

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 100 ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

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

1.1 Type of Assessment

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

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

U/S 11: Recognition: Regular / Compliance

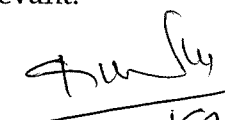
U/S 19 Continuation of Recognition: Regular / Compliance

Any Other: _____

Note:

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

Date:


 18/12/18
 प्राचार्य
 पलामू चिकित्सा महाविद्यालय
 मेदिनीनगर, पलामू

Signature with stamp: Dean/Principal/Director

Name of the Institution / College : PALAMU MEDICAL COLLEGE

Address of College : Pokhraha Khurd, Daltongang, Palamu, Jharkhand.

Address Of Hospital : Sadar Hospital, Daltongang, Palamu, Jharkhand.

Telephone No. : _____

E-mail : palamumedicalcollege@gmail.com

Fax : _____

Website : _____

Management : Government / Society / Trust / Company

Regn. No. of Society / Trust / Company :

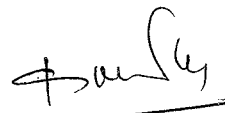
Consent/Affiliation from University : Yes / No _____
: Ref. No. & Date: _____

Period of Validity : _____

No. of seats as per Essentiality Certificate:
Period of Validity :

Last Assessment Date:

Date:


Signature with stamp Dean/प्रधान्याल/ Director
पलामू चिकित्सा महाविद्यालय
मेदिनीनगर, पलामू

1.2

(a) Location: The applicant college is located in Pokhraha Khurd, (city/village) of _____ talluka
 Palamu district of Jharkhand state.

(b) The College has following plots of land: 12 acres

Plot #	Survey #	Place	Area	Remarks if any
	<u> 85 </u>	<u> Pokhraha Khurd </u>	<u> 12 acres </u>	<u> Under construction </u>

(c) The campus is unitary/ divided into 2 parts. If not unitary distance between parts. 6km .

1.3 Building Plan approval from the competent authority: _____ date of approval _____

1.4 Buildings: (UNDER CONSTRUCTION)

College: _____ sq.mt.

Hospital (including OPD): _____ sq.mt.

Hostel & Residential complex ----- sq.mt.

1.5 Building Use/ Occupancy Certificate: approved by _____ order no: _____ dated _____.

Date:

Signature with stamp Dean/Principal/Director

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1.6 Nearest Commercial airport: 165 Distance in kms 4hrs Traveling time required:

1.7 Nearest major Railway Station: Daltonganj Distance in kms 5 Traveling time required:

1.7 (a) Nearest major city is Ranchi, distance in km 165, Traveling time required:
4hrs

1.8 Water Supply: Through Municipal / Bore wells 1

1.9 Electric supply: Sanctioned Load _____ KVA.

1.10 Generators: available/not available, Available load _____ KVA

1.11 Drainage & sewage disposal

1.12 Working Hours:

1. OPD Timings: 9 am to 3 pm

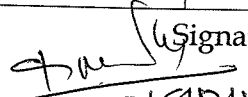
2. College Timings: _____ am to _____ pm

3. Library Timings: _____ am to _____ pm

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

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

Date:


Signature with stamp Dean/Principal/Director
- प्रा. 1/18
पलामू चिकित्सा महाविद्यालय
मेदिनीनगर, पलामू

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

- (a) Dental College : _____
- (b) Nursing College : _____
- (c) Physiotherapy College : _____
- (d) Pharmacy College : _____
- (e) Ayush College : _____
- (f) Engineering College : _____
- (g) Any other : _____

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

1.13 Annual Budget: College & Hospital

Year	Current Financial Year		Previous financial year As per Audited report	
	College	Hospital	College	Hospital
Salary				
- Doctors				
- Resident				

Date:

Signature with stamp Dean/Principal/Director

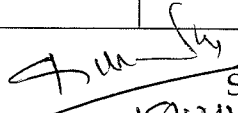
18/12/18
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पलामू चिकित्सा महाविद्यालय
मेदिनीनगर, पलामू

Doctors - Other Staff				
Technical Training				
Library & Education				
Maintenance				
Contingencies				
Others				
Total				

1.14 Paramedical staff (Nos.): Give details of technicians department wise:

Department	Technician	Assistant	Attendant	Other
Radiology				
General medicine				

Date:


 Signature with stamp Dean/Principal/Director
 - प्रो. 12/11/18
 पलामू चिकित्सा महाविद्यालय
 मेदिनीनगर, पलामू

Pediatrics				
OT				
Anesthesia				
Blood Bank				
Labour Room				
Emergency Room				
CSSD				
Mortuary				
Laundry				
Electrical				
Housekeeping				
psychiatry				
Biomedical Waste Man.				
Pharmacy				
ENT				
Orthopedics				
Ophthalmology				
TB & chest				

Date:

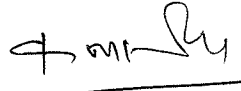
Signature with stamp
 18/12/18
 पलामू
 पलामू चिकित्सा महाविद्यालय
 मेदिनीनगर, पलामू

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

1.15 Nursing Staff available:

Category	No of Beds 202	
	Required Nos.	Available Nos.
Staff Nurses		16

Date:


 18/12/18
 प्राचार्य
 Signature with stamp Dean/Principal/Director
 पलामू चिकित्सा महाविद्यालय
 मेदिनीनगर, पलामू

Sister Incharge		
ANS		
DNS		
Nursing Suptd		
Total		16

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

Available as per Regulations : Yes/No

Name of the MEU coordinator :

Details of affiliated faculty :

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

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

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 *Medical Education Technology* at the allocated MCI Regional
Centre

Date:

Signature with stamp Dean/Principal/Director
पलामू चिकित्सा महाविद्यालय
मेदिनीनगर, पलामू

Feedback evaluation of workshops and action taken reports on the basis of feedback obtained (comments in the annexure 1)

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

Details of CMEs/workshop organized by the college held in the past 1 year: _____

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

1.18 College Council: (Information not required for LOP inspection)

- 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) : _____
- Action taken report on College Council Meetings (details / comments in annexure II)

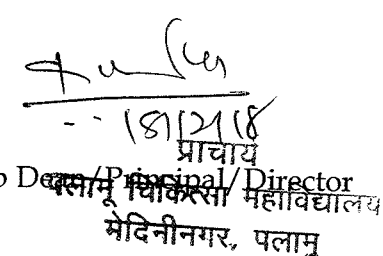
1.19 PG Course: If the college is running PG course; Please mention the intake of PG seats subject wise

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

1.20 Clinical Material

Item	Daily average (of last 12 months) as provided by institute

Date:

Signature with stamp

 Signature with stamp Dean/Principal/Director
 पलामू मेडिकल महाविद्यालय
 मेदिनीनगर, पलामू

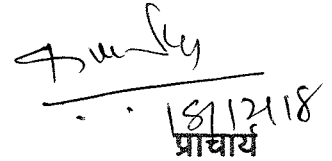
Item	Daily average (of last 12 months) as provided by institute
O.P.D. attendance (At the end of OPD timing)	700
Casualty attendance (24 hrs. data)	11
No of admissions	41
No. of discharges	21
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %	87%
Operative Work	
No, of major surgical operations	1
No. of minor surgical operations	3
No. of normal deliveries	15

Date:

Signature with stamp Dean/Principal/Director
 पलामू मेडिकल कॉलेज/महानिदेशालय
 मेदिनीनगर, पलामू

Item	Daily average (of last 12 months) as provided by institute	
	No. of caesarian sections	2
<u>Radiological Investigations - No of patients.</u>	O.P.D	I.P.D
X-ray	75	30
Ultrasonography	25	20
Barium, IVP etc.	Nil	Nil
C.T. Scan	5	3
<u>Laboratory Investigations - No of patients/samples</u>	O.P.D	I.P.D
Biochemistry	53	30
Microbiology	20	10
Serology	nil	nil
Haematology	131	36
Clinical pathology	25	10

Date:

Signature with stamp

 प्राचार्य
 मेदिनीनगर, पलामू

Item	Daily average (of last 12 months) as provided by institute	
	Histopathology	nil
<u>Cytopathology</u>	nil	nil
<u>Others</u>	-	-
Any other (HIV/AIDS, DOTs, Malaria etc)		

1.21 College Website: NIL

Sr. No.	Details of information	Yes/No
1.	Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc.	
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.	

