Undertaking - To be given by the Dean/Principal of the Institute

I hereby given an undertaking that:

- (i) The college will admit students only after obtaining the permission from Central Govt.
- (ii) In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for any such misdeclaration or misstatement.
- (iii) In case, the declaration made by me is found to be false in any material point then necessary Civil / Criminal proceedings, including prosecution under Section 199 of the Indian Penal Code, 1860, may be initiated against me by the Competent Authority.
- (iv) The college has obtained all requisite statutory approvals.
- (v) The college has fulfilled all requirements as per the applicable Minimum Standard Requirement for the Medical College Regulations, 1999.
- (vi) The mandatory requirements laid down by the Persons with Disabilities Act are met by the college

Date: Signature with stamp Dean/Principal/Director College
28/11/19
Mount Zion Medical College
Chayalode, Adoor



MEDICAL COUNCIL OF INDIA

ASSESSMENT FORM FOR _____ - MBBS ADMISSIONS REPORT

(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

Part A-II (2019-20)

(to be filled by the Assessors)

Dy/159950/19
29/3/19

1.1 Type of Assessment: Re- Assessment

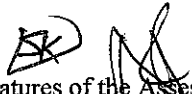
U/S 10A-regular/compliance: Letter of Permission (—), 1st renewal (—), 2nd renewal (—), 3rd renewal (—), 4th renewal (—)U/S 10A- Increase Admission Capacity: Regular/Compliance: Letter of Permission (—), 1st renewal (—), 2nd renewal (—), 3rd renewal (—), 4th renewal (—) 5th Renewal

U/S 11- Recognition- Regular/Compliance- Recognition/ Approval

Continuation of Recognition- Regular / Compliance

Any Other: _____

Name of the Institution	:	MOUNT ZION MEDICAL COLLEGE
Address	:	Mount Zion Medical College Hospital, Chayalode (P.O), Adoor - 691556
Telephone No.	:	04734-269500
E-mail	:	mountzionmedicalcollege@yahoo.com
College Website :		www.mountzionmedicalcollege.com
Council Letter No. & Date	:	No. MCI-34(41)(UG)(RG-14)/2019-20/Med./ dated 26.03.2019



Signatures of the Assessors

Date 26-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor



Signatures of Dean/Principal



Assessment Date:	27.03.2019 & 28.03.2019	Last Assessment Date :	8th & 9th November 2017
PG Courses	:	Yes/No	


Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email
Dr. SK Dhatarwal, Professor, Deptt. Of Forensic Medicine	Pt. B.D. Shar PGIMS Rohtak, Haryana	09416050635	drskdhatarwal@gmail.com
Dr. Ravi N, Professor, Deptt. Of Radiology/ Radiodiagnosis	Banglore Medical College and Research Institute Fort, KR Road, Banglore - 560002	09954579966	Ravingappa6@gmail.com

1.2. The College has following

The campus plot is.	unitary/divided into _____ parts if divided, Please give details. NA
Building Plan approval from the competent authority.	Name-Chief Town Planner Thiruvananthapuram-- No.-C3-



 Signatures of the Assessors

Date 28-3-19
 PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor

 Signatures of Dean/Principal

	2080-/2013-- Date - 02.04.2013--
Building Use/ Occupancy Certificate from the competent authority.	Name-Enadimangalam Gram Panchayat-- No. - C4 505/10-- -- Date-03.05.2011-

- 1.3 **Dean/Principal:** Dr. N Sreedevi, M.D, Biochemistry, /M.S. with 36 years of teaching experience - 12 yrs of professor & 6 yrs of experience of Asso Prof. She is also holding the post of Professor in the Department of Biochemistry.

Dean Office is located in Academic Block of the college/~~building~~ along with the administrative block. Adequate space (as per MSR guidelines by MCI) and other required facilities (as given in the table below) are provided/not provided to the administrative staff.

Office Space Requirement	Requirement Space (mts)	Available
Dean/Principal Office	36	Available
Staff Room	54	Available
College Council Room	80	Available

- 1.4 **Medical Education Unit (MEU): List Attached - Annexure I**

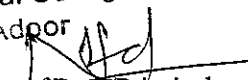
Available as per Regulations	:	Yes/No
Name of the MEU coordinator	:	Dr. Sharada R



