

From,
Dr. Narendra Nath Mukhopadhyay (Coordinator)
Professor, Deptt of Surgery
Burdwan Medical College,
Burdwan, West Bengal
09732379265,
narendranath.mukherjee@yahoo.com

To
The Secretary (UG Section)
Medical Council of India
Pocket-14, Sector – 8, Dwarka, Phase-1,
New Dehli-110077

Ref:- MCI-34(41)/2018-Med/E-67 Dated 14.12.2018

Sir

Assessment of Physical & Other Teaching facilities available for letter of intent/letter of permission (100 MBBS seats) of Rajkiya Allopathic Medical College Bahraich, U.P. conducted on 20th December 2018 by Dr. Narendra Nath Mukhopadhyay, Dr. N.D. Soni & Dr. Abhijith Choudhury. Verification of clinical material only done in District Hospital, Bahraich Proposed to be affiliated to Medical College. Medical College building is under construction and no department as yet stated and no faculty appointed so far. SAF I, A form, B form & checklist for UG assessment not submitted by college authority. I am sending the following Documents

1. SAF II Hard & Soft copy
2. ~~Pen Drive~~ ^{DVD} of video graphy
3. D.D. Rs. 63,000.00 in favour of The Secretary Medical Council of India (D.D. No. 011699 Dated 20th December 2018 of HDFC Bank)
4. An Undertaking form the State Govt. with regard to means of finance
5. Year wise time bound programme
6. Conflict of interest of three assessors

Thanking You

Dated – 20th December 2018

Your faithfully

Narendra Nath Mukhopadhyay
Dr. Narendra Nath Mukhopadhyay (Coordinator)

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 100 - MBBS ADMISSIONS REPORT

(INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)

Part A-II(2019-20)
 (to be filled by the Assessors)

144971
24/12/18

1.1 Type of Assessment Letter of

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

Continuation of Recognition -Regular / Compliance

Any Other: _____

Name of the Institution	:	Rajkiya Allopathic Medical College Bahraich
Address	:	KDC College Road, Bahraich, UP
Telephone No.	:	5252-237265
E-mail	:	cmsbrh@gmail.com
College Website :		

Nu
 Narendra Nath Mukhopadhyay
 Signatures of the Assessors
 Co-ordinator 20.12.2018

gou
 20.12.18
 Date

[Signature]
 Signatures of Dean/Principal

Council Letter No.& Date	:	MCI-34(41)/2018-Med/E-67 Dated 14.12.2018		
Assessment Date:	20 th December 2018	Last Assessment Date :	NA	
PG Courses	:	Yes/No - No		

Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email
Dr. Narendra Nath Mukherjee	Professor, Deptt of Surgery Burdwan Medical College, Burdwan, West Bengal	09732379265	narendranath.mukherjee@yahoo.com
Dr. N.D. Soni	Professor & Head, Deptt. of Physiology, Dr S. N. Medical College, Jodhpur, Rajasthan	09314710754, 09461269595	doctorndsoni@yahoo.co.in
Dr. Abhijith Choudhury	Professor, Deptt of Microbiology, Sri Venkateswara Instt. of Medical Sciences. Tirupati, Andhra Pradesh	09492570422	ach1964@rediffmail.com

1.2. The College has following

The campus plot is.	unitary/divided into _____ parts if divided, Please give details. Under Construction
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Signatures of the Assessors



20/12/18

Date



Signatures of Dean/Principal

Building Plan approval from the competent authority.	Name- Not available No.----- Date-----
Building Use/ Occupancy Certificate from the competent authority.	Name----- No.----- Date-----

1.3 **Dean/Principal:** Dr.S. P. Singh, M.D./M.S. with Ophthalmology with 28 yrs years of teaching experience - 14 yrs professor & _____ yrs of experience of Asso Prof. He is also holding the post of Professor in the Department of _____.

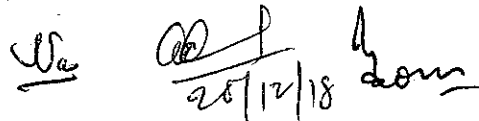
Dean Office is located in **Under Construction** of the college/building along with the administrative block. Adequate space (as per MSR guidelines by MCI) and other required facilities (as given in the table below) are provided/not provided to the administrative staff.