Date:

Signature with stamp Dean/Principal/Director

18/12/18
पलामू चिकित्सा महाविद्यालय
मेदिनीनगर, पलामू


Sr. No.	Details of information	Yes/No
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	

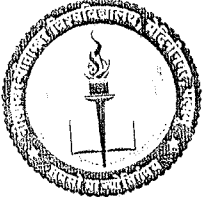
Undertaking - To be given by the Dean/Principal of the Institute

I hereby given an undertaking that:

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

Date:

Signature with stamp

 18/12/18
 प्राचार्य
 पलामू चिकित्सा महाविद्यालय
 मेदिनीनगर, पलामू



NILAMBER-PITAMBER UNIVERSITY
MEDININAGAR, PALAMU - 822101

Memo No. - NPU/R/1339/18

Date - 19.6.18

Consent of Affiliation

On the basis of the report of the Local Inquiry Committee, the Nilamber-Pitamber University, Medininagar, Palamu (Jharkhand) 822101 has agreed, in principle, to affiliate the proposed Medical College in the session 2019-20 to be established at Medininagar by the Government of Jharkhand, named as "Palamu Medical College", subject to grant of permission by the Ministry of Health & Family Welfare, Government of India, New Delhi under Section 10(A) of the Indian Medical Council Act, 1956 (102 of 1956) and following the due procedure of N.P. University, Medininagar, Palamu.

By order of the Vice-Chancellor,

P. Kumar
19.6.18
Registrar

Nilamber-Pitamber University
Medininagar, Palamu

(Signature)
19/6/18

Anuprash

DISTRICT :- PALAMU

Sl. No.	DESIGNATION OF WORKERS	Senction Post	Working					Vacant	Remarks
			Regular	NRHM	RCH	OTHERS	TOTAL		
1	2	3	4					5	6
1	M.O.	114	82	0	00	35 (AYUSH)		32	
2	ANM	236	150	197	7	00		86	325(Sanc)
3	GNM	08	4	21	00	00		4	75(Sanc)
4	LT	17	07	18	00	00		10	24(Sanc)
5	PHARMACIST	33	15	05	00	00		18	5(Sanc)
6	X-RAY TECHNICIAN	02	02	03	00	00		0	6(Sanc)
7	Driver	26	01	2	00	10 (HMS)		25	
8	LHV	20	02	00	00	00		18	
9	CLERK	68	32	00	00	00		36	
10	OPHTHALIMIC ASSIT.	09	06	05	00	00		3	
11	EXT. EDUCATOR	10	02	00	00	00		8	
12	HEALTH EDUCATOR	15	15	00	00	00		0	
13	BHW	24	0	00	00	00		24	
14	DRESSER	19	2	00	00	00		17	
15	MFPW	31	15	00	00	00		16	
16	COMPUTER	10	0	00	00	00		10	
17	SENENTRY INSPECTOR	10	01	00	00	00		9	
18	COOK	11	01	00	00	00		10	
19	IV GRADE	95	49	01	00	00		46	
20	DPM	01	00	01	00	00		0	
21	DPC	01	00	0	00	00		1	
22	DAM	01	00	01	00	00		0	
23	DDM	01	00	00	00	00		1	
24	HM	01	00	01	00	00		0	
25	BPM	10	00	10	00	00		0	
26	BAM	10	00	10	00	00		0	
27	BDM	10	00	05	00	00		5	
28	COM. ASSIT.	01	00	00	01	00		1	
29	Cold Chain Handler	01	00	01	00	00		0	
30	Ref. Mechanic	01	00	01	00	00		0	
TOTAL		765	384	282	8	14	687	351	

1	No. Of Distric Hospital	01
2	No. Of Sub-Div. Hospital	02
3	No. Of CHC + SDH	8+2=10
4	No. Of PHC	21
5	No. Of HSC	171
6	No. Of SAHIYA	2253
7	No. Of AWC	2595

MEDICAL COUNCIL OF INDIAASSESSMENT FORM FOR 100 - MBBS ADMISSIONS REPORT

(INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)

Part A-II (2019-20)

(to be filled by the Assessors)