 Signatures of the Assessors

Date



28-3-19

PRINCIPAL
 Mount Z... Medical College
 Ch... .., Adpor

 Signatures of Dean/Principal

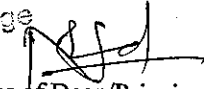
Name, Designation & Experience of affiliated faculty	:	Professor and HOD Anatomy
Name of the MCI Regional (Nodal) Centre where above training has been undertaken	:	MCI Regional Centre, Kottayam
Details of the Orientation programme and Basic Course Workshop undergone by MEU(No. of programmes organized during Academic year, No. of People attended, proceedings (to be verified at the time of assessment)	:	Dr. Shirly Kuiran, Dr. Jayasabarinathan, Dr. Murali BM, Mrs. Anusha Murali, Dr. Venukumar R, Dr. Sharada.
Date/s of the above workshops	:	Annexure
Details & Duration of Workshops in Medical Education Technology conducted by MEU	:	NA
Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	Dr. N Sreedevi - Principal, Dr. Sharada - HOD Anatomy, Dr. Murali - HOD Pathology
Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	NA
Feedback evaluation of workshops and action taken reports on the basis of feedback obtained	:	Discussion weekly in CME Programme to improve teaching methodology

1.5 Continuing Medical Education : List Attached Annexure II

No and Details of CMEs/workshop organized by the college held in the past 1 year	:	30
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 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor

 Signatures of Dean/Principal

Details of the credit hours awarded for the past one year	:	One credit hours for one CME
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1.6 (a) College Council : List Attached - Annexure III

Name, designation, contact no. and address of the President & Secretary.	:	President: Dr. N Sreedevi, 9387317577 Mount Zion Medical College, Chayalode, Adoor - 691556 Secretary: Dr. Sunil Rao Padmaraj, 9945808960 Mount Zion Medical College, Chayalode, Adoor - 691556
Composition of the Council (HODs as members & Principal / Dean as chairperson)	:	Principal + HOD's of 21 depts.
No. of times the College Council meets per year (min 4)	:	4
Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure II)	:	PTA Meeting held and problem Solved

1.16 (b) Curriculum Committee (Yes) List Attached - Annexure IV

(The Names of the Members to be mentioned)


1.7 Pharmacovigilance Committee: Present -List Attached - Annexure V

No. of meeting in the previous yrs. 3 (Minutes to be checked)



 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor

 Signatures of Dean/Principal

1.8 Examination Hall:

Requirement	Available
No. - 1/2/3 Area - 250 Sq. mt. Capacity - 250	Available - 1 Area 600 Sq.mts Capacity 250

1.9 Lecture Theatres:

	Medical college		Hospital		Comments
	Req	Available	Req	Available	
Number	4	4	1	1	
Capacity	120	120	150	150	
Type (Gallery)	Yes		Yes		
A.V. Aids	Yes		Yes		

1.10 Library


Air-conditioned - Yes/No

Working Hours: 8am to 8pm

a. Stack room : _____ yes _____

b. Reading room : _____ yes _____

	Required	Available	Remarks
Area	___1600___ Sq.m.	___1626___ Sq.m.	
Student Reading Room (Inside)	___100___ Capacity	___100___ Capacity	



Signatures of the Assessors

Date 28-3-19

PRINCIPAL
Mount Zion Medical College
Chayaloor, Adoor

 Signatures of Dean/Principal

Student Reading Room (Outside)	___100___ Capacity	___100___ Capacity	
Staff Reading Room	___20___ Persons	___20___ Persons	
Room for Resident/PG reading room	20	20	
Particulars	Required Nos.	Available Nos.	Remarks
No. of Books	7000	7295	
Journals (Indian)	70	70	
Journals (Foreign)	30	30	
Internet Nodes	25	25	

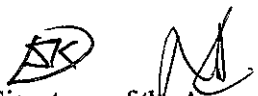
1.11 Common Room for Boys & Girls

	Area Required Sq. Mt.	Available Area Sq. Mt.	Toilet - Attached Y/N
Boys	100	157	Yes
Girls	100	157	yes


1.12 Central Photography Section: Available Yes/No
 Staff Yes/No
 Equipments Yes/No

1.13 Hostel: Location - Within campus

Hostel Category	Required Capacity	Available Capacity (No Rooms X capacity of each room = Total capacity)	Furnished (Y/N)	Toilet Facility Adequate/ Inadequate	Mess (Y/N)	Hygiene of Hostel campus Y/N	AC Visitor room, AC Study room with internet & Computer, Recreation room with TV, Music, Indoor Games Y/N	Remarks
UG Students @ (60% Capacity)	300	Boys 134x2=268	yes	Adequate	yes	yes	YES	
		Girls 146x2=292	yes	Adequate	yes	yes	YES	


 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Theological College
 Chayalode, Adoor

 Signatures of Dean/Principal

Terms @ 50% Capacity	50	25x2=50	yes	Adequate	yes	yes	yes	
Resident @ 100% Capacity including PG	62	67	yes	Adequate	yes	yes	yes	
Nurses @ 20% Capacity	49	50	yes	Adequate	yes	yes	yes	


Residential Quarters:

Category	Required Nos.	Available Nos.	Remarks
Teaching Staff @ 20% Capacity	21	24	
Non-Teaching Staff @ 20% Capacity	36	37	


1.14 Recreational Facilities:

Outdoor games	Yes
Play field/s	yes
Type of games	Football, Throw ball, Badminton, Basket ball, Cricket
Indoor games facilities	Yes
Gymnasium	Available.