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

1.4 **Medical Education Unit (MEU):**

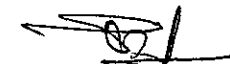
Available as per Regulations	:	Yes/No - No
Name of the MEU coordinator	:	

Signatures of the Assessors



Date

Signatures of Dean/Principal



Name, Designation & Experience of affiliated faculty	:	
Name of the MCI Regional (Nodal) Centre where above training has been undertaken	:	
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)	:	
Date/s of the above workshops	:	
Details & Duration of Workshops in Medical Education Technology conducted by MEU	:	
Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	
Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	
Feedback evaluation of workshops and action taken reports on the basis of feedback obtained	:	

1.5 Continuing Medical Education :

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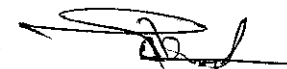
Signatures of the Assessors





Date

Signatures of Dean/Principal



Details of the credit hours awarded for the past one year	:	
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1.6 (a) College Council : Not yet formed


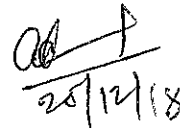

Name, designation, contact no. and address of the President & Secretary.	:	
Composition of the Council (HODs as members & Principal / Dean as chairperson)	:	
No. of times the College Council meets per year (min 4)	:	
Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure II)	:	

1.16 (b) Curriculum Committee (Yes/No) - No

(The Names of the Members to be mentioned

1.7 Pharmacovigilance Committee: Present/Absent - **Absent**
No. of meeting in the previous yrs. _____ (Minutes to be checked)

1.8 Examination Hall: Under Construction

Signatures of the Assessors

Date



Signatures of Dean/Principal

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

1.9 Lecture Theatres: Under Construction

	Medical college		Hospital		Comments
	Req	Available	Req	Available	
Number					
Capacity					
Type (Gallery)	Yes / No		Yes / No		
A.V. Aids	Yes / No		Yes / No		

1.10 Library : Under Construction


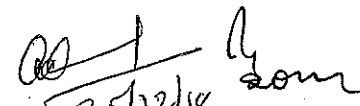
Air-conditioned - Yes/No

Working Hours:

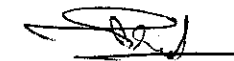
- a. Stack room : _____
b. Reading room : _____

	Required	Available	Remarks
Area	_____ Sq.m.	_____ Sq.m.	
Student Reading Room (Inside)	_____ Capacity	_____ Capacity	
Student Reading Room	_____ Capacity	_____ Capacity	

Signatures of the Assessors

 
25/12/18 Date

Signatures of Dean/Principal



(Outside)			
Staff Reading Room	_____ Persons	_____ Persons	
Room for Resident/PG reading room			
Particulars	Required Nos.	Available Nos.	Remarks
No. of Books			
Journals (Indian)			
Journals (Foreign)			
Internet Nodes			

1.11 Common Room for Boys & Girls: Under Construction


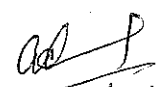

	Area Required Sq. Mt.	Available Area Sq. Mt.	Toilet - Attached Y/N
Boys			
Girls			

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

1.13 Hostel: Location - Under Construction

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)		Boys						
		Girls						
Interns @ 50%								

Signatures of the Assessors

  
 .. 20/12/18 Date

Signatures of Dean/Principal



Capacity								
Resident @ 100% Capacity including PG								
Nurses @ 20% Capacity								

Residential Quarters: Under Construction

Category	Required Nos.	Available Nos.	Remarks
Teaching Staff@ 20% Capacity			
Non-Teaching Staff@ 20% Capacity			

1:14 Recreational Facilities: No

Outdoor games		Yes/No
Play field/s		
Type of games		
Indoor games facilities		Yes/No
Gymnasium		Available /Not available.

1.15 Gender Harassment Committee -: Yes/No (Documents to be attached as annexure)

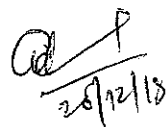
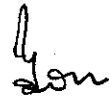
- No

1.16 Anti Ragging Committee: Yes/No (Documents to be attached as annexure)

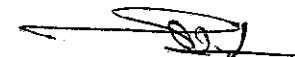
- No



Signatures of the Assessors

Date



Signatures of Dean/Principal

1.17 Biometric Devices: - No

- (a) No of OFAMOS devices installed in the college.
 (b) Whether all OFAMOS devices are working conditions?
 (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.
 (e) Any other relevant information.

