

# Government Medical College, Srinagar

10- Karan Nagar, Srinagar Kashmir, 190010 - Ph: 0194-2504114 & FAX No.: 0194-2503115  
e-mail id: principalgmcs@gmail.com & Website: www.gmcs.edu.in



**MOST URGENT**

## **NOTICE**

**Subject: Submission of Annual Disclosure Report (ADR) in respect of PG Medical Courses in accordance with Maintenance of Standards of Medical Education Regulations, 2023 - Regarding**

In continuation to this office notice issued under endorsement No. GMC/Acad/1742-65/MC, dated: 23-05-2025 (copy enclosed for perusal), it is notified for information of all the concerned HOD's of GMC Srinagar, to update the **Standard Assessment Form Part-B** (respective Broad/ Super Specialty), in accordance to the communication bearing No. N-P016(20)/1/2025-PGMEB-NMC (e-8330399), dated: 20-05-2025, received from the Secretary, Government of India, National Medical Commission, Ministry of Health and Family Welfare, Sector-8, Dwarka, New Delhi-110075, and submit the hard copies of same (**SAF-Form-B**) to the office of under signed by or before **28-05-2025 (02:00 PM)**, positively, for onward submission to National Medical Commission, New Delhi.

In addition to above, all the concerned officers (Desk officers/HOD's/Medical Superintendents, etc) of Government Medical College & Associated Hospitals, Srinagar, are directed to provide the relevant details/information as required in the **Standard Assessment Form Part-A** (Attached). The Hard copies of the same should reach the Office of undersigned by or before **28-05-2025 (02:00 PM)**.

**Note: No further extension for submission of desired information is possible, as such, all the concerned officers (Desk officers/HOD's/Medical Superintendents, etc), shall take the matter as MOST-URGENT.**

Prof. (Dr) Iffat Hassan Shah  
Principal/Dean

Goyt. Medical College, Srinagar

No. GMC/Acad/2099-2110/AC

Dated: 27-5-25

**Copy to the, for information & necessary action:**

01. All HOD's, GMC Srinagar.
02. All Medical Superintendents, Associated Hospitals, GMC Srinagar
03. Dy. Director Planning, GMC Srinagar, with the request to provide the clinical work load of last three year to the office of Dy. Registrar (Academics), GMC Srinagar, within the stipulated time.
04. Estates Officer & Warden(s) GMC Srinagar
05. Librarian, GMC Srinagar
06. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar
07. Office Record File.

# Government Medical College, Srinagar

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**MOST URGENT**

## **NOTICE**


**Subject: Submission of Annual Disclosure Report (ADR) in respect of PG Medical Courses in accordance with Maintenance of Standards of Medical Education Regulations, 2023 - Regarding**

In reference to a communication bearing No. N-P016(20)/1/2025-PGMEB-NMC (e-8330399), dated: 20-05-2025 (copy enclosed for perusal) received from the office of Dr. Raghav Langer, Secretary, Government of India, National Medical Commission, Ministry of Health and Family Welfare, Sector-8, Dwarka, New Delhi-110075, it is notified for information of all the concerned HOD's of GMC Srinagar, to update the **Standard Assessment Form Part-B** (respective Broad/ Super Specialty), in accordance to the above mentioned communication and provide the hard copies of same to the office of under signed by or before **26-05-2025**, positively, for onward submission to National Medical Commission, New Delhi.

Besides, the above, all the concerned officers (Desk officers/HOD's/Medical Superintendents, etc) of Government Medical College & Associated Hospitals, Srinagar, are directed to provide the relevant details/information as required in the **Standard Assessment Form Part-A** (Attached). The Hard copies of the same should reach the Office of undersigned by or before **26-05-2025**.

**Note:** Latest PG-SAF can be downloaded from the NMC website: [www.nmc.org.in](http://www.nmc.org.in), download section under direct URL/Link: <https://www.nmc.org.in/information-desk/download-application-forms-nmc/>

  
Prof. (Dr) Iffat Hassan Shah  
Principal/Dean

  
Govt. Medical College, Srinagar

No. GMC/Acad/1742-65/MC Dated: 23-05-2025

**Copy to the, for information & necessary action:**

01. All HOD's, GMC Srinagar.
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03. Dy. Director Planning, GMC Srinagar, with the request to provide the clinical work load of last three year to the office of Dy. Registrar (Academics), GMC Srinagar, within the stipulated time.
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07. Office Record File.