MS 239
27/12/2018

1.1 Type of Assessment

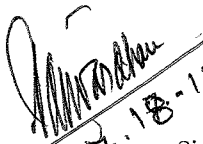
U/S 10A-regular/compliance: Letter of Permission (✓), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()U/S 10A- Increase Admission Capacity: Regular/Compliance: Letter of Permission (✓), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 11- Recognition - Regular/Compliance

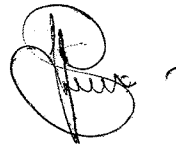
Continuation of Recognition - Regular / Compliance

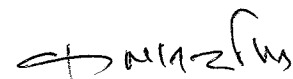
Any Other: _____

Name of the Institution	:	PALAMU MEDICAL COLLEGE
Address	:	Pokhaha Khurd, Daltongang, Palamu, Jharkhand.
Telephone No.	:	NIL
E-mail	:	palamumedicalcollege@gmail.com


 17.12.18
 Signatures of the Assessors
 D. S. Patra

Date
 18-12-18




 18/12/18
 Signatures of Dean/Principal

College Website :		NIL		
Council Letter No. & Date	:	MCI-34(41)2018-Med/E-13dated 12/12/18		
Assessment Date:	17/12/2018	Last Assessment Date :	-	
PG Courses	:	Yes/No		

Particulars of Assessors


Name of the Assessors	Correspondence Address	Contact No.	Email
Dr.S.K.Dhattarwal	Professor, Department of forensic medicine,Pt.B.D.sharma PGIMS	9416050635	drskdhattarwal@gmail.com
Dr.D.S.Patwardhan	Professor, Deoartment of anesthesiology,shri Vasantha rao Naik government Medical college ,Yavatmal Maharashtra	9822239368	dampattu@gmail.com
Dr.S.Venkatesh	Professor, department of Physiology BMCRI ,Bangalore	9844059522	Venkie1971@rediffmail.com

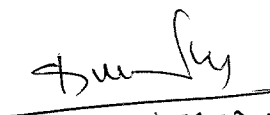


Signatures of the Assessors



Date




 18/12/18
 Signatures of Dean/Principal

1.2. The College has following

The campus plot is.	unitary/divided into <u>2</u> parts if divided, Please give details. ✓ One medical college <u>UNDER CONSTRUCTION</u> ✓ Sardar Hospital Daltonganj
Building Plan approval from the competent authority.	DVD PLAN COPY ATTACHED
Building Use/ Occupancy Certificate from the competent authority.	Name----- No.----- Date-----

1.3 Dean/Principal: Dr. Harivansh Kumar Singh M.D./M.S. with 27 years of teaching experience - 18 yrs of professor & 5 yrs of experience of Asso Prof. He is also holding the post of Professor in the Department of PSM.

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	<u>UNDER CONSTRUCTION</u>
Staff Room	54	<u>UNDER CONSTRUCTION</u>
College Council Room	80	<u>UNDER CONSTRUCTION</u>



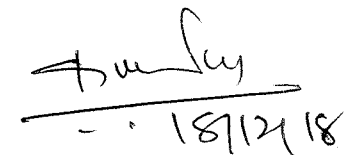
Signatures of the Assessors



Date



Signatures of Dean/Principal



1.4 Medical Education Unit (MEU): NIL

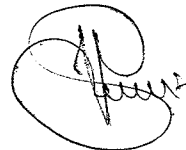
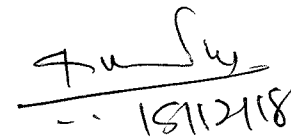
Available as per Regulations	:	Yes/No
Name of the MEU coordinator	:	
Name, Designation & Experience of affiliated faculty	:	
Name of the MCI Regional (Nodal) Centre where above training has been undertaken	:	
Details of the Orientation programme and Basic Course Workshop undergone by MEU(No. of programmes 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	:	



Signatures of the Assessors



Date

Signatures of Dean/Principal

1.5 Continuing Medical Education : NIL

No and Details of CMEs/workshop organized by the college held in the past 1 year	:	
Details of the credit hours awarded for the past one year	:	

1.6 College Council : NIL

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)	:	

1.7 Pharmacovigilance Committee: Present/Absent

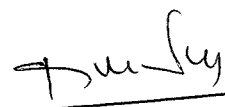
No. of meeting in the previous yrs. _____ (Minutes to be checked)