TEACHING HOSPITAL

2.1 Name of the Hospital: District Hospital Bahraich
 Owned by: **Government/Trust/Society/Company**

2.2 Name of the Medical Superintendent, Dr. Dinesh Kumar Singh D-ortho with 03 years administrative experience.

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

2.3 Teaching and other facilities :

OPD Timings	:	08: 00 A.M. to 02: 00 P.M.
Separate Registration areas for male/female	:	yes/no- Yes

Signatures of the Assessors



Date

Signatures of Dean/Principal



patients available		
Separate Registration counters for OPD/IPD	:	available/not available- not available
Are the Registration counters computerized	:	yes/no- No
Staff for registration center	:	adequate / inadequate (on the basis of OPD attendance)- adequate
Waiting areas for above patients available	:	yes/no - Yes
No. of rooms for examination of patients available	:	yes/no- Yes
Capacity of teaching area in each department	:	yes/ no - No
Enquiry Desk	:	yes/no - Yes

2.4 Facilities available in OPD

Medicine Injection room - Male - Female	Yes/No- Yes Yes/No- No	E.C.G. Room	Yes/No- Yes
Surgery Dressing room - - Male - Female	Yes/No- Yes Yes/No- No	Minor OT	Yes/No- Yes
Orthopaedics Plaster room	Yes/No- Yes	Plaster cutting room	Yes/No-No

Signatures of the Assessors




20/12/18

Date

Signatures of Dean/Principal



Dressing room - - Male - Female	Yes/No- Yes Yes/No- No		
Ophthalmology	Refraction Rooms- Yes Dark Rooms- Yes Dressing Rooms / Minor Procedure Room- Yes	Yes Yes Yes	
ENT	Audiometry (AC & Sound proof) Speech Therapy	Yes No	
Pediatrics	Child Welfare Clinic Immunization Clinic Child Rehabilitation Clinic	No Yes No	
OBS & GYN	Antenatal Clinic Sterility Clinic Family Welfare Clinic Cancer Detection Clinic	No No No No	

Comments :




20/12/18 

Signatures of the Assessors

Date



Signatures of Dean/Principal



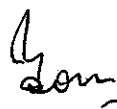
2.5 Total Number Of Teaching Beds(Distance between two beds should be 1.5m.)

Teaching Hospitals in Campus with Total Beds _____.

Teaching Hospitals in Outside the Campus (1.5 Kms. from the campus) with Total Beds 440

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		72	120	Y	N	N	N	Y	N	
Pediatrics		24	60	Y	N	N	N	Y	N	
TB & Respiratory Medicine		08	10	Y	N	N	N	Y	N	
Psychiatry		08	10	Y	N	N	N	Y	N	
Dermatology		08	10	Y	N	N	N	Y	N	
Gen. Surgery		90	120	Y	N	N	N	Y	N	
Orthopedics		30	60	Y	N	N	N	Y	N	
Ophthalmology		10	10	Y	N	N	N	Y	N	
ENT		10	10	Y	N	N	N	Y	N	
OB & GYN		40	30	Y	N	N	N	Y	N	
Total		300	440	Y	N	N	N	Y	N	

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

Signatures of the Assessors

Date



Signatures of Dean/Principal

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

Item	On the Day of assessment		Remarks
	O.P. D	I.P.D	
O.P.D. attendance at 2.00 PM On first day	2033		
Casualty attendance (24 hrs. data)	153		
No of admissions	132		
No. of discharges	143		
Bed occupancy% at 10.00AM on first day	100%		
<u>Operative Work</u>			
No, of major surgical operations	17		
No. of minor surgical operations	06		
No. of normal deliveries	21		
No. of caesarian sections	10		
<u>Radiological Investigations</u> (No. of patients)			
X-ray	35	35	
Ultrasonography	29	09	
Barium, IVP etc.	0	0	
C.T. Scan	0	0	



Signatures of the Assessors



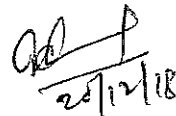
20/12/18

Date



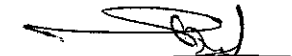
Signatures of Dean/Principal

Item	On the Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations - No. of Patients/ samples			
Biochemistry	411	138	
Microbiology	0	0	
Serology	71	29	
Hematology	1587	529	
Clinical pathology	4	01	
Histopathology	0	0	
Cytopathology	0	0	