**No. N-P016(20)/1/2025-PGMEB-NMC  
(e- 8330399)**

**Government of India  
National Medical Commission  
Ministry of Health and Family Welfare**

Sector-8, Dwarka  
New Delhi-110075  
Date: 20-05-2025

To,

Principal/ Dean  
All the Medical Colleges/Institutions under NMC

**Subject: Submission of Annual Disclosure Report (ADR) in respect of PG Medical Courses in accordance with Maintenance of Standards of Medical Education Regulations, 2023- regarding.**

Sir/ Madam,

Reference is invited to Public Notice no. N-P016(20)/1/2025-PGMEB-NMC dated 20<sup>th</sup> May, 2025 (copy enclosed) issued by the Post Graduate Medical Education Board (PGMEB) pertaining to Submission of Annual Disclosure Report (ADR) in respect of PG Medical Courses (for the period, 01/01/2024 to 31/12/2024) in accordance with Maintenance of Standards of Medical Education Regulations, 2023, along with the details of requisite fee. The last date for uploading of Annual Disclosure Report is 3<sup>rd</sup> June, 2025 till 06.00 PM. All concerned stakeholders are requested to kindly take note of the same for further necessary action.

Encl.: As above

Digitally signed by  
Dr.Raghav Langer  
Date: 20-05-2025  
20:58:03

(Raghav Langer)  
SECRETARY

Copy to:

- i. ACS/ Pr.Sec/ Secretaries/ Department/s of Medical Education in all States/ Union Territories
- ii. PPS to Chairman, NMC
- iii. PPS to President (PGMEB), NMC
- iv. Dir (PGMEB), NMC
- v. DMMP-I System Integrator- for uploading of NMC Website
- vi. Guard File

ई-मेल/E-mail: पॉकेट -14, सेक्टर-8, द्वारका, फ1-, नई दिल्ली 77-  
pgmeb.recognition@nmc.org.in Pocket- 14, Sector- 8, Dwarka,  
Phase - 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग

## **National Medical Commission**

स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड

## **Postgraduate Medical Education Board (PGMEB)**

**No. N-P016(20)/1/2025-PGMEB-NMC**

### **PUBLIC NOTICE**

**Subject: Submission of Annual Disclosure Report (ADR) in respect of PG Medical Courses in accordance with Maintenance of Standards of Medical Education Regulations, 2023.**

The Maintenance of Standards of Medical Education Regulations, 2023 (MSMER-2023) stipulates that, "After its establishment, the medical college or medical institution is obligated to furnish an Annual Disclosure Report to the corresponding Board, satisfying such conditions provided under the notified MSRs by UGMEB or PGMEB and regulations of NMC, as the case may be".

2. Accordingly, all the Medical Colleges/ Institutions running PG Medical Courses have to submit the Annual Disclosure Report in respect of each PG Medical Course run by them. The Annual Disclosure Report consists of two (2) parts: -

- (a) Standard Assessment Form Part-A  
(Institutional Information, common for all PG Specialties).
- (b) Standard Assessment Form Part-B  
(respective Broad/Super Specialty)

The required forms are available on the NMC website under the Information Desk > Download Application Forms section. Web link: <https://www.nmc.org.in/information-desk/download-applicationforms-nmc>.

If a specialty specific form is not available, Form 2.1 (Master SAF FORM-B for Broad Specialty & Super Specialty) may be used. "Standard Assessment Form Part-A" is at Sl. No. 2 and "Standard Assessment Form Part-B for Broad Specialty" is at sub-serial No. of Sl. No. 3 and "Standard Assessment Form Part-B (Super Specialty)" is at sub-serial No. of Sl. No. 4.

3 . (a) **Clinical material and investigative workload and faculty attendance:** Information to be provided in various tables under column heading showing **Last year/ year 3** will be of year **2024 (01.01.24 to 31.12.24)**.