Signatures of the Assessors

Date




18/12/18
Signatures of Dean/Principal

1.8 Examination Hall: UNDER CONSTRUCTION

Requirement	Available
No. - 1/2/3 Area - 250 Sq. mt. Capacity - 250	<u>UNDER CONSTRUCTION</u>

1.9 Lecture Theatres:

	Medical college		Hospital		Comments
	Req	Available	Req	Available	
Number					<u>UNDER CONSTRUCTION</u>
Capacity					<u>UNDER CONSTRUCTION</u>
Type (Gallery)	Yes / No		Yes / No		<u>UNDER CONSTRUCTION</u>
A.V. Aids	Yes / No		Yes / No		NIL

1.10 Library UNDER CONSTRUCTION

Air-conditioned - Yes/No

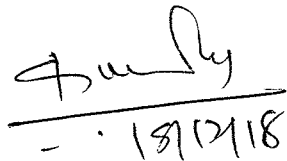
Working Hours:

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



Signatures of the Assessors

Date



- 18/12/18
Signatures of Dean/Principal

	Required	Available	Remarks
Area	_____ Sq.m.	_____ Sq.m.	<u>UNDER CONSTRUCTION</u>
Student Reading Room (Inside)	_____ Capacity	_____ Capacity	<u>UNDER CONSTRUCTION</u>
Student Reading Room (Outside)	_____ Capacity	_____ Capacity	<u>UNDER CONSTRUCTION</u>
Staff Reading Room	_____ Persons	_____ Persons	<u>UNDER CONSTRUCTION</u>
Room for Resident/PG reading room			<u>UNDER CONSTRUCTION</u>
Particulars	Required Nos.	Available Nos.	Remarks
No. of Books			NIL
Journals (Indian)			NIL
Journals (Foreign)			NIL
Internet Nodes			NIL

1.11 Common Room for Boys & Girls : UNDER CONSTRUCTION

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

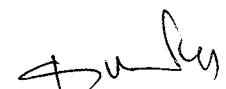
1.12 Central Photography Section: Available Yes/No
 Staff Yes/No
 Equipments Yes/No




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1.13 Hostel: Location - Within campus 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% 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			



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1:14 Recreational Facilities: NIL

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)

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


1.17 Biometric Devices:

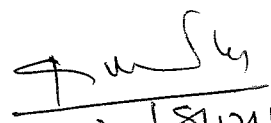
- No of OFAMOS devices installed in the college.
- Whether all OFAMOS devices are working conditions?
- If not the reason thereof, and whether complaints lodge to SI
- Number of faculty punches recorded upto 11:00 a.m. on the day of assessment.
- Any other relevant information.




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TEACHING HOSPITAL

2.1 Name of the Hospital: **SADAR HOSPITAL DALTONGANJ PALAMU**
 Owned by: Government/Trust/Society/Company

2.2 Name of the Medical Superintendent: **Dr. Kalanand MISHRA (MBBS)**, with **34** 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 :

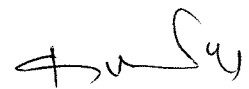
OPD Timings	:	<u>9</u> A.M. to <u>3</u> P.M.
Separate Registration areas for male/female patients available	:	yes/no
Separate Registration counters for OPD/IPD	:	available/not available
Are the Registration counters computerized	:	yes/no
Staff for registration center	:	adequate / inadequate (on the basis of OPD attendance)
Waiting areas for above patients available	:	yes/no




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No. of rooms for examination of patients available	:	yes/no
Capacity of teaching area in each department	:	yes/no
Enquiry Desk	:	yes/no

2.4 Facilities available in OPD

-Medicine Injection room - Male - Female	Yes/No Yes/No	E.C.G. Room	Yes/No
Surgery Dressing room - - Male - Female	Yes/No Yes/No	Minor OT	Yes/No
Orthopaedics Plaster room Dressing room - - Male - Female	Yes/No Yes/No	Plaster cutting room	Yes/No
Ophthalmology	Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room		Yes / no Yes / no Yes / no
ENT	Audiometry (AC & Sound proof) Speech Therapy		Yes / no Yes / no
Pediatrics	Child Welfare Clinic Immunization Clinic Child Rehabilitation Clinic		Yes / no Yes / no Yes / no



