



## CIRCULAR

**Subject: Inviting Applications for starting of new post-graduate medical courses and increase of seats in existing post graduate medical courses for the Academic Year (AY) 2025-2026: Updated information/documents required thereof.**

In view of the revised guidelines issued by National Medical Commission (NMC) and as per the PGMER 2023 & PGMER 2024, a revised format of PG-SAF has been provided by NMC for all PG Courses vide NMC public Notice No. M-19011/38/2024/NMC/PGMARB(8293796) dated: 18.09.2024. In this context, it is impressed upon all the concerned officers (Desk officers/HOD's/Medical Superintendents, etc) of Government Medical College & Associated Hospitals, Srinagar, to provide the relevant details/information as required in the Standard Assessment Form-"A" (copy enclosed for ready reference). The Hard & Soft (.docx format) copies of the same shall reach to the Office of Registrar Academics, GMC Srinagar by or before 05.10.2024 and email at [registraracademics@gmcs.ac.in](mailto:registraracademics@gmcs.ac.in)

**Note:** Any fictitious documentation/ wrong information will be viewed seriously and appropriate action will be taken thereafter by the NMC authorities.

Prof. (Dr.) Iffat Hassan

Principal/Dean

Govt. Medical College, Srinagar

No. GMC/Acad/4760-90/mc

Dated: 30-09-24

### Copy to the:

1. Administrator, GMC & Associated Hospitals, Srinagar for information and necessary action
2. All HOD's, GMC Srinagar, for information and necessary action.
3. All Medical Superintendents of Associated Hospital, GMC Srinagar, for information and necessary action
4. Dy. Director Planning, GMC Srinagar for information and necessary action
5. Estates Officer, GMC Srinagar for information and necessary action
6. Chief Librarian, GMC Srinagar for information and necessary action
7. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar

## STANDARD ASSESSMENT FORM-A

### 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 <i>(Write the average of all the OPD days in a year in column 3, 4, 5)</i>				
Bed Occupancy of all the required In-patient beds for UG College. <i>(Write average of all days in a year in column 3, 4, 5)</i>				

### 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	
Central Suction	Yes/No	

Signature  
Desk Officer/HOD/Medical Superintendent

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				
Number of units stored <i>(write average of all days in column 3,4,5)</i>				

Signature  
Desk Officer/HOD/Medical Superintendent

Number of Units available on Assessment Day		X	X	X
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#### 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. <i>(Write average daily attendance in columns 3, 4 and 5*)</i>				
Admissions (number of patients admitted in Red and Yellow Zones). <i>(Write average daily admission in columns 3, 4 and 5*)</i>				

Signature  
Desk Officer/HOD/Medical Superintendent

Particulars	On the day of Assessment	Year 1	Year 2	Year 3 (Last Year)
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 (Write average of all 365 days in column 3,4,5)				
OPD Microbiology workload per day for EM patients				

Signature  
Desk Officer/HOD/Medical Superintendent

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>				
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		
Endotracheal intubation with video laryngoscopy		
Tracheostomy		
Ultrasonography		

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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: \_\_\_\_\_

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

Signature  
 Desk Officer/HOD/Medical Superintendent

## 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 probes available with each machine) i. ii. iii.			
8.	Mammography			

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Desk Officer/HOD/Medical Superintendent

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 <i>(write average of all working days in a year in column 3, 4, 5)</i>				
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				
<b>Total CT scan per day</b> <i>(write average of all working days in a year in column 3, 4, 5)</i>				
Number of plain CT Scans <i>(without contrast)</i>				
Number of plain CT Scans Brain				
Number of plain CT Scans Abdomen				

Signature  
Desk Officer/HOD/Medical Superintendent

Parameter	On the day of assessment	Year 1	Year 2	Year 3 (Last Year)
(1)	(2)	(3)	(4)	(5)
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
External Quality Assurance Services Practiced: If yes, details of EQAS	Yes/No
Lab Accredited: If Yes Give Details	Yes/No

#### b. Equipment:

Signature  
Desk Officer/HOD/Medical Superintendent

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
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:**

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

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)
Total number of histopathology investigations [(Total specimens				

Signature  
Desk Officer/HOD/Medical Superintendent

<b>(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:**

<b>Nature of Disease Reported</b>	<b>Types of histopathological reports by the Department of Pathology:</b>			
	<b>On the day of Assessment</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3 (Last year)</b>
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:**

<b>Name of test</b>	<b>Total Numbers</b>			
	<b>Number on day of Assessment</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3 (Last Year)</b>
CBC				
ESR				
Reticulocyte Count				

Signature  
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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
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):**

Signature  
Desk Officer/HOD/Medical Superintendent

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					
Electrolytes					
Lipid profile					
Calcium					
Magnesium					
Phosphorus					
Uric acid					

Signature  
Desk Officer/HOD/Medical Superintendent

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					
Immunoglobulin Assays					
Troponins					
Others					

Signature  
Desk Officer/HOD/Medical Superintendent

## 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			
ELISA Reader			
LCD screens			
Deep Freezer -20 <sup>0</sup>			
C Deep Freezer -80 <sup>0</sup>			
Laminar Flow Horizontal			
Laminar Flow Vertical			

Signature  
Desk Officer/HOD/Medical Superintendent

Name of the Equipment	Numbers Available	Functional Status	Important Specifications in brief
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:**

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

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Desk Officer/HOD/Medical Superintendent

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 (average of all weeks of the year)</b>	<b>X</b>			

## XII. Operation Theatre:

- Total number of Operation Theatres with anesthesia facilities in whole hospital: \_\_\_\_\_
- 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.**

Signature  
Desk Officer/HOD/Medical Superintendent

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.		
Gymnasium with indoor sports facilities like table tennis, badminton etc.		

**d. Stipend paid to the PG students, Year-Wise:**

Year	Stipend paid in Govt. Colleges by State Govt.	Stipend paid by the Institution*

Signature  
Desk Officer/HOD/Medical Superintendent

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

#### **F. DEATH:**

Number of deaths			
On the day of	Year 1	Year 2	Year 3

Signature  
Desk Officer/HOD/Medical Superintendent

<b>Assessment</b>			<b>(Last year)</b>

Signature  
Desk Officer/HOD/Medical Superintendent

**G.**

**REMARKS OF THE ASSESSOR**

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

Signature  
Desk Officer/HOD/Medical Superintendent

**DATA TABLE***(Clinical Workload of- \_\_\_\_\_ )*

Months → Date ↓	January	February	March	April	May	June	July	August	September	October	November	December
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Signature  
Desk Officer/HOD/Medical Superintendent

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Signature  
Desk Officer/HOD/Medical Superintendent