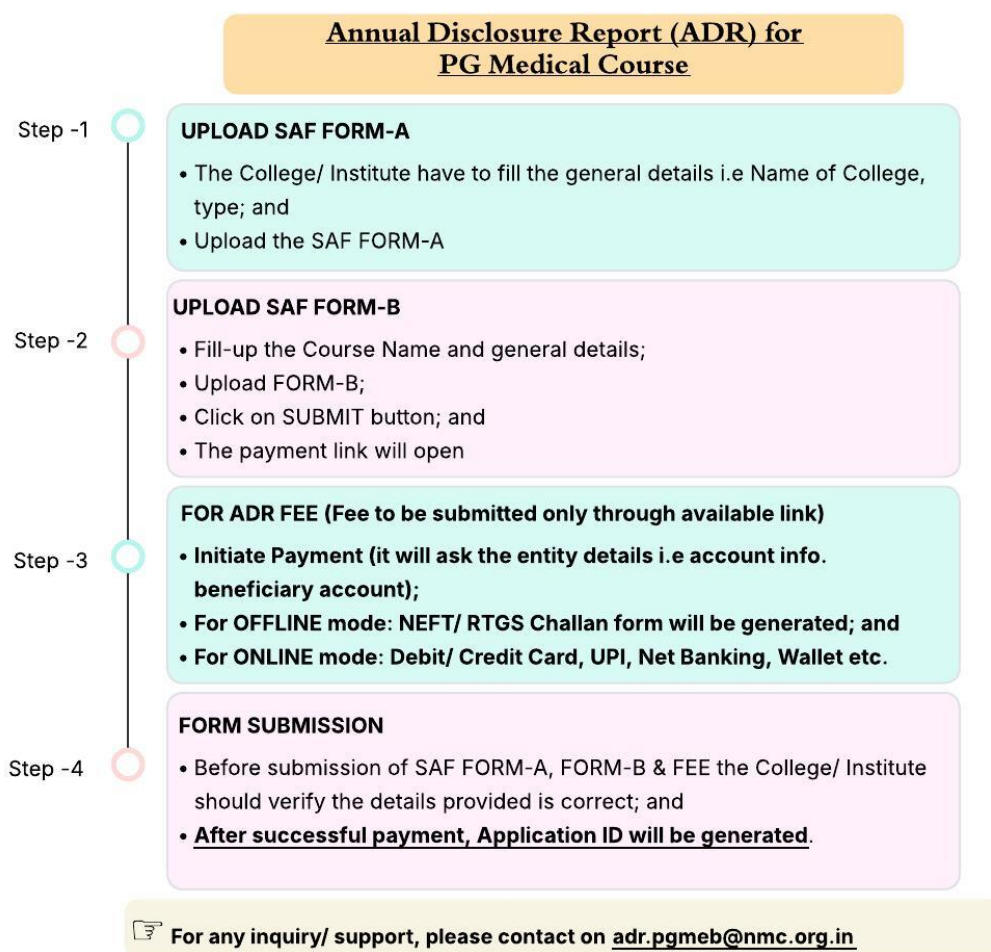
(b) **Faculty attendance:** Information under column heading **for the year part of the year** will also be of year 2024(1/1/24 to 31/12/24) or part of it.



(c) In the table of **Total eligible faculties and Senior Residents**, only eligible faculties fulfilling attendance requirement for 2024 (01.01.24 to 31.12.24) will be mentioned.

4. All the Medical Colleges/ Institutes running PG Medical Courses are directed to fill in the relevant forms and submit the same along with the requisite fee of Rs. 50,000/- plus 18% GST for each PG Medical Course, on the designated NMC's portal for this purpose. The payment of fees by colleges **shall be strictly restricted through designated window on NMC portal** and payment through any other mode will be treated as Null/Void.

5. The path for uploading of ADRs and payment of fees shall be as under:



6. **Last date for uploading of Annual Disclosure Report is 3rd June, 2025 till 6.00 PM.**

Digitally signed by  
C K Ramaswamy  
Date: 20-05-2025  
10:17:53  
(C.K. Ramaswamy)  
Director



## POST-GRADUATE MEDICAL EDUCATION BOARD NATIONAL MEDICAL COMMISSION

### STANDARD ASSESSMENT FORM-A

(Institutional Information Common for **all PG Specialities**)

### INSTITUTIONAL INFORMATION

Name of Institution: \_\_\_\_\_

Government/ Non-Government: \_\_\_\_\_

Standalone PG: **Yes/ No**

Period: \_\_\_\_\_ to \_\_\_\_\_

Date of the Report: \_\_\_\_\_

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#### ***INSTRUCTIONS TO DEAN/DIRECTOR/PRINCIPAL & HEAD OF THE DEPARTMENT***

1. This Standard Assessment Form is meant for the purpose of giving Annual Disclosure Report (**Annual Self-Declaration**) by Medical Colleges/Institutions as required under **Section 4** of MSMER-2023 regulation and for the Assessment/Inspection of a medical college/an institution by the Assessor. It will be in **Three Parts**:
  - i. **Form-A** is for the Institutional Information and is common for all PG Specialities.
  - ii. **Form-B** is for Speciality specific information (**Broad/Super Speciality**).
  - iii. Faculty, Senior Resident and Post-Graduate Students Declaration Forms.
2. These Forms will be updated/modified from time to time. Please download it afresh at the time of any application/submission.
3. For the purpose of Annual Disclosure Report (**Annual Self-Declaration**), the Data of previous year (1<sup>st</sup> January to 31<sup>st</sup> December) will be considered.
4. Medical college/institution will fill up all the details/data. The Assessor will verify availability and functional status of major infrastructure and major equipment of the institution mentioned in **Form-A** and may verify the relevant workload data furnished by the medical college/institution as per the requirement. Assessor will verify in detail all the items mentioned in **Form-B** (Department Specific form).
5. The original copy of the Annual Self-Declaration Form shall be preserved by the medical colleges. The PDF copy of SAF will be sent by e-mail.
6. Please read the FORM carefully before filling it up. Retrospective changes in Data will not be allowed.
7. Do NOT edit or modify any part of the Form. Tampering with the format of this Form will render your submission invalid.
8. Write **N/A** where it is **not applicable**. Write '**Not Available**', if the facility is **not available**.
9. Head of the Department and Dean will be responsible for filling all columns and signing on all pages and at the end of the Form. Do NOT leave any section of the Form or part thereof unanswered. Incompletely filled up Form shall be summarily rejected.