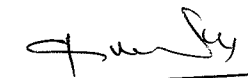
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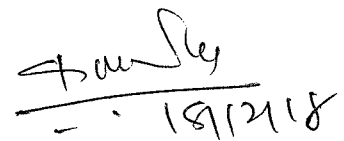
OBS & GYN	Antenatal Clinic	Yes / no
	Sterility Clinic	Yes / no
	Family Welfare Clinic	Yes / no
	Cancer Detection Clinic	Yes / no

Comments :



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

Teaching Hospitals in Campus with Total Beds UNDER CONSTRUCTION

Teaching Hospitals in Outside the Campus (6 Kms. from the campus) with Total Beds 202.

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	30							DEFICIENT
Pediatrics		24	10							DEFICIENT
TB & Respiratory Medicine		8	12							DEFICIENT
Psychiatry		8	nil							DEFICIENT
Dermatology		8	nil							DEFICIENT
Gen. Surgery		90	50							DEFICIENT
Orthopedics		30	20							DEFICIENT
Ophthalmology		10	10							DEFICIENT
ENT		10	nil							DEFICIENT
OB & GYN		25+15	60							DEFICIENT
Total		300	202							DEFICIENT

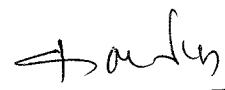
* If PG courses are running, beds requirement to be increased accordingly.




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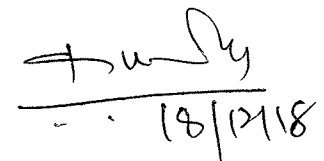
2.6 Clinical material (*Random verification to be done by the Assessor).

Item	On the Day of assessment		Remarks
O.P.D. attendance at 2.00 PM On first day	350		
Casualty attendance (24 hrs. data)	11		
No of admissions	46		
No. of discharges			
Bed occupancy% at 10.00AM on first day	60%		
<u>Operative Work</u>			
No, of major surgical operations	8		
No. of minor surgical operations	20		
No. of normal deliveries	17		
No. of caesarian sections	nil		
<u>Radiological Investigations</u> (No. of patients)	O.P. D	I.P.D	
X-ray	57	2	
Ultrasonography	20	6	
Barium, IVP etc.	nil	nil	
C.T. Scan	03	2	




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Item	On the Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations - No. of Patients/ samples			
Biochemistry	52	24	
Microbiology	7	3	
Serology	Nil	Nil	
Hematology	30	20	
Clinical pathology	20	10	
Histopathology	Nil	Nil	
Cytopathology	Nil	Nil	

2.7 Medical Record Section:

Manual / Computerized _____

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

2.8 Central casualty services :

No of Beds: Required 10 Available 12

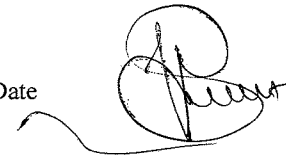
Number of CMO posted/Shift : 1 + 1 No. of CMO present during Assessment round 1 + 1

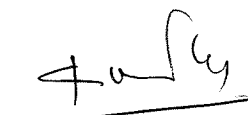
- Number of nurses posted / Shift: 16 Total No. of CMO 1 + 1
- Separate casualty for OBGY cases: available, if yes No. of beds 30 / ~~not available~~,




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

Comments:

2.9 Clinical Laboratories

Central Clinical Laboratory: Under control of department of : _____ NIL _____

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

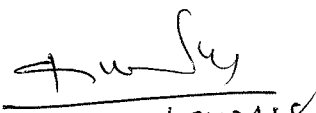
2.10 Operation theatres

Type	Requirement	Available	Remarks
Major	4	2 +1	DEFICIENT
Minor	2	1	DEFICIENT




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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								✓ 2 (two) common O.T which are functional ✓ 1 (one) opthal O .T functional
ENT								
phthal								
Ortho								
OBS & GYN								
Emergency								
Septic								