1.15 Gender Harassment Committee :- Yes (Documents to be attached as annexure) Annexure VI


 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor

 Signatures of Dean/Principal

1.16 Anti Ragging Committee: Yes (Documents to be attached as annexure) Annexure VII

1.17 Biometric Devices:

- (a) No of OFAMOS devices installed in the college. 5
 (b) Whether all OFAMOS devices are working conditions? Installed but not connected
 (c) If not the reason thereof, and whether complaints lodge to SI
 (d) Number of faculty punches recorded upto 11:00 a.m. on the day of assessment. NA
 (e) Any other relevant information.

TEACHING HOSPITAL

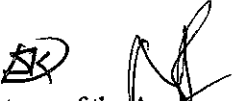
2.1 Name of the Hospital: Mount Zion Medical College Hospital
 Owned by: ~~Government/Trust/Society/Company~~

2.2 Name of the Medical Superintendent: Dr. R Venukumar , MS (36), with 6 years administrative experience.


	Space Requirement	Availability
Medical Supdt's Office	36 sq. mt.	Available
Administrative Office	150 sq. mt	Available

2.3 Teaching and other facilities:

OPD Timings	:	___ 8 ___ A.M. to ___ 4 ___ P.M.
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 Signatures of the Assessors


Date 28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalige, Adoni

 Signatures of OPD Dean/Principal

Separate Registration areas for male/female patients available	:	yes
Separate Registration counters for OPD/IPD	:	available
Are the Registration counters computerized	:	yes
Staff for registration center	:	adequate (on the basis of OPD attendance)
Waiting areas for above patients available	:	Yes
No. of rooms for examination of patients available	:	yes
Capacity of teaching area in each department	:	yes
Enquiry Desk	:	yes


2.4 Facilities available in OPD

-Medicine Injection room - Male - Female	Yes Yes	E.C.G. Room	Yes
Surgery Dressing room - - Male - Female	Yes Yes	Minor OT	Yes
Orthopaedics Plaster room	Yes	Plaster cutting room	Yes


Signatures of the Assessors

Date

28-3-17

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoni

Signatures of Dean/Principal

Dressing room - - Male - Female	Yes Yes		
Ophthalmology	Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room	Yes Yes Yes	
ENT	Audiometry (AC & Sound proof) Speech Therapy	Yes Yes	
Pediatrics	Child Welfare Clinic Immunization Clinic Child Rehabilitation Clinic	Yes Yes Yes Yes	
OBS & GYN	Antenatal Clinic Sterility Clinic Family Welfare Clinic Cancer Detection Clinic	Yes Yes Yes Yes	

Comments :

OBG Department space has been provided to ANC, Sterility, Family welfare clinic, Cancer detection clinic.

Signatures of the Assessors



Date

28-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor

Signatures of Dean/Principal



2.5 Total Number Of Teaching Beds (Distance between two beds should be 1.5 m.)

Teaching Hospitals in Campus with Total Beds 470.

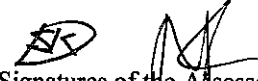
Teaching Hospitals in Outside the Campus (Kms. from the campus) with Total Beds NA.

Department	Ward Nos.	Beds Required *	Total Beds Available	Facilities Available in Each Ward						Remarks
				Nursing Station Y/N	Exam/Treat Room Y/N	Pantry Y/N	Store Room Y/N	Duty Room Y/N	Demo Room (25 Capacity) Y/N	
Gen. Medicine	4	120	120	YES	YES	YES	YES	YES	YES	
Pediatrics	2	60	60	YES	YES	YES	YES	YES	YES	
TB & Respiratory Medicine	2	10	10	YES	YES	YES	YES	YES	YES	
Psychiatry	2	10	10	YES	YES	YES	YES	YES	YES	
Dermatology	2	10	10	YES	YES	YES	YES	YES	YES	
Gen. Surgery	4	120	120	YES	YES	YES	YES	YES	YES	
Orthopedics	2	60	60	YES	YES	YES	YES	YES	YES	
Ophthalmology	2	10	10	YES	YES	YES	YES	YES	YES	
ENT	2	10	10	YES	YES	YES	YES	YES	YES	
OB & GYN	2	60	60	YES	YES	YES	YES	YES	YES	
Total		470	470	YES	YES	YES	YES	YES	YES	

* If PG courses are running, beds requirement to be increased accordingly.