**Signature of Dean**

**Signature of Assessor**

10. Dean, Head of Department (HoD) and Faculty should be thoroughly well-versed with all Regulations and MSRs of NMC.
11. All Faculty, Senior Residents and Post-Graduate students will fill up the **respective Declaration Forms**. It should be countersigned by HoD and Head of the institution. The original Declaration Form shall be preserved by the medical colleges/institutions.
12. Medical College shall maintain the **Declaration Forms** who are relieved or retired during the reported year.
13. Add rows in a Table as per requirement.
14. Non-compliance/wrong declaration or fake documents will invite penalties as per NMC regulations.
15. The working days will be calculated as per the following formula  $[365 - 52 \text{ (Sundays)} - \text{Holidays declared by the respective Government/medical college}]$ . The dates of the Holidays to be provided by the medical college/institution as Annexure.
16. Annual detail of all clinical workload/ investigations will be provided as per the **Data Table** as and when asked for. Template of the Data Table is at end of this document.

Signature of Dean

Signature of Assessor

**A. GENERAL INFORMATION OF MEDICAL COLLEGE/ INSTITUTION**

1. Name of Medical College/Institution: \_\_\_\_\_
2. College Type: Government/ Non-Government: \_\_\_\_\_
3. Stand-alone PG: **Yes/No**
4. LOP date of establishment of undergraduate college: \_\_\_\_\_
5. Dates of the Holidays of last year. **Attach file as Annexure.**
6. Total working days of last year: \_\_\_\_\_
7. College Address: \_\_\_\_\_  
College City/Town: \_\_\_\_\_  
College District: \_\_\_\_\_  
College State: \_\_\_\_\_  
Pin Code: \_\_\_\_\_
8. College Website: \_\_\_\_\_
9. College E-mail ID: \_\_\_\_\_
10. College Landline No.: \_\_\_\_\_
11. College Mobile/Phone No.: \_\_\_\_\_
12. College Competent Authority: **Dean/ Director/ Principal**
13. College Competent Authority Name: \_\_\_\_\_
14. College Competent Authority E-mail ID: \_\_\_\_\_
15. College Competent Authority Mobile No: \_\_\_\_\_
16. College Competent Authority Landline No: \_\_\_\_\_
17. Name and Address of Affiliated University: \_\_\_\_\_
18. Name and address of the Vice-Chancellor: \_\_\_\_\_
19. Landline No./Mobile No of the Vice-Chancellor.: \_\_\_\_\_
20. E-mail address of the Vice-Chancellor: \_\_\_\_\_

**Signature of Dean****Signature of Assessor**



**B. DETAIL OF UNDERGRADUATE MEDICAL COLLEGE/INSTITUTE:**

Total number of UG seats: \_\_\_\_\_

Total hospital beds of all Departments required for UG College: \_\_\_\_\_

Parameter	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
Total OPD patients of all departments required for UG college (Write the average of all the OPD days in a year in column 3, 4, 5)				
Bed Occupancy of all the required In-patient beds for UG College. (Write average of all days in a year in column 3, 4, 5)				

**C. LIST OF ALL BROAD SPECIALITY AND SUPER SPECIALITY DEPARTMENTS EXISTING IN THE INSTITUTION WITH BASIC DETAILS:**

Name of Department	Total Beds	Total No. of Units	Total No. of Admissions per year	Year of Starting the Course

**D. COMMON INFRASTRUCTURE:****I. General:**

Parameters	Availability	Adequate/ Not Adequate
Central supply of Oxygen	Yes/No	

Signature of Dean

Signature of Assessor

Central Suction	Yes/No	
Central Sterilization Department	Yes/No	
Laundry	Yes/No	
Kitchen	Yes/No	
Generator facility	Yes/No	
Bio-waste disposal	Yes/No	
Computerized Medical Record Section	Yes/No	
Which ICD classification being used	ICD10/ICD11	

**II. Out-Patient Department:**

Space and arrangements : Adequate/Not Adequate

Parameter	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
<b>Total OPD Patients of all the Departments in the hospital</b> <i>(Write the average of all the OPD days in a year in column 3, 4, 5)</i>				