No. of Pre-operative Beds available 5

No. of Post Operative Beds available 10

2.12 Intensive Care: Following intensive areas are available -

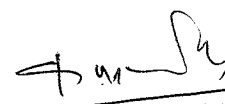
Type	Beds (Required)	Beds (Available)	Patients on day of assessment	AC Y/N	Central Oxygen/ Suction Y/N	Major Equipment (Monitor, Ventilator, ABG, Pulse Oximeter etc.) Y/N	Residents Appointed	Nurses Appointed	Remarks if any
ICCU	5	NIL	NIL						
ICU	5	9	6						
SICU	5	NIL	NIL						
NICU/PICU	5	5	3						




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2.13 Labor Room

Rooms	Beds	Remarks
Clean Cases	30	
Septic Cases	NIL	
Eclampsia	2	

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>1</u> <u>1</u>	nil 1			
Static X Ray 300 mA 600mA 800/1000 mA	<u>1</u> <u>1</u> <u>nil</u>	500mA			*500 mA available
CT Spiral Minimum 16 slice		1			<u>PPP MODE include</u>

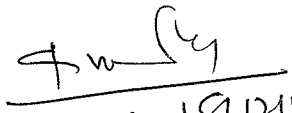
Equipment	Required no.	Available no.	PNDT Approval Y/N	Functional Status at the time of assessment Y/N	Remarks if any
USG	2	2	<u>Yes</u>		Letter enclosed




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

Number of units dispensed in a day _____16_____

Number of units stored on day of assessment _____114_____

License valid up to: _____2015_____ (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

Blood Separation Facility - Available/Not 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 :


- Timings _____24 x 7_____ & Shifts: _____
- Equipment: Horizontal autoclaves _____2_____ / Vertical autoclaves _____2_____, ETO Sterilisers: _____nil_____ No.
- Separate receiving and distribution points - Yes/No

2.18 Intercom: Available : yes/no

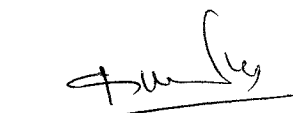
No. of incoming lines _____ No. of extension lines: _____

2.19 Central laundry/Alternative Arrangements:In House/Outsourced ~~—[if outsourced, then MOU copy to be annexed]—~~:

Type of Laundry: Mechanized-/ Manual



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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 200
- Provision of special diet: yes/~~no~~
- Services of a nutritionist/dietician: ~~available~~/not available

2.21 (a) Total no. of Canteens: nil. For staff _____ For students _____ For Patients/Relatives: _____
 (b) Total no. of Mess in campus : _____

2.22 Arrangements for Biomedical Waste Management. Annexured

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

2.23 Central Research Lab: NIL

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

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2.24 Nursing and Paramedical staff :

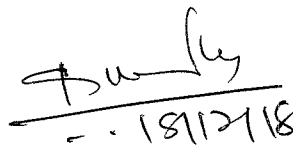
Nursing staff: Category	No of Beds _____	
	Required Nos.	Available Nos.
Staff Nurses	141	12
Sister Incharge	27	nil
ANS	4	4
DNS	2	nil
Nursing Suptd	1	nil
Total	175	16

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



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MEDICAL COLLEGE

3.1 College Website: NIL

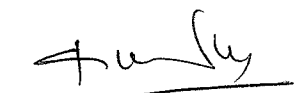
Sr. No.	Details of information	Yes/No
1.	Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc.	
2.	Teaching staff, Resident doctors ,non-teaching staff , Technical staff , Nursing staff-- (a)department & 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	




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3.1 (a) College timings _____ NOT applicable _____

3.2 Teaching Programme: NIL

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: NIL

3.3 Anatomy

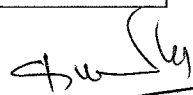
Required	Available	Required	Available
Demonstration Room/s • No ____ • Capacity - 75 to 100 students		AV Aids:	
• Histology practical laboratory - • Number of Lab seats ____ • Number of microscopes ____ • Dissection Microscopes ____		Museum: ____ seating capacity • Mounted specimens • Models - Wet & 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.