2.6 Clinical material (*Random verification to be done by the Assessor).

Item	On the Day of assessment	Remarks


Signatures of the Assessors



Date

28-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor

Signatures of Dean/Principal

Item	On the Day of assessment		Remarks
O.P.D. attendance at 2.00 PM On first day	861		
Casualty attendance (24 hrs. data)	169		
No of admissions	69		
No. of discharges	52		
Bed occupancy % at 10.00AM on first day	95% 446/470		
Operative Work			
No, of major surgical operations	20		
No. of minor surgical operations	42		
No. of normal deliveries	2		
No. of caesarian sections	2		
Radiological Investigations (No. of patients)	O.P. D	I.P.D	
X-ray	162	32	
Ultrasonography	59	20	
Barium, IVP etc.	2	2	
C.T. Scan	10	7	

Item	On the Day of assessment		Remarks
Laboratory Investigations - No. of Patients/ samples	O.P. D	I.P.D	
Biochemistry	220	200	

 
Signatures of the Assessors

Date

28-3-19

PRINCIPAL
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Chayalode, Adoor


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Item	On the Day of assessment		Remarks
	O.P.D.	I.P.D.	
Laboratory Investigations - No. of Patients/ samples			
Microbiology	43	47	
Serology	65	49	
Hematology	240	200	
Clinical pathology	210	190	
Histopathology	3	6	
Cytopathology	17	6	

2.7 Medical Record Section:

Manual/ Computerized YES



ICD X classification of diseases followed for indexing : yes

2.8 Central casualty services :

No of Beds: Required 20 Available 20

- Number of CMO posted/Shift : 5 No. of CMO present during Assessment round 2
- Number of nurses posted / Shift: 12 Total No. of CMO 5
- Separate casualty for OBGY cases: available, if yes No. of beds 2,

Equipment	Availability Y/N	Number

 
Signatures of the Assessors

Date 28-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor




Signatures of Dean/Principal

Equipment	Availability Y/N	Number
Central Oxygen & suction facility	YES	20
Pulse oximeter	YES	2
Ambu bag	YES	2
Ultrasonography Machine	YES	1
Crash Cart	YES	5
Emergency Drug Tray	YES	2
Defibrillator	YES	1
Ventilator	YES	3
X-ray Unit - (Mobile) & X-ray Static	YES	1 EACH
Minor OT	YES	1


2.9 Clinical Laboratories

Central Clinical Laboratory: Under control of department of : Biochemistry

Separate sections for pathology, microbiology, hematology & biochemistry: **available.**



 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
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 Chayalode, Adoor

 Signatures of Dean/Principal

2.10 Operation theatres

Type	Requirement	Available	Remarks
Major	7	8	
Minor	2	2	

2.11 Equipment available in O. T. Block (Specify numbers)

Dept	Theatres Nos.	A/C Y/N	Central Oxy/ Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N	Remarks
Gen Surgery	<u>2</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
ENT	<u>1</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
Ophthal	<u>1</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
Ortho	<u>1</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
OBS & GYN	<u>1</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
Emergency	<u>1</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
Septic	<u>1</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	

No. of Pre-operative Beds available 6No. of Post Operative Beds available 12


2.12 Intensive Care: Following intensive areas are available -



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Date 28-3-19

PRINCIPAL
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 Signatures of Dean/Principal

Type	Beds (Required)	Beds (Available)	Patients on day of assessment	AC Y/N	Central Oxygen/Suction Y/N	Major Equipment (Monitor, Ventilator, ABG, Pulse Oximeter etc.) Y/N	Residents Appointed	Nurses Appointed	Remarks if any
ICCU	5	<u>5</u>	<u>4</u>	Y	Y	Y	<u>2</u>	<u>8</u>	
ICU	5	<u>8</u>	<u>4</u>	Y	Y	Y	<u>2</u>	<u>12</u>	
SICU	5	<u>5</u>	<u>4</u>	Y	Y	Y	<u>2</u>	<u>8</u>	
NICU/PICU	5	<u>5/5</u>	<u>5/4</u>	Y	Y	Y	<u>2</u>	<u>16</u>	

5

2.13 Labor Room

Rooms	Beds	Remarks
Clean Cases	1	
Septic Cases	1	
Eclampsia	1	



 Signatures of the Assessors

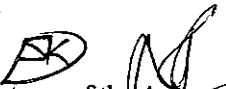
Date 28-3-19

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 Chayalode, Adoor


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2.14 Radiological Facilities:

Equipment	Required no.	Available no.	AERB Approval Y/N	Functional Status at the time of assessment Y/N	Remarks if any
Mobile X Ray 60 mA 100 mA	<u>2</u> <u>2</u>	<u>2</u> <u>2</u>	<u>YES</u> <u>YES</u>	<u>YES</u> <u>YES</u>	
Static X Ray 300 mA 600mA 800/1000 mA	<u>2</u> <u>2</u> <u>I IITV</u>	<u>2</u> <u>2</u> <u>I IITV</u>	<u>YES</u> <u>YES</u> <u>YES</u>	<u>YES</u> <u>YES</u> <u>YES</u>	
CT Spiral Minimum 16 slice	<u>1</u>	<u>1</u>	<u>YES</u>	<u>YES</u>	
Equipment	Required no.	Available no.	PNDT Approval Y/N	Functional Status at the time of assessment Y/N	Remarks if any
USG	<u>3</u>	<u>3</u>	<u>YES</u>	<u>YES</u>	