**III. Blood Bank:**

License valid till date: \_\_\_\_\_

Blood component facility: Available/Not Available

Parameter	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
Blood Units including Components issued				
Blood Units including Components utilized in the hospital <i>(write average of all days in column 3,4,5)</i>				
Average number of units utilized daily by the various Specialities <i>(Attach Annexure)</i>				
Blood units collected				
Total Number of Cross matchings				

Signature of Dean

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Number of units stored (write average of all days in column 3,4,5)				
Number of Units available on Assessment Day		X	X	X

#### IV. Emergency Department/ Casualty Services

Number of Beds (*Exclude beds in the Triage area*): \_\_\_\_\_

##### a. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
Ventilators			
Defibrillators			
Fully equipped disaster trolleys			
Multipara monitors			
Dedicated portable x-ray machine available:			
Number of Ambulances			
Ultrasonography with color Doppler and curvilinear probe, Linear probe, and Phased array probe(cardiac)			

##### b. Specific Clinical/ Investigative Workload of the Emergency Department:

Particulars	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
1	2	3	4	5
Number of patients attended (in the green zone/ OPD of the Emergency Department) for OPD workload. (Write average daily attendance in columns 3, 4 and 5*)				

Signature of Dean

Signature of Assessor

Particulars	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
Admissions (number of patients admitted in Red and Yellow Zones). (Write average daily admission in columns 3, 4 and 5*)				
Total number of patients admitted in the hospital through EM Deptt.				
Bed occupancy for Percentage of Bed Occupancy		X	X	X
Bed occupancy for the whole year above 75% (Prepare a Data Table)	X	Yes/No	Yes/No	Yes/No
Number of Major surgeries for patients attending EM#				
Number of Minor Surgery/Procedures in EM @				
Details of the Procedures (Give the details in the <b>Table</b> given below)				
Consumption of blood units for EM patients (Write average of all 365 days in column 3,4,5)				
X-rays per day for EM patients (Write average of all 365 days in column 3,4,5)				
Ultrasonography per day for EM patients (Write average of all 365 days in column 3,4,5)				
CT scans per day for EM patients (Write average of all 365 days in column 3,4,5)				
MRI scans per day for EM patients (Write average of all 365 days in column 3,4,5)				
OPD Haematology workload per day for EM patients (Write average of all 365 days in column 3,4,5)				
OPD Biochemistry workload per day for EM patients				

Signature of Dean

Signature of Assessor

Particulars	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
<i>(Write average of all 365 days in column 3,4,5)</i>				
OPD Microbiology workload per day for EM patients <i>(Write average of all 365 days in column 3,4,5)</i>				
ABG per day for EM patients <i>(Write average of all 365 days in column 3,4,5)</i>				
Cardiac biomarkers per day (average) for EM patients				
Total deaths in the EM Department				

- \* Average daily attendance is calculated as below.  
*Total patients attending EM in the year divided by total number of days in a year*
- # Total number of major surgeries of patients shifted to Hospital/Operating Room directly from ED or are operated in the ED Operation Theatre.
- @ Minor Operation can be those that are done in the Procedure Room /Minor Operation Room inside the ED. These may include wound wash/debridement in the ED, wound suturing or removal, K-wiring, dislocation reduction, etc.

#### Details of Procedures

Procedures	On the day of Assessment	(Last Year)
Central Line placement		
Non-invasive ventilations		
Pleural Tapping/Chest tube insertion		
Pericardiocentesis		
Cardioversion/Defibrillation		
Incision and Drainage of abscess		
Endotracheal Intubation with direct laryngoscopy		
Major trauma primary care like splinting/dressing		

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Endotracheal intubation with video laryngoscopy		
Tracheostomy		
Ultrasonography		
Transcutaneous Pacing		
Regional Block		

**V. Intensive Care Facility:**

Total intensive care unit beds in hospital: \_\_\_\_\_

Total and high dependency beds in hospital: \_\_\_\_\_

Total Post-operative/ Post Anaesthesia care unit beds in hospital: \_\_\_\_\_

**Intensive care facilities:**

Type	Managed by which Department	Number of total beds	List of Major Equipment and their Numbers	Bed occupancy on the day of Assessment	Average bed occupancy for the last year
Medical ICU- MICU					
Surgical ICU – SICU					
Neonatal ICU- NICU					
Paediatrics ICU- PICU					
Intensive Coronary Care Unit – ICCU					
Critical care unit-CCU					
Any other ICU (add rows)					

**VI. Dialysis:**

a. Number of Beds: \_\_\_\_\_

b. Number of Hemodialysis Machines: \_\_\_\_\_

**Signature of Dean****Signature of Assessor**



	On the day of assessment	Year 1	Year 2	Year 3 (last year)
Total Hemodialysis				
Total Peritoneal Dialysis				