Signatures of the Assessors

Date



Signatures of Dean/Principal

2.7 Medical Record Section:

Manual / Computerized Manual

ICD X classification of diseases followed for indexing :yes/no No

2.8 Central casualty services :

No of Beds: Required _____ Available 10

- Number of CMO posted/Shift : 1 No.of CMO present during Assessment round 1
- Number of nurses posted / Shift: 1 Total No. of CMO 2
- Separate casualty for OBGY cases: No available, if yes No. of beds _____/ not available,

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

Comments:



Signatures of the Assessors

20/12/18

Date




Signatures of Dean/Principal

2.9 Clinical Laboratories

Central Clinical Laboratory: Under control of department of: Incharge Central Lab


Separate sections for pathology, microbiology, hematology & biochemistry: available/not available. Not Available

2.10 Operation theatres

Type	Requirement	Available	Remarks
Major	04	3	
Minor	02	2	

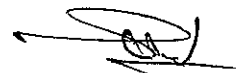
2.11 Equipment available in O. T. Block (Specify numbers)

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>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>N</u>	<u>Y</u>	<u>Common OT for Gen Surgery ENT Ophthal Ortho</u>
ENT								
Ophthal								
Ortho								
OBS & GYN	<u>1</u>	<u>Y</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	
Emergency								
Septic								


Signatures of the Assessors


20/12/18

Date


Signatures of Dean/Principal

No. of Pre-operative Beds available NIL

No. of Post Operative Beds available NIL

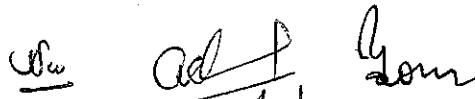
2.12 Intensive Care: Following intensive areas are available -

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	5	0	Y	N	Y	0	0	
ICU	5	5	0	Y	N	Y	0	0	
SICU	5	0							
NICU/PICU	5	10	10	Y	N	Y	0	2	

2.13 Labor Room

Rooms	Beds	Remarks
Clean Cases	3	
Septic Cases	3	
Eclampsia	0	

Signatures of the Assessors


 Date 20/12/18

Signatures of Dean/Principal





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>01</u> <u>01</u>	<u>0</u> <u>0</u>			
Static X Ray 300 mA 600mA 800/1000 mA	<u>01</u> <u>01</u>	<u>2</u> <u>0</u> <u>0</u>	<u>Applied for</u>	<u>Y</u>	
CT Spiral Minimum 16 slice	<u>00</u>	<u>0</u>	<u>Applied for</u>	<u>Y</u>	

Equipment	Required no.	Available no.	PNDT Approval Y/N	Functional Status at the time of assessment Y/N	Remarks if any
USG	<u>02</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	

Signatures of the Assessors



20/12/18

Date

Signatures of Dean/Principal



2.15 Blood Bank:Available and functional: **Yes/No Yes**

Number of units dispensed in a day _____ 10

Number of units stored on day of assessment _____ 70 _____

License valid up to: _____ 31/12/2022 _____ (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

Blood Separation Facility - Available/Not available Available

2.16 Pharmacy : Pharmacist/Staff available: List to be included

- No. of sub-stores located in different parts of hospital: _____ 2 _____
-

2.17 Central sterilization Department : Not available (attached to OT)_

- Timings _____ & Shifts: _____
- Equipment: Horizontal autoclaves _____ / Vertical autoclaves _____ 4 _____, ETO Sterilisers: _____ No.
- Separate receiving and distribution points - Yes/No
-

2.18 Intercom: Available : yes/no NO

No. of incoming lines _____ No. of extension lines: _____

2.19 Central laundry/Alternative Arrangements:

In House/Outsourced {if outsourced, then MOU copy to be annexed} : yes In house

Type of Laundry: Mechanized / Manual Mechanized



Signatures of the Assessors

Date



Signatures of Dean/Principal

2.20 Kitchen/ Alternative Arrangements

- In-House/Outsourced {if outsourced, then MOU copy to be annexed} :
- Food free of charge: yes/no Number of patients ___ 80
- Provision of special diet: yes/no Yes
- Services of a nutritionist/dietician: available/not available

2.21(a) Total no. of Canteens: ___ 2 _____. For staff ___ 0 ____ For students ___ 0 ____ For Patients/Relatives: ___ 2 ____