 Signatures of the Assessors

Date 28-3-19

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2.15 **Blood Bank: Annexure VIII**

Available and functional: Yes/No

Number of units dispensed in a day 10

Number of units stored on day of assessment 37

License valid up to: 27.03.19 License No. 214/28c/KER/DC-CLAA/2014, Date of Issue: 28.03.2014 _____ (LICENCE

NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VIII)

Blood Separation Facility - **Available/Not available**

2.16 **Pharmacy: Pharmacist/Staff available: List to be included - List Attached - Annexure X**

- No. of sub-stores located in different parts of hospital: **One sub- store in every ward - ONE MAIN PHARMACY ON GROUND FLOOR**_____

2.17 **Central sterilization Department :**

- Timings 24HRS & Shifts: 3shifts
- Equipment: Horizontal autoclaves 3 / Vertical autoclaves 1, ETO Sterilisers: 1 No.
- Separate receiving and distribution points - Yes/No
-



2.18 **Intercom: Available: yes/no**

No. of incoming lines 20 No. of extension lines: 200

2.19 **Central laundry/Alternative Arrangements:**

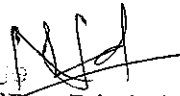
In House {if outsourced, then MOU copy to be annexed} : NA

Type of Laundry: **Mechanized / Manual**

 
Signatures of the Assessors

Date

28-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor

Signatures of Dean/Principal

2.20 Kitchen/ Alternative Arrangements

- In-House
- Food free of charge: yes Number of patients: 3 meals for admitted patients__
- Provision of special diet: yes
- Services of a nutritionist/ dietician: available

2.21 (a) Total no. of Canteens: _____ 5 canteen _____. For staff __1____ For students __3____ For
Patients/Relatives: __1____

(b) Total no. of Mess in campus : _____ 5 _____

2.22 Arrangements for Biomedical Waste Management.

- Outsourced - IMAGE

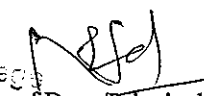
2.23 Central Research Lab:

- Available - Yes
- Facilities - Adequate
- Research Projects:
 - Completed Nos _2_
 - Ongoing Nos ___6


Signatures of the Assessors

Date



28-3-19

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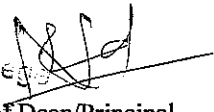
2.4 Nursing and Paramedical staff :

Nursing staff:	No of Beds _____	
	Category	Required Nos.
Staff Nurses	203	215
Sister Incharge	33	33
ANS	7	7
DNS	3	3
Nursing Suptd	1	1
Total	249	259

Paramedical And Non teaching staff	Required Nos.	Available Nos.
		179



 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Huber

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MEDICAL COLLEGE

3.1 College Website:

Sr. No.	Details of information	Yes/No
1.	Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc.	yes
2.	Teaching staff, Resident doctors ,non-teaching staff , Technical staff , Nursing staff-- (a)department & designation wise with joining date (b) Unit wise faculty & resident list	yes
3.	Details of the affiliated university and its Vice-Chancellor and Registrars.	yes
4.	Citizen Charter	yes
5.	List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.	yes
6.	Result of all the examinations of last one year.	yes
7.	Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc...	yes
8.	Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc...	yes
9.	Toll free number to report ragging.	yes
10.	Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (with the scan copies of permission letter)	yes
11.	Any research publication during the last one year.	yes
12.	Details of any CME programmes, conferences and/or any academic activities conducted by the institution.	yes
13.	Details of any awards and achievements received by the students or faculty.	yes
14.	Detailed status of recognition of all the courses(with the scan copies of permission letter)	yes
15.	Details of clinical material in the hospital	yes
16.	unit /dept .wise beds distribution	yes



 Signatures of the Assessors

Date

28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalode

 Signatures of Dean/Principal

3.1 (a) College timings 8am To 4pm



3.2 Teaching Programme:

Didactic teaching	yes
Demonstration	yes
Integrated teaching (Horizontal/Vertical teaching)	yes
Clinical posting	yes
Clinical Pathological Conference	yes
Grand Rounds	yes
Statistical Meeting	yes
Seminars	yes


Teaching Facilities:

3.3 Anatomy

Required	Available	Required	Available
Demonstration Room/s • No <u>2</u> • Capacity - 75 to 100 students	2 60 each	AV Aids:	yes
• Histology practical laboratory - • Number of Lab seats _____ • Number of microscopes _____ • Dissection Microscopes _____	1 60 60 5	Museum: ___ seating capacity • Mounted specimens • Models - Wet & Dry • Bone Sets - Articulated-____ & Disarticulated- ____ • MRI & CT	25 106 100&10 25 26 20/22
• Dissection Hall	1		