## VII. Radiology Department:

### a. Equipment:

Sl. No.	Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
1.	X-Ray Machines-Static i. ii. iii.			
2.	X-Ray Machines-Portable i. ii. iii.			
3.	X-Ray Machines-TV/Imaging facility			
4.	CT Scan (Mention slices, year of manufacturing with other specifications) i. ii.			
5.	MRI (Mention Tesla, year of manufacture with other specifications)			
6.	USG – Grey Scale (mention probes available with each machine) i. ii. iii.			
7.	USG – Colour Doppler (mention			

Signature of Dean

Signature of Assessor

	probes available with each machine) i. ii. iii.			
8.	Mammography			
9.	DSA			
10.	Any other equipment (add rows)			

b. **Clinical workload of the Radio-diagnosis Department:**

Parameter	On the day of assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
<b>Total Plain X-rays (write average of all working days in a year in column 3, 4, 5)</b>				
IVP				
Barium Swallow				
Barium Upper GI studies				
Barium Meal Follow through				
<i>Barium Enema</i>				
<i>HSG</i>				
<i>Silography</i>				
Urethrogram				
MCUG				
Fistulography/Sinography				
Total Number of Ultrasonography				
Number of Ultrasonography (write average of all working days in a year in column 3, 4, 5)				
Doppler studies for abdominal vessels and scrotal conditions				
Doppler study for peripheral vessels				
Doppler study for carotid vessels				
Other Doppler studies				
USG Guided procedures-FNAC/ Biopsy				
USG Guided procedures –aspiration/intervention				
Total CT scan				

Signature of Dean

Signature of Assessor

Parameter	On the day of assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
<b>Total CT scan per day</b> (write average of all working days in a year in column 3, 4, 5)				
Number of plain CT Scans (without contrast)				
Number of plain CT Scans Brain				
Number of plain CT Scans Abdomen				
Number of plain CT Scans Head and Neck				
Number of CT contrast Enterography				
Number of CT contrast Urography				
Number of CT contrast Enema				
CT guided procedures like FNAC/BIOPSY				
Total MRI				
<b>Total MRI per day</b> (write average of all working days in a year in column 3, 4, 5)				
Number of plain MRI (without contrast)				
Number of plain MRI Brain				
Number of plain MRI for spine				
Number of MRI with contrast				
Number of MR Urography				
Number of MR Cholangiopancreatography				
Mammography				
Angiography (Conventional)				
Angiography (DSA)				
Any others (Please add rows)				

## VIII. Pathology Department

### a. General Information:

Spacing and Organization of Laboratories:	Adequate / Inadequate
Laboratory Management Information System:	Available / Not Available
Internal Quality Assurance Practiced:	Yes/No

Signature of Dean

Signature of Assessor

External Quality Assurance Services Practiced: If yes, details of EQAS	Yes/No
Lab Accredited: If Yes Give Details	Yes/No

**b. Equipment:**

<b>Name of the Equipment</b>	<b>Numbers Available</b>	<b>Functional Status</b>	<b>Important Specifications in brief</b>
Binocular Microscopes			
Penta head Microscope			
Binocular Research Microscope with photography facility			
Automated Tissue Processor			
Microtome			
Cryostat for Frozen Sections			
Microwave for IHC			
Cell Counter			
HPLC Machine (Hb variants)			
Centrifuge / Cytospin			
PT and Aptt Automated Analyzer/Coagulometer			
Flowcytometry for Hematology			
IHC equipment			
Any other equipment (Add rows)			

**c. Details of different sections in the Department of Pathology:**

<b>Section</b>	<b>Area (M<sup>2</sup>)</b>	<b>Equipment available</b>
Histopathology		
Cytology / Cytopathology		
Hematology		
Fluid section		
Autopsy/ Morbid Anatomy		
Other		

Signature of Dean

Signature of Assessor

d. **Clinical workload of the Pathology Department:**

Nature of Specimens	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
<b>Total number of histopathology investigations [(Total specimens (Organ/Part/Tissue)] for histopathology received and reported *</b>				
Frozen sections				
Special stains (give details below in brief)				
Immunohistochemistry (mention below if outsourced)				
<b>Total Hematology Specimen received and tested</b>				
<b>Total Cytopathology Specimen received and reported (Cytopathology workload)</b>				
Fluid Cytology				
Exfoliative Cytology				
FNAC (Direct)				
FNAC (CT guided)				
FNAC (USG guided)				
PBF				
Bone marrow				

e. **Histopathology****Types of histopathological reports by the Department of Pathology:**

Nature of Disease Reported	On the day of Assessment	Year 1	Year 2	Year 3 (Last year)
Tuberculosis				
Other infections/ Inflammations				
Benign/Non Neoplastic*				
Malignancies				
Others (specify)				