(b) Total no. of Mess in campus : _____ 0 ____



2.22 Arrangements for Biomedical Waste Management.

- Outsourced/in-house : (if outsourced, append MOU) (If in-house, please specify details of facilities available)

2.23 Central Research Lab:

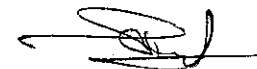
- Available - Yes/No
- Facilities - Adequate/Not Adequate
- Research Projects:
 - Completed Nos _____
 - Ongoing Nos _____

Signatures of the Assessors



 20/12/15

Date

Signatures of Dean/Principal



2.24 Nursing and Paramedical staff :

Nursing staff:	No of Beds _____	
	Category	Required Nos.
Staff Nurses	141	49
Sister Incharge	27	11
ANS	04	2
DNS	02	0
Nursing Suptd	01	0
Total	173	62

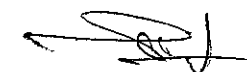
Paramedical And Non teaching staff	Required Nos.	Available Nos.
		101

Signatures of the Assessors




 Date

Signatures of Dean/Principal



MEDICAL COLLEGE - Under Construction

3.1 College Website: -

Sr. No.	Details of information	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.	
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	
3.	Details of the affiliated university and its Vice-Chancellor and Registrars.	
4.	Citizen Charter	
5.	List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.	
6.	Result of all the examinations of last one year.	
7.	Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc...	
8.	Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc...	
9.	Toll free number to report ragging.	
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)	
11.	Any research publication during the last one year.	
12.	Details of any CME programmes, conferences and/or any academic activities conducted by the institution.	
13.	Details of any awards and achievements received by the students or faculty.	
14.	Detailed status of recognition of all the courses(with the scan copies of permission letter)	
15.	Details of clinical material in the hospital	
16.	unit /dept .wise beds distribution	

Signatures of the Assessors



Date

Signatures of Dean/Principal

3.1 (a) College timings _____ To _____

3.2 Teaching Programme:

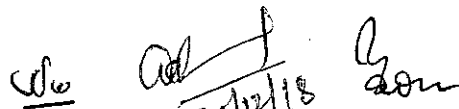
Didactic teaching	Yes/no
Demonstration	Yes/no
Integrated teaching (Horizontal/Vertical teaching)	Yes/no
Clinical posting	Yes/no
Clinical Pathological Conference	Yes/no
Grand Rounds	Yes/no
Statistical Meeting	Yes/no
Seminars	Yes/no

Teaching Facilities:

3.3 Anatomy

Required	Available	Required	Available
Demonstration Room/s • No _____ • Capacity - 75 to 100 students		AV Aids:	
• Histology practical laboratory - • Number of Lab seats _____ • Number of microscopes _____ • Dissection Microscopes _____		Museum: _____ seating capacity • Mounted specimens • Models - Wet & Dry • Bone Sets - Articulated-____ & Disarticulated- ____ • MRI & CT	
• Dissection Hall			

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Required	Available	Required	Available
Number of dissection tables - _____		Number of cadavers - ____	
Cold store / cooling chambers -Capacity of _____ Bodies		Storage tank - ____	
Embalming room -		Band saw	
Lockers - _____		Departmental Library- (80-100 Books.)	



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

3.4 Physiology

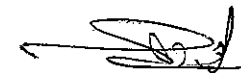
Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____		AV Aids:	
Mammalian laboratory		Haematology laboratory	
Amphibian Laboratory		Clinical Physiology Lab.	
Departmental Library - 80-100 Books			

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3.5 Biochemistry

Required	Available	Required	Available
Demonstration Room/s • No _____ • Capacity - _____		AV Aids:	
Number of practical laboratory/ies -		Library / Seminar rooms- 80-100 Books	
Number of Lab seats - _____			

3.6 Pathology

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




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3.7 Microbiology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
practical laboratory _____ Number of Lab seats - _____ Number of microscopes/laboratory - _____		Media preparation facility Autoclaving, Washing and drawing room	
Number of service laboratories - <u>7</u>		Museum: Specimen, Charts, Models & Catalogue seating capacity- _____	
Departmental library - 80-100 Books,			

3.8 Pharmacology

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Experimental Pharmacology		Museum: _____ seating capacity	
Clinical pharmacology/pharmacy		• Specimens • Charts • Models • History of Medicine • Catalogues	
Departmental Library - 80-100 Books			
Computer Assisted Learning Lab		Mannequins	