 
Signatures of the Assessors

Date 28-3-19



PRINCIPAL
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Chayalode, Adgaon

Signatures of Dean/Principal

Required	Available	Required	Available
Number of dissection tables - _____	15	Number of cadavers - ____	10
Cold store / cooling chambers -Capacity of __16__ Bodies	AVAILABLE	Storage tank - __2	3
Embalming room -	1	Band saw	1
Lockers - _____	110	Departmental Library- (80-100 Books.)	136

Adequate exhaust, light, water supply and drainage facilities - Available/not available.

3.4 Physiology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____	1 60	AV Aids:	YES
Mammalian laboratory	YES	Haematology laboratory	YES
Amphibian Laboratory	YES	Clinical Physiology Lab.	YES
Departmental Library - 80-100 Books	120		

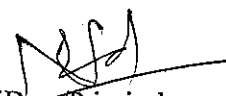
 
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Date

28-3-19

PRINCIPAL

Mount Zion Medical College
Chayalode, Adoor




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3.5 Biochemistry

Required	Available	Required	Available
Demonstration Room/s • No _____ • Capacity - __60__	1 60	AV Aids:	YES
Number of practical laboratory/Yes -	1	Library / Seminar rooms - 80-100 Books	121
Number of Lab seats - __60__	YES		

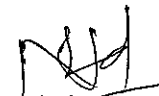
3.6 Pathology

Required	Available	Required	Available
Demonstration Room/s • No - __1__ • Capacity - __60__	1 60	AV Aids:	Available
Practical labs - 1 • Morbid Anatomy/Histopath./ Cytology - _____ Microscopes _____ • Clinical Pathology/Hematology - __60__ Microscopes _____	1 Available shared with Anatomy 60 60	Museum: _____, Seating Capacity- _____ students Specimens: • Mounted • Unmounted • Catalogues	25 25students 150 100 25
Departmental library - 80-100 Books	125		
Service Lab - Histopathology/Cytopathology/Hematology/Any specialized work	Available		

 
Signatures of the Assessors

Date 28-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor




Signatures of Dean/Principal

3.7 Microbiology


Required	Available	Required	Available
Demonstration Room/s • No - <u>1</u> • Capacity - <u>60</u> students	1 60	AV Aids:	YES
practical laboratory Number of Lab seats - <u>60</u> Number of microscopes/laboratory - <u>60</u>	60 60	Media preparation facility Autoclaving, Washing and drawing room	AVAILABLE
Number of service laboratories - <u>7</u>	7	Museum: Specimen, Charts, Models & Catalogue seating capacity- <u>25</u>	Specimen=4, Charts=89, Models=34 Catalogues=10
Departmental library - 80-100 Books,	119		Capacity=25

3.8 Pharmacology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students	1 60	AV Aids:	Available
Experimental Pharmacology	available	Museum: <u>25</u> seating capacity	125 capacity
Clinical pharmacology/pharmacy	available	• Specimens	136
Departmental Library - 80-100 Books	121	• Charts	96
		• Models	06
		• History of Medicine	30
		• Catalogues	10



 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor

 Signatures of Dean/Principal

Computer Assisted Learning Lab	available	Mannequins	available

3.9 Forensic Medicine

Required	Available	Required	Available
Demonstration Room/s • No - <u>1</u> • Capacity - <u>60</u> students	1 60	AV Aids:	yes
Forensic Medicine Practical Lab	1	Museum :	
Autopsy Block. Location - In/Near hospital in a separate structure.	1	• Medico-Legal Specimens <u>60</u>	
Cold storage - Capacity of <u> </u> Bodies	8	• Charts <u>100</u>	
Departmental library - 80-100 Books	126	• Prototype fire arms <u>20</u>	
		• Slides <u>5</u>	
		• Poisons <u>20</u>	
		• Photographs <u>60</u>	
		Catalogues <u>10</u>	


3.10 Community Medicine

Required	Available	Required	Available
Demonstration Room/s • No - <u>2</u> • Capacity - <u>60</u> students	Available Available	AV Aids:	Available
Museum: • Charts • Models	Available 106 26	Practical lab - 1	Available



 Signatures of the Assessors

Date 28-3-19



PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor

 Signatures of Dean/Principal

• Specimens	84		
• Catalogues	10		
Departmental Library - 80-100 Books	108		

3.11 Health Centers (Department of Community Medicine)

RHTC: ___Puthenpeedika___ (place) ___25km___ (Distance from the college)