**Note:** \* Tuberculosis and Other infections/inflammations to be excluded here.

f. **Hematology:**

i. Total Hematology samples received and tested: \_\_\_\_\_

ii. **Number of Investigations:**

**Signature of Dean**

**Signature of Assessor**

Name of test	Total Numbers			
	Number on day of Assessment	Year 1	Year 2	Year 3 (Last Year)
CBC				
ESR				
Reticulocyte Count				
Absolute Eosinophil Count				
Bone Marrow Aspiration				
Bone Marrow Biopsy				
PT, Aptt, TT				

iii. Facilities for the work up of the following (Name of investigation & numbers per year):

Name of the Test	Number on day of Assessment	Year 1	Year 2	Year 3 (Last Year)
Coagulation Disorders				
Leukemia				
Nutritional Anemias				
Hemolytic Anemias				

g. Body Fluids (Clinical Pathology):

Name of the Test	Number on Day of Assessment	Year 1	Year 2	Year 3 (Last Year)
Urine: Routine				
Urine Special:				
Semen: Routine				
Semen: Special				
CSF				
Sputum:				
Other body fluids:				

**IX. Biochemistry Department**

**a. General Information:**

Spacing and Organization of Laboratories:	Adequate / Inadequate
Laboratory Management Information System:	Available / Not Available
Internal Quality Assurance Practiced:	Yes/No

Signature of Dean

Signature of Assessor



External Quality Assurance Services Practiced: If yes, details of EQAS	Yes/No
Lab Accredited: If Yes Give Details	Yes/No

**b. List of Department specific laboratories (e.g., undergraduate laboratory, postgraduate laboratory etc.) with important Equipment (if applicable):**

Laboratory	Equipment	Functional Status
UG Laboratory	As Per UGMSR2023	
PG Laboratory	1. Electrophoresis 2. Chromatography 3. Spectrophotometer 4. Semi / Auto Analyzer 5. Electrolyte Analyzer 6. ELISA	
Clinical Chemistry Laboratory in Hospital	1. Semi Auto Analyzer 2. Fully Auto Analyzer	
Immunochemistry	1. Immunochemistry Analyzer 2. CLIA	

**c. Clinical material and investigative workload of the Department of Biochemistry:**

No. of samples received: \_\_\_\_\_

No. of Tests Done: -----

**i. Clinical chemistry Investigations:**

Investigations	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)	Daily Average for the Last Year
Glucose					
Urea					
Creatinine					
Serum bilirubin					
Serum proteins					

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Electrolytes					
Lipid profile					
Calcium					
Magnesium					
Phosphorus					
Uric acid					
Urine analysis					
Pleural fluid					
CSF					
Peritoneal Fluid					
Any other					

**ii. Special investigations including enzymes, chemiluminescence and immunochemistry**

<b>Investigations</b>	<b>On the day of assessment</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Daily Average for the last year</b>
Serum Amylase					
Serum Lipase					
Serum AST					
Serum ALT					
Serum ALP					
Others					
Hormonal Assays					
Thyroid Hormones					
Steroid Hormones					
Sex Hormones					
Other					
Vitamins Assay					
Iron Profile					
HbA1C					
Ferritin					
CRP					
Tumor markers					

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Immunoglobulin Assays					
Troponins					
Others					

## X. Microbiology Department

### a. General Information:

Spacing and Organization of Laboratories:	Adequate / Inadequate
Laboratory Management Information System:	Available / Not Available
Internal Quality Assurance Practiced:	Yes/No
External Quality Assurance Services Practiced: If yes, details of EQAS	Yes/No
Lab Accredited: If Yes Give Details	Yes/No

### b. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
Binocular Microscopes			
Fluorescence Microscope			
Inverted Microscope			
Multi-header Microscope			
BOD Incubator			
Bacterial Incubator			
Hot Air Oven			
Autoclave			
Centrifuge			
Anoxomat / McIntosh Fildes Jar			
pH Meter			
Electronic Weighing balance			
Candle Jar			
VDRL Shaker/ Rotator			
ELISA Washer			

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Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
ELISA Reader			
LCD screens			
Deep Freezer -20 <sup>0</sup>			
C Deep Freezer -80 <sup>0</sup>			
Laminar Flow Horizontal			
Laminar Flow Vertical			
Biosafety Cabinet BSL2			
Digital Water Bath			
Automated Blood Culture			
RT (Real Time) - PCR			
Conventional PCR			
GeneXpert			
CLIA (Chemiluminescence-Immunoassay)			
Any other equipment			