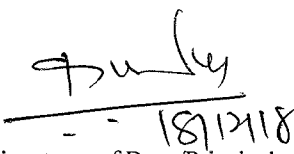
3.4 Physiology

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 - ____			

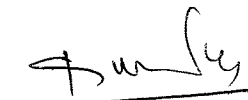
3.6 Pathology

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	AVAILABLE		




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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 - __7__		Museum: Specimen, Charts, Models & Catalogue seating capacity- _____	
Departmental library - 80-100 Books,			

3.8 Pharmacology

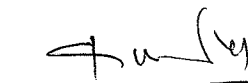
Required	Available	Required	Available
Demonstration Room/s • No - _____ • Capacity - _____ students		AV Aids:	
Experimental Pharmacology		Museum: _____ seating capacity	
Clinical pharmacology / pharmacy		• Specimens • Charts • Models • History of Medicine • Catalogues	
Departmental Library - 80-100 Books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

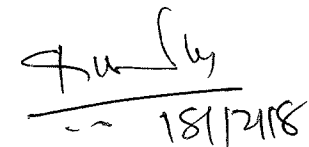
3.10 Community Medicine

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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3.11 Health Centers (Department of Community Medicine) NIL

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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3.14

Medical College-Staff Strength:

Name of College:

Number of students

PG Courses (Yes/No):

If yes, specify

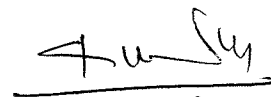
1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
 11. _____ 12. _____ 13. _____ 14. _____ 15. _____
 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

Calculation Sheet (Date: _____) NOT APPLICABLE

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.					
	Tutor					


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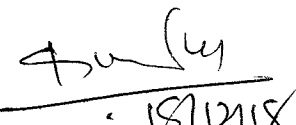
Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Biochemistry	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
Pharmacology	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Tutor					
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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 18/12/18
 Signatures of Dean/Principal

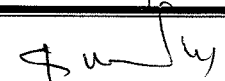
Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
General Medicine	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Paediatrics	Professor					
	Assoc. Prof.					
	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					




Signatures of the Assessors

Date




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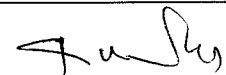
Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
General Surgery	Professor					
	Assoc. Prof.					
	Asstt.Prof.					
	Sr. Resident					
	Jr. Resident					
Orthopaedics	Professor					
	Assoc. Prof.					
	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 cannot compensate the deficiency of Associate Professor or Professor.



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(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.

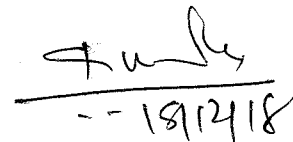
(Only faculty/residents who signed attendance sheet before 11:00 am on the first day of assessment should be verified. (In case of Junior Residents/Senior Residents on night duty, 12:00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11:00 am of the first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

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




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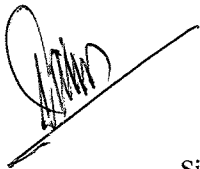
3.16 1) Deficiency of Teaching Faculty: 100 %

2) Deficiency of Resident doctors: 100 %

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

Summary of Assessment

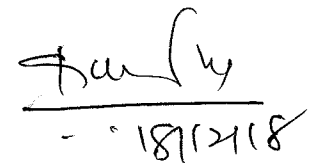
1. PALAMU MEDICAL COLLEGE (College Name),
is run by Government/ ~~Trust~~/ ~~Society~~/ ~~Company~~
2. The college has NOT got Permission from GOI/MCI with intake of 100_ seats for the last academic year.
3. Type of assessment: GRANT OF LETTER OF INTENT/LETTER OF PERMISSION
No. of seats: 100
4. PG courses : Yes/ No
5. Deficiency of teaching staff if any:
Shortage of teaching faculty is 100 %
6. Deficiency of resident doctors if any:
Shortage of resident doctors is 100 %



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7. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise;

UNDER CONSTRUCTION

8. Deficiency of clinical material If any: Pl mention category wise; **AS DESCRIED IN REPORT**

9. Any other Remarks

- 1) The college is under construction process (plan copy of building DVD attached)
- 2) There is no teaching faculty and resident doctor
- 3) The district hospital has been shown as teaching hospital with its description as given above
- 4) The DEAN was not present on the day of assessment and declaration form of the medical superintend is enclosed who was in charge
- 5) The building plan has been provided and site visit and progress was detailed by the construction site chief.

[Handwritten Signature]
 17.12.18
 D.S. Patil

[Handwritten Signature] 18-12-18
 Signatures of the Assessors

Date
[Handwritten Signature]
 18/12/18

[Handwritten Signature]
 18/12/18
 Signatures of Dean/Principal