Population covered by the RHTC	32000
It is affiliated to College Yes/No	yes
No. of Students ___ Visit per batch throughout the year	125
No. of Interns ___ Posted per batch throughout the year	NA
Separate blocks for accommodating boys in ___7___ rooms having ___14___ beds. Girls ___7___ rooms having ___14___ beds.(For Interns)	Available
Facilities for cooking & dining - Yes/No	yes
Daily OPD	50
Specialist visits if any	Yes, Monday- Gynaecology, Tuesday, Saturday - Medicine, Wednesday - Paediatrics
Cold chain equipment available	available

 
Signatures of the Assessors

Date

28-3-19

PRINCIPAL
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Chayalode, Adoor


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Survey/MCH/Immunization/FP registers	available
Activities under the National Health Programmes	family planning survey

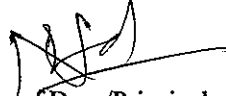
3.12 Details of U.H.T.C.: _____ Mulakazha _____ Place _____ 30 _____ Distance from college

Population covered by the UHC	26000
It is affiliated to College Yes/No	YES
Daily OPD	20
Diagnostics camps	YES
Survey/MCH/Immunization/FP registers	AVAILABLE
Specialist visits if any	Monday - Medicine, Wednesday - Gynaecology
No. of Students and interns posted in batches of	15
Deficiency if any	NIL

3.13 CONDUCT OF III MBBS EXAMINATION *(only for recognition under 11(2))* NA

- University which conducts Examination: KUHS
- No. of Candidates appeared in Examination: 51
- The III MBBS examination (Part-II) was conducted satisfactorily: yes as per Form C


Signatures of the Assessors

Date 28-3-19
PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor

Signatures of Dean/Principal

C Centre for written/practical examination: KERALA UNIVERSITY OF HEALTH SCIENCES

- Was the standard sufficient for MBBS Examination as required by Regulations of the Medical Council of India? YES AS PER THE FORMS C PROVIDED BY THE INSTITUTION

3.14

Medical College-Staff Strength:

Name of College:

Number of students

PG Courses (Yes/No):

If yes, specify

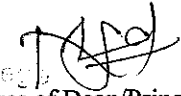
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 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
 11. _____ 12. _____ 13. _____ 14. _____ 15. _____
 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

Calculation Sheet (Date: _____)



Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor	1		1	2	nil
	Assoc. Prof.	1		1	-	One Associate Professor Compensated


 
 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion Medical College,
 Chayalode, Assam

 Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
						from Professor
	Asstt.Prof.	1		1	1	NIL
	Tutor	3		3	3	NIL
Physiology	Professor	1		1	2	NIL
	Assoc. Prof.	1		1	-	One Associate professor compensated from professor
	Asstt.Prof.	1		1	1	NIL
	Tutor	3		3	3	NIL
Biochemistry	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	1		1	2	NIL
	Tutor	3		3	2	One tutor Compensated from Assistant Professor
Pharmacology	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	1		1	1	NIL
	Tutor	2		2	2	NIL
Pathology	Professor	1		1	1	NIL
	Assoc. Prof.	2		2	2	NIL
	Asstt.Prof.	3		3	3	NIL
	Tutor	4		4	4	NIL
Microbiology	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	1		1	1	NIL
	Tutor	3		3	3	NIL




 Signatures of the Assessors

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoor
 Date 28-3-19

 Signatures of Dean/Principal



Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Forensic Medicine	Professor	1		1	1	NIL
	Assoc. Prof.	0		0	-	NIL
	Asstt.Prof.	1		1	1	NIL
	Tutor	2		2	2	NIL
Community Medicine	Professor	1		1	3	NIL
	Assoc. Prof.	2		2	-	2 professor compensated for Associate professor
	Asstt.Prof.	2		2	2	NIL
	Epidemio-Logist-Cum-Asstt.Prof.	1		1	1	NIL
	Statistician-Cum-Tutor	1		1	1	NIL
	Tutor	3		3	3	NIL
General Medicine	Professor	1		1	1	NIL
	Assoc. Prof.	3		3	3	NIL
	Asstt.Prof.	4		4	4	NIL
	Sr. Resident	4		4	4	NIL
	Jr. Resident	8		8	8	NIL
Paediatrics	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	2		2	2	NIL
	Sr. Resident	2		2	2	NIL
	Jr. Resident	4		4	4	NIL
Tuberculosis & Respiratory Diseases	Professor	1		1	1	NIL
	Assoc. Prof.	0		0	-	NIL
	Asstt.Prof.	1		1	1	NIL
	Sr. Resident	1		1	1	NIL