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3.9 Forensic Medicine


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

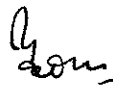
3.10 Community Medicine

Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Museum: • Charts • Models • Specimens • Catalogues		Practical lab - 1	
Departmental Library - 80-100 Books			

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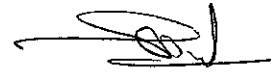



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3.11 Health Centers (Department of Community Medicine) *N. A*
 RHTC: _____ (place) _____ (Distance from the college)

Population covered by the RHTC	
It is affiliated to College Yes/No	
No. of Students _____ Visit per batch throughout the year	
No. of Interns _____ Posted per batch throughout the year	
Separate blocks for accommodating boys in _____ rooms having _____ beds. Girls _____ rooms having _____ beds.(For Interns)	
Facilities for cooking & dining - Yes/No	
Daily OPD	
Specialist visits if any	
Cold chain equipment available	
Survey/MCH/Immunization/FP registers	
Activities under the National Health Programmes	

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Date

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[Signature]

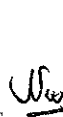
3.12 Details of U.H.T.C.: _____ Place _____ Distance from college **N. A**

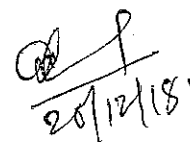
Population covered by the UHC	
It is affiliated to College Yes/No	
Daily OPD	
Diagnostics camps	
Survey/MCH/Immunization/FP registers	
Specialist visits if any	
No. of Students and interns posted in batches of	
Deficiency if any	

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

- University which conducts Examination:
- No. of Candidates appeared in Examination:
- The III MBBS examination (Part-II) was conducted satisfactorily: **yes/no**
- Centre for written/practical examination: _____
- Was the standard sufficient for MBBS Examination as required by Regulations of the Medical Council of India? _____

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3.14 Medical College-Staff Strength:

Name of College:


Number of students

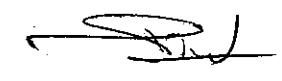
PG Courses (Yes/No): If yes, specify

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
 11. _____ 12. _____ 13. _____ 14. _____ 15. _____
 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

Calculation Sheet (Date: _____) - No Faculty Appointed so far in any department. District Hospital run by Medical Officers

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Physiology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					


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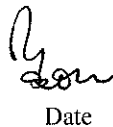
Signatures of Dean/Principal 

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Tutor					
Biochemistry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Pharmacology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Pathology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Microbiology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Forensic Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Community Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Epidemio-Logist-Cum-Asstt.Prof.					
	Statistician-Cum-Tutor					
	Tutor					

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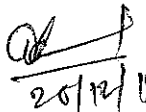


Date

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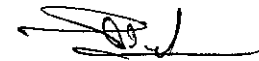
Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
General Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Paediatrics	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Tuberculosis & Respiratory Diseases	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Dermatology, Venereology & Leprosy	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Psychiatry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					

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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
General Surgery	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Orthopaedics	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Oto-Rhino-Laryngology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Ophthalmology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Obstetrics & Gynaecology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					

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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anaesthesiology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Radio-Diagnosis	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
Dentistry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	JR					

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 together.
- (b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
- (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

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cannot compensate the deficiency of Associate Professor or Professor. (d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.
(B) For Resident Doctors:
(a) Excess of SR can be compensated to the deficiency of JR of the same department only. (b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department. (c) Any excess of JR cannot compensate the deficiency of SR in same or any other department. (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.
(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.
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations - 2000.

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

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3.16 1) Deficiency of Teaching Faculty: _____% (NA)

2) Deficiency of Resident doctors: _____% (NA)

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

Summary of Assessment

1. Rajkiya Allopathic Medical College Bahraich (College Name), is run by Government Medical College Building & All Department under Construction.
2. The college has got Permission from GOI/MCI with intake of 0 (Zero) seats for the last academic year.
3. Type of assessment: Letter of Intent/Letter of Permission No. of seats: 100
4. PG courses : Yes/ No- No
5. Deficiency of teaching staff if any: **No Faculty Appointed**
Shortage of teaching faculty is _____%
6. Deficiency of resident doctors if any: **No resident doctors appointed**
Shortage of resident doctors is _____%

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7. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise; ✓
8. Deficiency of clinical material If any: Pl mention category wise;
9. Any other Remarks

Signatures of the Assessors


Dr. Namanda Nath
Mukul Padhyay (Coordinator) 20.12.2015


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Date

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