**c. Total number of Laboratories in the Department:**

Name of the Laboratory	Available (Yes/ No)	General Facility <i>(Adequate/ Not Adequate. If not adequate, mention the deficiencies)</i>	List of Essential equipment
Bacteriology			
Serology/ Immunology			
Virology			
Mycology			
Parasitology			
Mycobacteriology			
STI Lab			
Anaerobic			
Media Room			
Hospital Infection Control Testing Facility & Record keeping			
ICTC DOTS			

**d. Year-wise workload (past 3 years) for the entire hospital:**

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Particulars	On the day of assessment	Year 1	Year 2	Year 3 (last year)
Bacteriology				
Serology/ Immunology				
Mycology				
Parasitology				
Virology				
Molecular tests				
Any others				

## XI. Obstetrics and Gynecology Department

### a. Infrastructure

1. Total beds in Department	
2. Total operation theatres in the Department.	
3. Number of delivery tables	
4. No of beds in Eclampsia room with Multipara monitors, CTG and infusion pumps on each bed	

### b. Equipment:

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
Multiparameter Monitors			
Pulse Oxymeters			
Infusion pump			
CTG Machines			
No of USG machines with Doppler facility and TV probe and convex probe– (Should have minimum 2 machines)			

### c. Workload

Deliveries: (Total)	On the day of Assessment	Year 1	Year 2	Year 3 (Last year)
Normal (Vaginal)				
Operative (Vaginal)				
Operative (CAESAREAN)				
<b>Deliveries including LSCS per week</b>	<b>X</b>			

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(average of all weeks of the year)				
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**XII. Operation Theatre:**

- a. Total number of Operation Theatres with anesthesia facilities in whole hospital: \_\_\_\_\_
- b. Do you fulfil the operational guidelines for Operation Theatres Complex prepared by the Ministry of Health and Family Welfare? [Link: <https://nhsrindia.org/sites/default/files/Guidelines-on-OT.pdf> ]: **Yes/No.**  
If No then mention deficiencies and what measures are you taking to fulfill those deficiencies. (Annexure)

Particulars	On the day of Assessment	Year 1	Year 2	Year 3 (Last year)
Total number of Major surgeries performed in all disciplines of the institute of entire hospital				
Total number of Minor operations of entire hospital of all departments)				

**c. List of Common Major Equipment in Operation Theatres:**

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in Brief

**XIII. Facilities for PG Students:**

- a. Separate Rest Room/Duty room for Male and Female students: Available/Not Available
- b. Hostel Accommodation for PG students:

List			No. of Rooms available with attached Bath	
S.No.	Details	Number	Boys	Girls
i.	Total PG seats (Broad Speciality + Super Speciality):			
ii.	Total required Senior Residents for Broad Speciality:			

Option of installation of air conditioner available: Yes/No

**c. Recreational Facilities:**

Details	Available/ Not Available	Used regularly/not used
Playground with outdoor sports facility like cricket, football, basketball etc.		

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Gymnasium with indoor sports facilities like table tennis, badminton etc.		
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d. **Stipend paid to the PG students, Year-Wise:**

Year	Stipend paid in Govt. Colleges by State Govt.	Stipend paid by the Institution*
1 <sup>st</sup> Year		
2 <sup>nd</sup> Year		
3 <sup>rd</sup> Year		

\* Stipend shall be paid by the institution as per Govt. rate shown above.

- e. Anti-Ragging Committee Members (**attach file as Annexure**):
- f. Number of Anti-Ragging Committee Meetings held in the year:
- g. Whether Annual Report pertaining to Anti-Ragging Regulation Submitted: Yes/No

**XIV. Medical Record Section**

- a. Organization of the Medical Record Section:
- b. Staff:
- c. Details of the Software Available:

**XV. Central Library**

- a. No. of books and Journals: Adequate/Not Adequate
- b. Reading Room Facility: Adequate/Not Adequate

**E. COMMON ACADEMIC ACTIVITIES:**

- a. **Ethics Committee Details:**
  - i. Ethics Committee Members (Annexure)
  - ii. Registration details:
  - iii. Number of Ethics Committee meetings held in the year (last year):
- b. **Medical Education Unit :**
  - i. Committee members:
  - ii. Number of meetings held annually:
- c. **Numbers of Clinico-pathology Meetings held in last year:**
- d. **Number of Death Review Meetings held in last year:**

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e. Number of Infection Control Committee meetings held in last year:

F. DEATH:

Number of deaths			
On the day of Assessment	Year 1	Year 2	Year 3 (Last year)

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**G.** **REMARKS OF THE ASSESSOR**  
*(The Assessor may send the Confidential Remarks separately within 24 hours of the completion of the Assessment/Inspection.)*

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Annexure

DATA TABLE

(Clinical Workload of - \_\_\_\_\_)

Months → Date ↓	January	February	March	April	May	June	July	August	September	October	November	December
1												
2												
3												
4												
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