 Signatures of the Assessors

Date 28-3-19
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 Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Jr. Resident	1		1	1	NIL
Dermatology, Venereology & Leprosy	Professor	0		0	1	NIL
	Assoc. Prof.	1		1	-	One professor compensated for associate professor
	Asstt.Prof.	1		1	1	NIL
	Sr. Resident	1		1	1	NIL
	Jr. Resident	1		1	1	NIL
Psychiatry	Professor	0		0	0	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	1		1	1	NIL
	Sr. Resident	1		1	1	NIL
	Jr. Resident	1		1	1	NIL
General Surgery	Professor	1		1	2	NIL
	Assoc. Prof.	3		3	3	One professor compensated for associate professor
	Asstt.Prof.	4		4	3	One Associate professor compensated for Assistant professor
	Sr. Resident	4		4	4	NIL
	Jr. Resident	8		8	8	NIL



 Signatures of the Assessors

PRINCIPAL
 Mount Zion Medical College
 Phayalode, Adoor
 Date 28-3-19

 Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Orthopaedics	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	2	NIL
	Asstt.Prof.	2		2	1	One Associate professor compensated for Assistant professor
	Sr. Resident	2		2	2	NIL
	Jr. Resident	4		4	4	NIL
Oto-Rhino-Laryngology	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	1		1	1	NIL
	Sr. Resident	1		1	1	NIL
	Jr. Resident	1		1	1	NIL
Ophthalmology	Professor	1		1	2	NIL
	Assoc. Prof.	1		1	1	One professor compensated for associate professor
	Asstt.Prof.	1		1	-	One associate professor compensated for assistant professor
	Sr. Resident	1		1	1	NIL
	Jr. Resident	1		1	1	NIL
Obstetrics & Gynaecology	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	2		2	2	NIL
	Sr. Resident	2		2	2	NIL

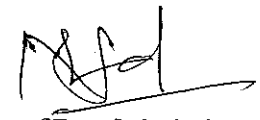


 Signatures of the Assessors

Date

206-3-17

PRINCIPAL
 Mount Zion Medical College
 Chayalode, Adoga


 Signatures of Dean/Principal

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Jr. Resident	4		4	4	NIL
Anaesthesiology	Professor	1		1	1	NIL
	Assoc. Prof.	2		2	2	NIL
	Asstt.Prof.	4		4	4	NIL
	Sr. Resident	3		3	3	NIL
	Jr. Resident	4		4	4	NIL
Radio-Diagnosis	Professor	1		1	Nil	One
	Assoc. Prof.	1		1	Maternity leave	Maternity leave
	Asstt.Prof.	1		1	1	NIL
	Sr. Resident	2		2	1	1 deficiency
Dentistry	Professor	1		1	1	NIL
	Assoc. Prof.	1		1	1	NIL
	Asstt.Prof.	1		1	1	NIL
	JR	1		1	1	NIL

Notes:


For purpose of working out the deficiency:

(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.

(A) For Teaching Faculty:

(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted


Signatures of the Assessors

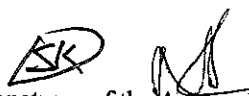
PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor
Date 28-3-19 
Signatures of Dean/Principal

<p>together.</p> <p>(b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.</p> <p>(c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.</p> <p>(d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.</p>
<p>(B) For Resident Doctors:</p> <p>(a) Excess of SR can be compensated to the deficiency of JR of the same department only.</p> <p>(b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department.</p> <p>(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.</p> <p>(d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.</p>
<p>(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city and run by the same management.</p>
<p>(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations - 2000.</p>

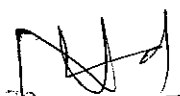
3.15 Details of Faculty/Residents not counted/accepted.

(Only faculty/residents who signed attendance sheet before 11:00 am on the first day of assessment should be verified. (In case of Junior Residents/Senior Residents on night duty, 12:00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11:00 am of the first day of assessment)

Sr. No	Name	Designation	Department	Remarks/Reasons for Not Considering


 Signatures of the Assessors

Date 28-3-19

PRINCIPAL
 Mount Zion College
 Chayalode

 Signatures of Dean/Principal



3.16 1) Deficiency of Teaching Faculty: 0.94 % 1 OUT OF 106

2) Deficiency of Resident doctors: 1.61 % 1 OUT OF 62


3.17 Status of discharge notice/notices issued in respect of irregular admissions (UG/PG) if any.

Summary of Assessment

1. _____ MOUNT ZION MEDICAL COLLEGE _____ (College Name),
is run by Government/ Trust/ Society/ Company
2. The college has got Permission from GOI/MCI with intake of 0 seats for the last academic year.
3. Type of assessment: 5th renewal permission No. of seats: 100
4. PG courses : No
5. Deficiency of teaching staff if any:
Shortage of teaching faculty is 0.94 %
6. Deficiency of resident doctors if any:
Shortage of resident doctors is 1.61 %
7. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise; NIL
8. Deficiency of clinical material If any: Pl mention category wise; NIL
9. Any other Remarks NIL

 
Signatures of the Assessors

Date 28-3-19

PRINCIPAL
Mount Zion Medical College
Chayalode, Adoor 
Signatures of Dean/Principal